

# Village of Fleischmanns Delaware County N.Y.12430

**Mayor**  
**Kathy Wilber**  
**(845) 254-5514**

**Village Clerk**  
**Lorraine De Marfio**  
**(845) 254-5514**

**C.E.O./Z.E.O.**  
**Karl von Hassel**  
**(845) 254-4340**  
**Fax (845) 254 6005**

## **BUILDING PERMIT INSTRUCTIONS**

Attached is the building permit application you requested. All applications must be signed by the owner of the property. We suggest that the owner read these instructions being completed. It is imperative that all information called for be included in the application.

1. No work is to be commenced until a building permit has been issued.
2. Building permit posting notice **MUST** be displayed on building site and a copy of the required inspections is to be available for initialing by the inspector. We suggest a plastic envelope be inserted under the posted building permit.
3. When an inspection is required, notify the Code Enforcement Officer.

**WE MUST HAVE 72 HOURS NOTICE Phone 845 254 4340**  
**NO BUILDING PERMIT WILL BE ISSUED UNTIL ALL REQUIREMENTS LISTED BELOW HAVE BEEN FILLED.**

#### **4. Items to be submitted with Application.**

- a. Complete permit application with good direction to the job site fire # or other direction.
- b. Appropriate fee. **(Check made out to the Village of Fleischmann)**
- c. A Certificate of Insurance for Workman's Compensation and Disability must be attached to application. Form # WC/DB 100 or C-105.2. **The old ACORD forms are not acceptable.** How to obtain the new forms: your licensed agents are authorized to issue the C-105.2 form. And the WC/DB 100 form will be attached to the building permit application.
- d. Septic approval if needed.
- e. A plot plan.
- f. Flood zone permit if needed.
- g. Approved site plan if needed

#### **5. For Alterations, Site Build Dwellings and For Commercial** (Including Shells)

Two (2) copies of plans and specifications including Floor plan and list of Material being used. Also cross-section of the foundation bolts and footings for deck posts. A separate insulation schedule will be required unless this information is adequately shown on plans. All plans and specifications shall be in accordance with the State Education Law, Section 7307 and 7209. This law requires that the seal and signature of a licensed architect or professional engineer be affixed to all plans submitted except residential buildings under 1500 square feet of living area, or to alterations costing under \$20,000. The authority conferred by such permit may be limited by conditions. Shall be submitted to the Code Enforcement Officer, one copy will be marked accepted and returned. A permit will be issued when the application has been determined to be complete and when the proposed work is determined to conform to the specification and requirements of the Uniform Building Code. All plans and shall be in accordance with the State Education Law.

**Accessory Building.** You must submit a complete set of plans and specification of proposed building or a sketch acceptable to the Code Enforcement Officer.

**\*For Modular Homes, Doublewide.** A set of manufacturer's plans and H.U.D. specifications must be submitted including floor plans. It must include the model and the N.Y.S. approval number from the State Fire Prevention & Building Code Council. Be sure to complete the back of the application. Please attach manufacturer's specification and serial number.

## Instruction (continued)

6. The applicant shall notify the Code Enforcement Officer of any changes in the information contained in the application during the period for which the permit is in effect.

7. A building permit shall expire one year from the date of issuance or upon the issuance of a Certificate of Occupancy (other than a temporary Certificate of Occupancy), whichever comes first. The permit may, upon written request, be renewed for successive one year periods provided that (1) the permit has not been revoked or suspended at the time the application for renewal is made, (2) the relevant information on the application is up-to-date; and (3) the renewal fee is paid.

8. A building permit may be suspended or revoked if it is determined that the work to which it pertains is not proceeding in conformance with the Uniform Code or with any condition attached to such permit, or if there has been a misrepresentation or falsification of a material fact in connection with the application for the permit.

