

**TOWN OF SALISBURY**  
**PO Box 241, 126 State Route 29A**  
**Salisbury Center, NY 13454**

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**Telephone: (315) 429-8581 Fax: (315) 429-3493 Codes Officer: (315) 717-3891**  
**Founded 1797**

Dear Applicant:

Enclosed are the building permit application forms required in accordance with the application procedure regulations contained in Title 19 of the Official Compilation of Codes, Rules and Regulations of the State of New York and Local Law # 2 of 1989, of which copies are available upon request.

A permit will only be issued when it is determined that the application and all supplemental forms are complete and the proposed work conforms to applicable requirements of the New York State Fire Prevention and Building Codes.

Any questions concerning these procedures or applications should be directed to the Codes Enforcement Official (CEO). A pre-construction meeting is recommended with the CEO prior to the issuing of any building permit. Please contact the Codes Enforcement Official at 315-717-3891 (leave a message) to schedule a meeting and/or obtain application forms.

The permit fee, as specified in the enclosed forms, will be submitted with the completed application forms. Please make all checks payable to the Town of Salisbury. All applicable areas, including supplemental sheets, must be completed before applications will be considered for approval. All electrical permit charges are to be paid to the electrical inspector.

Undertaking any construction activity that requires a building permit prior to obtaining such a permit is prohibited. In considering what action, if any, to take in specific cases, the Town of Salisbury Codes Department will evaluate violations based on prior experience with the applicant and other relevant factors.

Sincerely,

Barry A. Vickers  
Codes Enforcement Officer  
Town of Salisbury  
(315) 717-3891

# TOWN OF SALISBURY BUILDING PERMIT APPLICATION

**NOTE: AN INCOMPLETE APPLICATION MAY DELAY THE TIMELY ISSUANCE OF YOUR PERMIT. PLEASE ENTER N/A IF A SECTION IS NOT APPLICABLE. ONE SET OF PLANS AND SPECIFICATIONS MUST BE SUBMITTED WITH THE APPLICATION.**

## PART 1: GENERAL INFORMATION

### Owner's Identification:

Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

### Project Location if Different Than Above:

Number and Street: \_\_\_\_\_  
Tax Map Number (Must be provided by property owner): \_\_\_\_\_  
Current Use of the Property/Building: \_\_\_\_\_  
Proposed Use of the Property/Building: \_\_\_\_\_

**ESTIMATED COST OF THE PROJECT:** \_\_\_\_\_

Applicant is (check one or more):  Owner  Builder  Other (specify) \_\_\_\_\_

### Contractor's Identification:

Contractor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Wages Are Being Paid for Performance of Work:  Yes  No

If yes, attach a copy of the Certificate for Workers' Compensation and Disability Insurance, or an exemption form WC/DB 100 or 101.

### Nature of Work (check all that apply)

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> New home          | <input type="checkbox"/> Demolition                        | <input type="checkbox"/> Garage                                | <input type="checkbox"/> Shed                         |
| <input type="checkbox"/> Well              | <input type="checkbox"/> Addition - Cost of addition _____ | <input type="checkbox"/> Swimming pool                         | <input type="checkbox"/> Roof replacement             |
| <input type="checkbox"/> Manufactured home | <input type="checkbox"/> Deck or porch                     | <input type="checkbox"/> Alteration - Cost of alteration _____ | <input type="checkbox"/> Wood stove or fireplace only |
| <input type="checkbox"/> Other _____       |  |  |   |

**Sewage Disposal:**  New  Existing Engineered plans required for new systems.

**Water Supply:**  New well  Existing well  Municipal water

**Flood Plain:** Site  Is  Is not within a flood plain.

**Wetland:**  Site Is  Is not in a designated wetland.

**Heating System:**  Electric  Oil  Gas  Warm Air  Baseboard  Heat Pump  Separate Air Conditioning  Wood  Wood With Electric Backup  Other \_\_\_\_\_

The fee that must accompany this permit application and the provisions in the Education Law requiring drawings to bear the seal of a NYS Registered Architect or Licensed Professional Engineer are both based on the proposed building size expressed in square feet. To determine square footage, use outside dimensions and include areas of habitable basements and all above grade floor levels except non-habitable attics. Do not include areas of attached or detached garages or carports.

If the area of any new building construction is greater than 1,500 square feet or if the cost of the alterations or addition exceeds \$20,000., or if the addition or alteration will have an effect on either structural or public safety, plans submitted must bear the original seal and signature of a NYS Licensed Professional Engineer or Registered Architect as provided for in Section 7307 and 7209 of the New York State Education Law.

