

Building Permit Application Requirements:

- Drawing of proposed building structure.

Show building size (length, width, height), building materials (type, size, spacing)

windows/doors (type, size, amount), roof (type, pitch), siding/trims (type), foundation (type, size, height, depth, thickness, footer), utility services (electric, plumbing, heat, gas).

NOTE: For new construction structures over 1400 square feet, certified stamped architectural drawings

may be required.

- Drawing of proposed building structure onto property placement.

Show proposed building placement onto overhead view of property.

Show distances from house, outbuildings, waterways, drainage ditches (if any), and other property boundaries (centerline of front roadway to building, sides, back).

- Declare who is doing the proposed work.

If hiring a contractor(s), need proof of Workman's Compensation Insurance (WCI).

If property owner is performing proposed work or contractor does not have proof of WCI,

need to submit WCI waiver.

- Allow Building Inspector to inspect property before permit is approved.

Allow Building Inspector to inspect property during and after construction.

Satisfactory inspection(s) will result in Certificate of Compliance/Occupancy.

- Enclose proper fee (check, cash)

DO NOT START CONSTRUCTION UNLESS PERMIT APPLICATION IS APPROVED !!

Town of Leon

Office of Code Enforcement

APPLICATION FOR BUILDING OR DEMOLITION PERMIT

APPLICATION DATE _____, 20____

APPLICATION NUMBER _____

APPLICANT'S NAME _____

PHONE NUMBER _____

MAILING ADDRESS _____

LOCATION OF PROPERTY _____

SECTION _____ BLOCK _____ LOT _____

APPLICATION IS HEREBY MADE TO:

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> USE | A STRUCTURE OR BUILDING AT A COST OF \$ _____ |
| <input type="checkbox"/> ERECT | |
| <input type="checkbox"/> ALTER | <input type="checkbox"/> RESIDENCE |
| <input type="checkbox"/> DEMOLISH | <input type="checkbox"/> ADDITION TO _____ |
| | <input type="checkbox"/> MANUFACTURED HOUSING |
| | <input type="checkbox"/> MODULAR |
| | <input type="checkbox"/> COMMERCIAL BUSINESS |
| | <input type="checkbox"/> INDUSTRY |
| | <input type="checkbox"/> ACCESSORY BUILDING |
| | <input type="checkbox"/> POOL |
| | <input type="checkbox"/> OTHER USE (DESCRIBE BELOW) |
- _____

APPLICANT MUST PROVIDE A SET OF BUILDING OR STRUCTURE PLANS ALONG WITH A PLOT PLAN SHOWING DISTANCES FROM OTHER BUILDINGS/STRUCTURES AND PROPERTY LINES.

☐ APPROVED

OWNER

☐ REJECTED

CODE ENFORCEMENT OFFICER

FEE

FEE SCHEDULE

BUILDINGS:	UP TO 1,000 SQ. FT.	\$25.00	SWIMMING POOLS	\$25.00
	1- 2,000 SQ. FT.	\$50.00	OPERATING PERMIT	\$50.00
	2-5,000 SQ. FT.	\$75.00	DEMOLITION	\$10.00
	5-10,000 SQ. FT.	\$100.00		
	OVER 10,000 SQ. FT.	\$200.00		
SURCHARGE FOR STARTING CONSTRUCTION/DEMOLITION WITHOUT PERMIT				\$50.00

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 homeowner's 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 WC/DB-100 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:

Sworn to before me this _____ day of _____, _____.
_____ (County Clerk or Notary Public)

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