### **Listings of Proposed Work, Construction and Occupancy Classification for use in item 7 of Application(see Parts 701&704 of Uniform Code)**

#### **A. Nature of Proposed Work**

New Building  
Addition  
Alteration Exterior  
Alteration Interior  
Change of use  
Relocation  
Demolition  
New Oil / Gas Burner, Wood Stove or Fireplace

Double Wide  
Modular Home  
Garages, Carport  
Storage Shed  
Swimming Pool

#### **B. Construction Class**

Type 1 - Fire Resistive  
Type I and II Type 2 - Noncombustible  
Type III Type 4 - Ordinary  
Type IV or Type 3 - Heavy Timber  
Type V or Type 5 - Frame

#### **C. Occupancy or Use Classification**

Group A-1 thru A-5 Assembly  
Group B Business  
Group E Educational  
Group F-1 thru F-2 Industrial  
Group H-1 thru H-4 High Hazard  
Group I-1 thru I-4 or C6 Institutional  
Group M Mercantile  
Group R-1 Multiple-Dwelling Hotel/Motel  
Group R-2 Multiple-Dwelling Apartments  
Group R-3 A1 One-Family and A2 Two-Families Dwelling, Adult Residence  
Group R-4 Multiple-Dwelling Senior Citizen  
Group S-1 Thru S-2 Storage  
Group U Miscellaneous

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## VILLAGE OF FLEISCHMANNS BUILDING PERMIT APPLICATION FORM

FOR OFFICIAL USE ONLY

Date Received \_\_\_\_\_ Date Issued \_\_\_\_\_ Fee \_\_\_\_\_

Building Permit # \_\_\_\_\_

Culvert      Yes                  No                  Size                  Quantity

Date \_\_\_\_\_ Tax Map # \_\_\_\_\_

1.) Permit Applicant:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2.) Name & Address of Owner ( if different from applicant: )

\_\_\_\_\_ Phone: \_\_\_\_\_

3.) Location of Property:

Street: \_\_\_\_\_ Fire # \_\_\_\_\_

4.) Architect or Engineer of Record:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

5.) Contractor:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Insurance: Workman Comp. Secured by Contractor      Yes( ) No ( ) N/A ( )  
Disability Benefits Secured by Contractor      Yes( ) No ( ) N/A ( )  
Certificate of Insurance Attached:      Yes( ) No ( ) N/A ( )

**Village of Fleischmanns Building Permit Application Form  
[cont].**

6.) Estimated Cost [Including labor] \$ \_\_\_\_\_

Lot Size    sq. ft. or                      Acres                      Max. Height \_\_\_\_\_

Proposed use and or Existing use \_\_\_\_\_

7.) Proposed Work, Construction and Occupancy Classification  
[see attachment no 1]

A. Nature of Work \_\_\_\_\_

B. Construction Classification \_\_\_\_\_

C. Occupancy or use Classification \_\_\_\_\_

8.) Site Information \_\_\_\_\_

A. Fire Limits: Is site within established Fire Limits \_\_\_\_\_

B. Flood plain: Is the site within a flood plain \_\_\_\_\_

C. Water Supply: \_\_\_\_\_

D. Sewage Disposal System \_\_\_\_\_

9.) Doublewide only:

Manufacturer's Specification attached Yes [ ]

Serial # \_\_\_\_\_

Applicant, deposes and says that to the best of his/her knowledge, the statement contained in this application are true and a complete statement of all proposed work to be done. All work must comply with the laws of the Village of Fleischmanns and with the N.Y.S. Uniform Fire & Building Code. Any deviations from the specifications submitted must be reported to the Code Enforcement Officer.

**11. FOR ANY DOUBLEWIDE OR MODULAR YOU MUST NOTIFY HIGHWAY SUPERINTENDENT 48 HOURS BEFORE DELIVERY**

**Must apply for a Certificate & Occupancy upon completion**

\_\_\_\_\_  
Signature of Applicant.

\_\_\_\_\_  
Date

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### Information of Septic System

**No Building Permit will be Issued until this completed form is submitted to the Code Enforcement Officer**

Effective May 1 1997 the New York City Bureau of Water Supply has adopted new regulation concerning septic system. Two deep test pits and percolation test are required to assure that a safe system can be installed. In some cases an alternative system may be required.

