

## APPLICATION FOR CONSTRUCTION INSPECTION

*Please Print or Type*

**TO BE COMPLETED BY APPLICANT OR CLERK**

Town, Village of: \_\_\_\_\_ Town of Scriba \_\_\_\_\_ County of: \_\_\_\_\_ Oswego \_\_\_\_\_

Town, Village Clerk: \_\_\_\_\_ Rebecca A. Lavery \_\_\_\_\_ Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Job Site: \_\_\_\_\_

**TO BE COMPLETED BY INSPECTOR**

**Permit-** Issued on: \_\_\_\_\_

Expires: \_\_\_\_\_

Construction Value: \_\_\_\_\_

Tax ID # \_\_\_\_\_

(TO BE DETERMINED BY INSPECTOR)

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

**P E Approved** (If Applicable)

By: \_\_\_\_\_

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

Occupies As: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

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

\_\_\_\_\_ Zip: \_\_\_\_\_

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

**Fee Paid:** TOTAL \$ \_\_\_\_\_

Check # \_\_\_\_\_

Money Order # \_\_\_\_\_

Cash \_\_\_\_\_

**CHECK APPLICABLE ITEMS**

New Construction

Residential  Commercial

Renovation, Alteration, Conversion

Residential  Commercial

Installation Mobile  Modular  Home

Chimney Construction

Solid Fuel Burning Device  Insert

Pool  Deck  Roof  Porch

Septic- New Installation  Renovation

Other \_\_\_\_\_

Visual Safety Inspection

**FEE MUST BE REMITTED AT TIME APPLICATION IS MADE.**

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**Inspector**

**Town Of Scriba  
315-343-3375**

(City, Town, or Village) of \_\_\_\_\_ County of \_\_\_\_\_

## Construction Specifications

APPLICATION # \_\_\_\_\_ PERMIT # \_\_\_\_\_ DATE: \_\_\_\_\_

**INSTRUCTIONS:** This form is to be attached, when completed to the application for construction inspection.

- A.) This application must be completely filled in & submitted in duplicate to the inspector in charge.
- B.) Plot plan showing location of lot and of building on premises, relationship to adjoining premises or public streets or areas and giving a detailed description of layout of property must be drawn on your diagram which is part of the application.
- C.) This application must be accompanied by one set of specifications describing the nature of work to be performed, the materials and equipment to be used and installed and details of structural, mechanical, electrical and plumbing installations.
- D.) Upon approval of this application, the issuing inspector will issue a building permit to the applicant. Such permit shall be kept on the premises available for inspection throughout the progress of the work.
- E.) The work covered by this application may not be commenced before the issuance of a building permit.
- F.) No building shall be occupied or used in whole or in part for any purposes whatever until an application is made for a certificate of occupancy and shall have been granted by the owner, an affiliate must accompany it stating that the purposed construction is authorized and that the inspector shall be permitted to inspect the premises without the need of a sear warrant.

1. State existing use and occupancy of premises and intended use and occupancy of proposed construction:

A.) Existing use and occupancy \_\_\_\_\_

B.) Intended use and occupancy \_\_\_\_\_

2. Nature of work (check which applicable) New Building Addition Alteration Repair Removal Demolition Installation

3. If dwelling, number of dwelling units \_\_\_\_\_ Number of dwelling units on each floor \_\_\_\_\_ If garage, number of cars \_\_\_\_\_

4. If business, commercial or mixed occupancy, specify nature of each type of use \_\_\_\_\_

5. Dimensions of existing structure with alterations or additions: **Front** \_\_\_\_\_ **Rear** \_\_\_\_\_ **Depth** \_\_\_\_\_

**Height** \_\_\_\_\_ **Number of stories** \_\_\_\_\_

6. Dimensions of entire new construction: **Front** \_\_\_\_\_ **Rear** \_\_\_\_\_ **Depth** \_\_\_\_\_ **Height** \_\_\_\_\_