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## **FEEES FOR IMPLEMENTATION OF BUILDING CODE**

**REVISED: August 8, 2024**

**(not including electrical inspections)**

**No Permit Required: 0 to 144 Sq. ft. (Storage bldg., no elec., no perm. foundation)**

**New Homes: 12 cents per sq. ft. (including septic system)**

**Seasonal Use Camp/Cabin: 10 cents per sq. ft. OR \$35 minimum**

**Additions: 1-250 sq. ft. - \$35.; 251-1,000 sq. ft. - 10 cents per sq. ft.; 1,001 and up, - 8 cents per sq. ft.**

**Septic Systems: \$30 (must be designed by a licensed professional engineer)**

**Garages – Utility – Storage: 10 cents per sq. ft. OR \$35 minimum**

**New Mobile Homes: \$120 (including septic system)**

**Industrial and Commercial: 10 cents per sq. ft.**

**Building Permit Renewal: \$50**

**Swimming Pool Installation: \$30**

**Certificate of Occupancy: NO Charge**

**Decks: Over 140 sq. ft. 10 cents per sq. ft. OR \$35 minimum**

**Chimney Inspection: \$25**

**Replacement of Mobile Home: \$60**

**Demolition Permit: NO Charge**

**Initial Installation or Replacement of Oil Fired / Gas Fired Furnace: NO Charge**

**New Chimney or Solid Fuel Burning Heating Device / Wood Stove Installation: \$50**

**Roof Replacement: Rafters on up: 10 cents per sq. ft.**

**If any of the above listed items are started without first obtaining a building permit, a Stop Work Order will be issued and the permit fee will be doubled.**

**Any non-emergency inspections requested outside of established business hours by appointment, will be billed at a rate of \$20 per hour (2 hour minimum) in addition to the permit fee.**

**In the event that an application for a building permit is not approved, the applicant shall be entitled to a refund of 50% of the fee paid, provided, no work has commenced. If the work has commenced and the application is not approved, the fee shall not be refunded.**

APPLICATION FOR A BUILDING PERMIT (continued)

IMPORTANT NOTICES: READ BEFORE SIGNING:

1. Work conducted pursuant to a building permit must be visually inspected by the Code Enforcement Officer and must conform to the New York State Uniform Fire Prevention and Building Code, the Code of Ordinances of the Town of Salisbury, and all other applicable codes, rules or regulations.
2. It is the owner's responsibility to contact the Code Enforcement Office at 315-429-7251 (leave a message) at least 48 hours before the owner wishes to have an inspection conducted. More than one inspection may be necessary. This is especially true for "internal work" which will eventually be covered from visual inspection by additional work (i.e. electrical work later to be covered by a wall). **DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION IF SUCH "INTERNAL WORK" HAS NOT BEEN INSPECTED.** Otherwise, work may need to be removed at the owner's or contractor's expense to conduct the interior inspection. Close coordination with the Code Enforcement Office will greatly reduce this possibility.
3. **OWNER HEREBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICE TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT, PROVIDED HOWEVER, THAT SUCH INSPECTION(S) IS (ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S).**
4. New York State law requires contractors to maintain Workers' Compensation and Disability Insurance for their employees. No permit will be issued unless currently valid Workers' Compensation and Disability Insurance certificates are attached to this application or are on file with the codes officer. If the contractor believes he/she is exempt from the requirements to provide Workers' Compensation and/or Disability Benefits, the contractor must complete form C-105.21 attached hereto.
5. If a Certificate of Occupancy is required the structure **shall not be occupied** until said certificate has been issued.
6. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.
7. This permit does not include any privilege of encroachment in, over, under, or upon any city street or right-of-way.
8. The building permit card must be displayed so as to be visible from the street nearest to the site of the work being conducted.

I, \_\_\_\_\_, the above-named applicant, hereby attest that I am the lawful owner of the property described within, or am the lawful agent of said owner, and affirm under the penalty of perjury that all statements made by me on this application are true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PROJECT LOCATION AND DETAILS

Please attach a sketch or plot plan!

Samples on Attachment # 1 & 2

In lieu of professionally designed and stamped plans a blueprint or sketched plan of the work to be performed **must** be made a part of this application. The sketched plans must include the following:

1. Location of the proposed structure or addition showing the number of stories and all exterior dimensions.
2. The distance of the proposal from all lot lines.
3. The distance of the proposal from any structure, including neighboring structures.
4. The depth of the proposed foundation or footers.
5. The maximum percentage of the lot to be covered by building(s).
6. **Addition will be used as:** \_\_\_ Family Room, \_\_\_ Living Room, \_\_\_ Kitchen, \_\_\_ Den, \_\_\_ Bedroom, \_\_\_ Bath, \_\_\_ Other
7. **Basement:** \_\_\_ Full, \_\_\_ Partial, \_\_\_ Crawl, \_\_\_ Pier, \_\_\_ Slab
8. **Garage:** \_\_\_ Attached, \_\_\_ Detached, \_\_\_ **Utilities:** \_\_\_ Electric, \_\_\_ Gas, \_\_\_ Other
9. **Deck/Porch:** \_\_\_ Open, \_\_\_ Covered, \_\_\_ Enclosed, \_\_\_ Screened, \_\_\_ Other
10. Provide the following details as required, either on the sketch, or below:

**Window Style & Sizes:**

**Door Style & Sizes:**

**Insulation Type & Sizes:**

**Roof Style:**

**Roof Pitch:**

**Foundation Type & Size:**

**Sill Plate Size:**

**Sub-Floor:**

**Floor Joist Size & Spacing:**

**Wall Stud Size & Spacing:**

**Ceiling Joist Size & Spacing:**

**Roof Rafter Size & Spacing OR Trusses:**

**\*Electrical - Inspected by Underwriters**

**USE THIS PAGE TO DRAW YOUR PLANS**

**ZONING/CODES OFFICE - INSURANCE**

**Town of Salisbury  
PO Box 241  
Salisbury Center, New York 13454**

**Codes Office Phone: 315-429-7251**

**Fax: 315-429-3493**

I, \_\_\_\_\_, (contractor's name) hereby affirm that if any persons will be receiving monetary rewards for work on a project for which a Building Permit is required, I will provide the Codes Officer with proof of Liability Insurance, Disability Insurance and Workers' Compensation.

Furthermore, I agree to comply with all rules and regulations regarding inspections relative to this project. I understand that a STOP WORK ORDER may be issued for failing to comply with these requirements.

I assume responsibility to insure that all inspections are conducted at the appropriate time. Failure to meet proper approval for each item requiring an inspection may result in denial of a Certificate of Occupancy or Certificate of Compliance.

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**BEFORE YOU MOVE INTO A NEW DWELLING A CERTIFICATE OF OCCUPANCY  
MUST BE ISSUED TO YOU**

\*\*\*\*\*

This Office will make every possible attempt to make all inspections requested within 24 hours.

\*\*\*\*\*

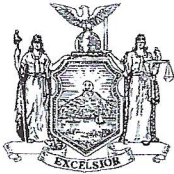
For office use only

All Insurance requirements have been submitted: \_\_\_\_\_

Permit # Issued: \_\_\_\_\_

Date Issued: \_\_\_\_\_

\_\_\_\_\_  
Barry A. Vickers  
Zoning/Codes Enforcement Officer



ANDREW M. CUOMO  
GOVERNOR

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD  
328 STATE STREET  
SCHENECTADY, NY 12305



ROBERT E. BELOTEN  
CHAIR

December 1, 2008

To all Code Enforcement Officials, Building Departments, and Municipal Entities:

Effective January 18, 1999, Section 125 of the General Municipal Law requires that any individual applying for a building permit must prove to the building department that he/she is in compliance with the mandatory coverage provisions of the Workers' Compensation Law before the building permit is issued.

### General Background

Under Section 57 of the Workers' Compensation Law, businesses listed as the general contractors on building permits are required to submit proof of compliance with the mandatory coverage provisions of the Workers' Compensation Law to the building department before a building permit is issued. Section 125 of the General Municipal Law is specifically targeted at ensuring that all applicants who list themselves as the general contractors on the building permit are in compliance with the mandatory coverage provisions of the Workers' Compensation Law.

For homeowner applicants, the instruction manual includes a link to form BP-1 Affidavit of Exemption to Show Specific Proof of Workers' Compensation Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence. The law requires homeowners to provide proof of workers' compensation compliance when applying for a building permit. If the homeowner qualifies for an exemption, the homeowner must either complete this form and file it with the local building department; or the homeowner must complete Form CE-200 and file it with the local building department.

### Implementing Section 125 of the General Municipal Law

#### 1. General contractors and Business Owners

Businesses listed as the general contractors on building permits, must prove that they are in compliance with the mandatory coverage requirements and also Section 57 of the Workers' Compensation Law (WCL) by producing ONE of the following forms indicating that they are:

- insured (Form C-105.2 or U-26.3 – the business's insurance carrier will send this form to the building department upon the business's request) All private carriers and their licensed insurance agents are authorized to issue the form C-105.2 as their Certificate of NYS Workers' Comp Insurance. The State Insurance Fund uses the U-26.3 form as its Certificate of NYS Workers' Compensation Insurance.
- self-insured (Form SI-12 -- Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247), **OR** Form GSI-105.2 -- Certificate of Participation in Workers' Compensation Group Self-Insurance) (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).
- exempt (Form CE-200 – {Form CE-200 is available on the Board's website, [www.wcb.ny.gov](http://www.wcb.ny.gov), under the heading "Forms." Paper applications for this form are available by writing or visiting any Customer Service Center at any District Office of the Workers' Compensation Board.}