The Village of Fleischmanns will not issue any Certificate of Occupancy until it has received an acceptable septic report from the Bureau of Water Supply, regardless of the fact that a building permit was issued.

It is strongly recommended that you contact the NYCDEP - Engineering Section P. O. Box 370 Shokan NY 12481 or telephone (914) 657-6972 before starting construction.

Name & Address of Owner:

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Tax Map # \_\_\_\_\_ Signature of Owner: \_\_\_\_\_

Sworn to me before:

This \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

\_\_\_\_\_  
Notary Public

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## **Consent to Inspect Premises**

The applicant hereby consents to and Permits the Code Enforcement Officer, or his duly authorized Agent  
To enter the premises for any reasons connected with the building permit application form.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**APPLICATION FOR SITE PLAN REVIEW**

**Village of Fleischmanns**

Owner: \_\_\_\_\_ Plans drawn by: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

New building Yes  No  Exterior addition Yes  No  Site change Yes  No

Proposed use of site: \_\_\_\_\_

\_\_\_\_\_

Site location: \_\_\_\_\_

Tax map description:

Map # \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Acreage \_\_\_\_\_

Permits needed:

Federal Yes  No  State Yes  No  County Yes  No  Local Yes  No  DEP. Yes  No  Flood plain develop. Yes  No

Anticipated construction time: \_\_\_\_\_

Will construction/development be staged Yes  No

Anticipated increase in bedrooms : \_\_\_\_\_

Anticipated future improvements: \_\_\_\_\_

\_\_\_\_\_

Is site compatible with neighboring uses: \_\_\_\_\_

Date submitted to Planning Board: \_\_\_\_\_

**Statement of Compliance**

I agree to comply with the regulation stated in the Village of Fleischmanns Zoning Law in all future addition, improvements and changes to my property.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

NYS WCB  
WC/DB100/101  
State Office Building  
44 Hawley Street  
BINGHAMTON 13901  
(866) 802-3604  
Fax# (607) 721-8324

NYS WCB  
WC/DB100/101  
100 Broadway  
Menands  
ALBANY 12241  
(866) 750-5157  
Fax# (518) 473-9166

NYS WCB  
WC/DB100/101  
41 North Division St  
PEEKSKILL 10566  
(866) 746-0552  
Fax# (914) 788-5793

Affidavit For New York Entities And Any Out Of State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required

*(Incomplete forms will be returned – Please contact an attorney if you have any questions regarding this form.)*

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

The applicant may use this Affidavit **ONLY** to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may **NOT** use this form to show either other businesses or those business' insurance carriers that such insurance is not required.

**Applicant must either fax or mail this completed form to the closest New York State Workers' Compensation Board office at the fax number or address listed on the top of this form. Incomplete forms will be returned.**

**Please note: This statement must be notarized and also have been stamped by the New York State Workers' Compensation Board. This affidavit will not be accepted by government officials one year from the date received by the Workers' Compensation Board.**

Upon receipt of a fully completed WC/DB 100 form, the Workers' Compensation Board will stamp this form as received and return it to you by either mail or fax. Please provide a copy (or the original, if required by the government entity) of this stamped form to the government entity from which you are requesting a permit, license or contract.

\_\_\_\_\_  
In the Application of (Business Name and Address)

\_\_\_\_\_  
for a \_\_\_\_\_ permit/license/contract

State of \_\_\_\_\_ )

) ss.:

County of \_\_\_\_\_ )

\_\_\_\_\_  
(applicant's name) being duly sworn, deposes and says:

1. I am the \_\_\_\_\_ (position) with \_\_\_\_\_ (business or trade name), a \_\_\_\_\_ (type of business). The telephone number of the business is (\_\_\_\_\_) \_\_\_\_\_. The Federal Employer Identification Number of the business (or the Social Security Number of the business owner) is \_\_\_\_\_. The New York State Unemployment Insurance Employer Registration Number (if any) of the business is \_\_\_\_\_. I affirm that due to my position with the above -named business I have the knowledge, information and authority to make this affidavit.