**Number of stories** \_\_\_\_\_

7. Size of lot: **Front** \_\_\_\_\_ **Rear** \_\_\_\_\_ **Depth** \_\_\_\_\_

8. Zone or use district in which premises are suitable: \_\_\_\_\_

9. Does purposed construction violate any zoning law, ordinances or regulations? \_\_\_\_\_

10. Name of compensation insurance carrier: \_\_\_\_\_

Number of policy: \_\_\_\_\_ Date of expiration: \_\_\_\_\_

11. Name of architect, if required: \_\_\_\_\_

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

Name of contractor: \_\_\_\_\_

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

12. Will electrical work be inspected by an approved electrical underwriter's agency? If so, specify: \_\_\_\_\_

13. A plot diagram must be prepared and attached hereto and locate clearly and distinctly all buildings, whether existing or proposed and indicated all set back dimensions from property lines. Give lot and block numbers or description according to deed, and show street names and indicate whether interior or corner lot.

STATE OF NEW YORK, COUNTY OF \_\_\_\_\_

\_\_\_\_\_ being duly sworn deposes and says that he is the applicant above named

(Name of individual signing application)

He is the \_\_\_\_\_ of said owner/owners and is duly authorized to perform or have performed the said

(Contractor, agent, officer, etc.)

work and to make and to file this application; that all statements contained in this application are true to the best of his knowledge and belief, and that the work will be performed in the manner set forth in the application and specifications filed therewith, and in accordance with applicable laws, ordinances, rules and regulations.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

State of \_\_\_\_\_ County of \_\_\_\_\_

Notary public, \_\_\_\_\_

# **Town of Scriba**

Municipal Building  
42 Creamery Rd.  
Oswego, New York 13126

## **ATTENTION: BUILDING PERMIT APPLICANT**

PLEASE BE ADVISED THAT  
***SITE PLAN REGULATIONS***  
HAVE BEEN ADOPTED BY THE  
**TOWN OF SCRIBA**

PLEASE ANSWER THE FOLLOWING QUESTIONS  
BEFORE APPLYING FOR A BUILDING PERMIT

\*Are you using the building permit for commercial/business purposes?

YES \_\_\_\_\_ NO \_\_\_\_\_

\* If yes, you are required to submit your plans to the Town of Scriba Planning Board for approval prior to applying for a building permit.

**Signed under the penalty of perjury this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_**

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(Building permit applicant)

## 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 HAD 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 and Business Owners

For business 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 (C-105.21),

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 Worker's compensation Law when applying for a building permit is to file from BP-1(3/99).

- ❖ Form BP-1(3/9) 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(3/99), 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.

RESOLVED THAT The Town Board of the Town of Scriba, State of New York, County of Oswego, does hereby designate Mary Lou Noel as official Code Enforcement Officer for the New York State Uniform Fire Prevention and Building Code for the Town of Scriba.

RESOLVED THAT the fee schedule for these inspections be as follows:

**FEES FOR IMPLEMENTATION FO CONSTRUCTION CODE  
(Not including electrical inspections)**

Fees will be based on the local building construction factor.

\$1 to \$1,000.....	\$25.00	
\$1,001 to \$2,000.....	\$50.00	
\$2,001 to \$25,000.....	\$50.00	FOR the first \$2,000, plus \$3.00 for each additional \$1,000 or fraction thereof
\$25,000 to \$50,000.....	\$125.00	FOR the first \$25,000, plus \$3.00 for each additional \$1,000 or fraction thereof
\$50,000 to \$100,000.....	\$200.00	FOR the first \$50,000, plus \$1.00 for each additional \$1,000 or fraction thereof
100,001 to \$500,000.....	\$300.00	FOR the first \$100,000, plus \$1.00 for each additional \$1,000 or fraction thereof
\$500,001 to \$1,000,000.....	\$700.00	FOR the first \$500,000, plus \$1.00 for each additional \$1,000 or fraction thereof
Excess of \$1,000,001.....		To be negotiated by the Town Board

All inspections required for mobile home installations regardless of cost of installation (not including electrical)...\$90.00

Installation of swimming pools .....\$35.00

Septic System installation inspection:

With dwelling .....	\$60.00
Without dwelling.....	\$45.00

In accordance with Town Board Resolution established 08/18/10 to set a uniform cost figures on new construction within the Town on a cost basis:

- A) \$21.00 per sq. ft - Utility Buildings
- B) \$16.00 per sq. ft.- Open Porch Addition
- C) \$45.00 per sq. ft.- Closed Porch
- D) \$30.00 per sq. ft.- Pole Barn-
- E) \$38.00-\$45.00 per sq. ft. – Garage 2 car/3 car

RENEWING PERMITS: In the event that a building permit must be renewed, a fee equal to 50% of the original building permit fee will be charged prior to re-issuance of the permit.