Any residence that is not a 1, 2, 3, or 4 Family, Owner-occupied Residence is considered a business (income or potential income property) and must prove compliance by filing one of the above forms. **(Please note: ACORD forms are NOT acceptable proof of workers' compensation coverage!)**

2. *Owner-occupied Residences*

Homeowners of a 1, 2, 3, or 4 Family, Owner-occupied Residence, must file form BP-1 when applying for a building permit when they are:

- listed as the general contractor on the building permit, and the homeowner:
  - is performing all the work for which the building permit was issued him/herself,
  - is not hiring, paying or compensating in any way, the individual(s) that is (are) performing all the work for which the building permit was issued or helping the homeowner perform such work, or
  - has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
  
- If the homeowner of a 1, 2, 3, 4 Family, Owner-occupied Residence is hiring or paying individuals a total of 40 hours or MORE in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may NOT file the "Affidavit of Exemption" form, BP-1, but must either:
  - acquire appropriate workers' compensation coverage and provide, to the government entity issuing the building permit, appropriate proof of that coverage, on forms C-105.2 or U-26.3, OR
  - have the general contractor performing the work provide appropriate proof of workers' compensation coverage, or proof of exemption from that coverage, to the government entity issuing the building permit.

**Background on Coordinating the Implementation of Section 125 of the General Municipal Law with Existing Statutes**

To ensure that homeowners are not required to have duplicate workers' compensation coverage, the implementation form attempts to coordinate compliance with Section 125 of the Municipal Law with coverage provided under Section 3420(j) of the Insurance Law, which is the homeowner's policy's workers' compensation insurance rider.

As of March 1, 1985, New York State Insurance Law § 3420(j) provides that every policy of comprehensive personal liability insurance (i.e., homeowner's insurance) on a 1, 2, 3, or 4 Family owner-occupied dwelling (including condominiums) will also provide workers' compensation benefits. This section was added to protect the homeowner from unexpected liability when the Board determines that a person, whom the homeowner did not believe required coverage, is found to be entitled to benefits. To receive benefits under this policy, the employee must be found by the Board to have been injured in employment of the policyholder and employed for less than 40 hours a week in and about the owner's 1, 2, 3, 4 family residence in this State.

*Form BP-1 is available on the Board's website, [www.wcb.ny.gov](http://www.wcb.ny.gov), under the heading "Forms."* Please make as many copies of the BP-1 as you require. The BP-1 form reflects the minimum standard to be applied statewide. If a municipality wishes to collect a copy of the certificate of insurance from a building permit applicant's homeowner's insurance policy or obtain a copy of the information page from the building permit applicant's homeowner's insurance policy, the municipality could make that a local requirement which would be in addition to the State requirement.

If you have any questions regarding the BP-1 form, Section 125 of the General Municipal Law or Section 57 of the Workers' Compensation Law, please contact Steve Carbone of the New York State Workers' Compensation Board at (518) 486-6307.

Thank you for your office's cooperation in enforcing Section 125 of the General Municipal Law and Section 57 of the Workers' Compensation Law.

Sincerely,

Peter Michels  
Director of Compliance

LAWS OF NEW YORK, 1998  
CHAPTER 439

The general municipal law is amended by adding a new section 125 to read as follows:

125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

## Implementing Section 125 of the General Municipal Law

### 1. General Contractors -- Business Owners and Certain Homeowners

For businesses and certain homeowners listed as the general contractors on building permits, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is **ONE** of the following forms that indicate that they are:

- ◆ insured (C-105.2 or U-26.3),
- ◆ self-insured (SI-12), or
- ◆ are exempt (CE-200),

under the mandatory coverage provisions of the WCL. Any residence that is not a **1, 2, 3 or 4 Family, Owner-occupied Residence** is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

### 2. Owner-occupied Residences

For homeowners of a **1, 2, 3 or 4 Family, Owner-occupied Residence**, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file form BP-1 (12/08).

- ◆ Form BP-1 shall be filed if the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is listed as the general contractor on the building permit, and the homeowner:
  - ◇ is performing all the work for which the building permit was issued him/herself,
  - ◇ is not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping the homeowner perform such work, or
  - ◇ has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
- ◆ If the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is hiring or paying individuals a total of **40 hours or MORE** in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" form, BP-1(12/08), but shall 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 (the C-105.2 or U-26.3 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) 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.

# 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 compensating in any way, 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 homeowners 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 of 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 jobsite) for work indicated on the building permit.

\_\_\_\_\_  
(Signature of Homeowner)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Homeowner's Name Printed)

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

Property Address that requires the building permit:

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

<p><i>Sworn to before me this _____ day of</i> _____, _____.</p> <p>_____ <i>(County Clerk or Notary Public)</i></p>
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Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.