2. My personal address is \_\_\_\_\_ and my home telephone number is (\_\_\_\_\_) \_\_\_\_\_.

3. That the above named business is applying for a \_\_\_\_\_ (type of permit/license/contract applying for) from \_\_\_\_\_ (governmental entity issuing the permit/ license/contract).

3a) {Optional -- Location of where work will be performed in New York State \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ (dates necessary to complete work associated with permit/license/contract). The estimated dollar amount of project is \_\_\_\_\_.

4. That the above named business is certifying that it is exempt from obtaining New York State specific workers' compensation insurance coverage for the following reason (to be eligible for exemption, applicant must be able to truthfully check **ONE** of the boxes from 4a. through 4h.):

[ ] 4a.) the business is owned by one individual and is not a corporation. Other than the owner, there are no employees, leased employees, borrowed employees, part-time employees or unpaid volunteers (including family members).

[ ] 4b.) the business is a partnership under the laws of New York State and is not a corporation. Other than the partners, there are no employees, leased employees, borrowed employees, part-time employees or unpaid volunteers (including family members). **(Must attach separate sheet with a list of all the partners names and also with the signatures of all the partners.)**

4c.) the business is a one person owned corporation, with that individual owning all of the stock and holding all offices of the corporation Other than the corporate owner, there are no employees, leased employees, borrowed employees, part-time employees or unpaid volunteers (including family members).

4d.) the business is a two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (each individual must own at least one share of stock). Other than the corporate owners, there are no employees, leased employees, borrowed employees, part-time employees or unpaid volunteers (including family members). **(Must attach separate sheet with a list of the names of both owners, and also with both owners' signatures.)**

4e.) the applicant is a nonprofit entity (under IRS rules). With the exception of clergy or teachers, the nonprofit has no compensated individuals providing any services.

4f.) the business is a farm with less than \$1,200 in payroll the preceding calendar year.

4g.) the applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. **Only** uncompensated friends/family are helping to build this structure.

4h.) other than the business owner(s) and individuals obtained from a registered temporary service agency, there are no employees, leased employees, borrowed employees, part-time employees or unpaid volunteers (including family members). Other than the business owner(s), all individuals providing services to the business are obtained from a registered temporary service agency and that agency has covered these individuals for New York State workers' compensation insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation.

5. That the above named business is certifying that it is exempt from obtaining New York State disability benefits insurance coverage for the following reason (to be eligible for exemption, applicant must be able to truthfully check **ONE** of the boxes from 5a. through 5f.):

5a.) the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. *(Independent contractors are not considered to be employees under the Disability Benefits Law.)*

5b.) the applicant is a political subdivision that is legally exempt from providing statutory disability benefits coverage.

5c.) the applicant is a nonprofit religious, charitable or educational institution. With the exception of executive officers, clergy, sextons, teachers or professionals, the nonprofit has no compensated individuals providing services.

5d.) the business is a farm and all employees are farm laborers.

5e.) the applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. **Only** uncompensated friends/family are helping to build this structure.

5f.) other than the business owner(s) and individuals obtained from the temporary service agency, there are no other employees. Other than the business owner(s), all individuals providing services to the business are obtained from a registered temporary service agency and that agency has covered these individuals for New York State disability benefits insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation.

6. That if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, such as the hiring of employees, the above -named business will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed in item 3 on the front of this form.

7. That based on the facts presented, I certify that the above -named business does not require (check box 7a. and/or 7b.):

7a.) workers' compensation insurance. (applicant must have checked **ONE** of the boxes from 4a. through 4h.)

7b.) disability benefits insurance. (applicant must have checked **ONE** of the boxes from 5a. through 5f.)

8. By signing my name below, **I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this affidavit under the penalties of perjury.** I further affirm that I understand that any false statement, representation or concealment will subject me to **felony** criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws.

\_\_\_\_\_  
*(Applicant's Signature -- first and last name)*

Sworn to before me this \_\_\_\_\_  
Day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

NYS Workers' Compensation Board Received Stamp

Because this is a sworn affidavit, employees of the Workers' Compensation Board cannot assist applicants in answering questions about this form.