



**VILLAGE OF PHOENIX**  
**455 Main Street**  
**Phoenix, NY 13135**

**Building Permit Application**

**For Official Only**

App. Approved: \_\_\_\_\_ Permit No.: \_\_\_\_\_  
 Date Authorized Official

Inspections Required: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

App. Disapproved: \_\_\_\_\_ Date Filed \_\_\_\_\_  
 Date Authorized Official

ZBA Approved: \_\_\_\_\_ Tax Map Number \_\_\_\_\_  
 Date Authorized Official

Planning Board Approval: \_\_\_\_\_ Decision \_\_\_\_\_  
 Date

Special Conditions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*\*\*Applicant - do not write above this line\*\*\***

**OWNER INFORMATION (Please Print)**

Address: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Zoning District: \_\_\_\_\_ Present Use Occ.: \_\_\_\_\_  
 Property Owner: \_\_\_\_\_ Owners Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**NATURE OF WORK: (Please check applicable item)**

- |  |   |
|--|---|
| <input type="checkbox"/> New Building _____ SF* Number of Bedrooms _____ | <input type="checkbox"/> Garage _____ SF* Model _____             |
| <input type="checkbox"/> Addition _____ SF* Number of Bathrooms _____    | <input type="checkbox"/> Pool _____ Size Above Ground – In Ground |
| <input type="checkbox"/> Alteration _____ SF* Habitable SF _____         | <input type="checkbox"/> Demolition                               |
| <input type="checkbox"/> Shed _____ SF* _____                            | <input type="checkbox"/> Sign                                     |
| <input type="checkbox"/> Deck _____ SF* Style _____                      | <input type="checkbox"/> Other _____                              |

Material: \_\_\_\_\_ Estimated Project Cost: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DESCRIPTION OF PROPOSED DEVELOPMENT OR INTENDED USE**

Approved Plan Reference: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Architect or Engineer: \_\_\_\_\_ Plan Date (original): \_\_\_\_\_  
 Company: \_\_\_\_\_ Last Revision: \_\_\_\_\_  
 Plan Title: \_\_\_\_\_ Number of Pages: \_\_\_\_\_



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**APPLICANT INFORMATION:**

I \_\_\_\_\_ is the \_\_\_\_\_  
 (Name of individual signing application) (Owner – Agent – Contractor – Corporate Officer – Etc.)

X \_\_\_\_\_  
 (Signature)

\_\_\_\_\_ Address \_\_\_\_\_ City/Town/Village \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

APPLICATION IS HEREBY MADE to the CEO for the Insurance of Building Permit pursuant to the NYS Uniform Fire Prevention and Building Code for the construction of buildings, additions or alterations, for removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, codes and regulations.

**CONTRACTOR INFORMATION:**

Name: \_\_\_\_\_ Site Contact Person: \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ City/Town/Village \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Contractor's Liability Insurance: \_\_\_\_\_ Attached, or \_\_\_\_\_ on file.

Worker's Compensation Insurance: \_\_\_\_\_ Attached, or \_\_\_\_\_ on file.

Electrical work to be inspected by, and certificate of approval obtained from, an approved inspection agency. Please attach separate drawing (survey) showing clearly and distinctly all buildings, whether existing or proposed, and indicate all setback dimensions from property lines. Show street names and indicate whether interior or corner lot.



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**AFFIDAVIT OF EXEMPTION TO SHOW SPECIFIC PROOF OF WORKERS' COMPENSATION INSURANCE  
 COVERAGE FOR A 1, 2, 3 OR 4 FAMILY, OWNER-OCCUPIED RESIDENCE**

*\*\* This form cannot be used to waive the workers' compensation rights or obligations of any party. \*\**

**Under penalty of perjury**, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- I am performing all the work for which the building permit was issued.
- I am not hiring, paying or compensation in anyway, the individual (s) that is (are) performing all the work for which the building permit was issued or helping me perform such work.
- I have a homeowner insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ❖ Acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total 40 hours or more per week ( aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; OR
- ❖ Have the general contractor, performing the work on the 1, 2, 3, or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the job) for work indicated on the building permit.

\_\_\_\_\_  
 Homeowner's Signature

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Homeowner's Name Printed

\_\_\_\_\_  
 Telephone Number

Property Address that requires the building permit:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Sworn to before me this \_\_\_\_\_ day of*  
 \_\_\_\_\_,  
 \_\_\_\_\_  
*(County Clerk or Notary Public)*

Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.