**OTHER INSPECTIONS AND FEES RELATED TO BUILDING CONSTRUCTION**

Any inspection requested outside of normal business hours will be billed at the rate of \$15.00 per hour (minimum charge 2 hours) in addition to the permit fee.

**Dig Safely New York  
Oswego County  
Town of Scriba**

BY LAW, EXCAVATORS MUST CALL UFPO AT  
**1-800-962-7962**  
AT LEAST 2 FULL WORKING DAYS BEFORE DIGGING  
TO REQUEST A STAKE-OUT OF UNDERGROUND UTILITY LINES.

As of December 1, 2009 the following organizations owned buried facilities in the Town of Scriba and are members of the UFPO “one call” notification system. One free phone call to UFPO contacts:

<b>Town of Scriba Service Area</b>
<input type="checkbox"/> <b>CONSTELLATION NUCLEAR</b> Design: CNSTLATION NUCLEAR DESIGN CONTACT (315) 349-7232 Stakeout: ERNEST PETER** (315) 349-7232
<input type="checkbox"/> <b>ELANTIC TELECOM, INC</b> Design: ELANTIC TELECOM DESIGN CONTACT (804) 565-7737 Stakeout: CONI DUFF (804) 565-7737
<input type="checkbox"/> <b>NATIONAL GRID   CENTRAL</b> <a href="http://www.nimo.com/">http://www.nimo.com/</a> Design: NATIONAL GRID / CENTRAL DESIGN CONTACT (315) 428-6715 Gas Emergency: NATIONAL GRID GAS EMERGENCY CONTACT (800) 892-2345 Stakeout: PREMIER UTILS LOCATING DISPATCHER (800) 262-8600 Stakeout: PREMIER UTILS LOCATING DISPATCHER (631) 967-2697
<input type="checkbox"/> <b>NYS DOT SYRACUSE - REGION #3</b> <a href="http://www.dot.state.ny.us/traffic/itsarch/web/statewide/elements/724.htm">http://www.dot.state.ny.us/traffic/itsarch/web/statewide/elements/724.htm</a> Design: NYSDOT TRAFFIC SYRACUSE DESIGN CONTACT (315) 428-4064 Stakeout: RONALD BLAKLEY (315) 455-6312
<input type="checkbox"/> <b>ONONDAGA COUNTY WATER AUTHORITY</b> <a href="http://www.ocwa.org/">http://www.ocwa.org/</a> Design: ONONDAGA COUNTY WATER AUTHORITY DESIGN CONTACT (315) 455-7061 3122 Stakeout: GEORGE S GERMAN JR (315) 455-7061
<input type="checkbox"/> <b>OSWEGO COUNTY DPW</b> Design: OSWEGO COUNTY DPW DESIGN CONTACT (315) 349-8333 Stakeout: CHRIS* BALDWIN (315) 349-8333
<input type="checkbox"/> <b>TIME WARNER CABLE - OSWEGO</b> <a href="http://www.timewarnercable.com">http://www.timewarnercable.com</a> Design: TWCBL-OSWEGO DESIGN CONTACT (315) 634-6290 Stakeout: CLARENCE BROOKS*** (315) 634-6290
<input type="checkbox"/> <b>TOWN OF SCRIBA</b> Design: TWN SCRIBA DESIGN CONTACT (315) 342-6894 Stakeout: TOM BULLARD* (315) 342-6894
<input type="checkbox"/> <b>VERIZON   SYRACUSE A1</b> Design: VERIZON / SYRACUSE A1 DESIGN CONTACT (315) 453-8121 Stakeout: VERIZON (PPM CENTER) STAKEOUT CONTACT (888) 839-3327
<input type="checkbox"/> <b>WINDSTREAM NEW YORK INC (FORMERLY ALLTEL)</b> Design: WINDSTREAM NEW YORK DESIGN CONTACT (888) 599-3166 Stakeout: WINDSTREAM DAMAGE PREVENTION GROUP (888) 599-3166