

**PERMIT CHECKLIST**

- 1. Drawing or sketch of project, including lumber size, finish  
Materials and project dimensions.** \_\_\_\_\_
  
- 2. Plot Plan or survey showing project and setbacks.** \_\_\_\_\_
  
- 3. Completed application** \_\_\_\_\_
  
- 4. Proof of Worker's Comp or Waiver (circle one)** \_\_\_\_\_
  
- 5. Handout supplied with approved permit (if relevant)** \_\_\_\_\_
  
- 6. Building Inspectors Report attached to Field Copy** \_\_\_\_\_

**Village of Macedon  
81 Main Street  
Macedon, NY 14502**

**BUILDING PERMIT APPLICATION**

**Instructions**

- a. This application is to be completed in ink.
- b. A separate application is to be completed for each structure.
- c. The excavation and construction work relating to this application shall not commence before issuance of a building permit.
- d. Upon approval of this application or granting a variance in relation thereto, the Code enforcement Officer will issue to the applicant a Building Permit which shall be prominently displayed on the premises during the progress of the work.
- e. Usage of the new construction shall not commence until the Code Enforcement Officer has issued a Certificate of Occupancy or Certificate of Compliance for the new construction.
- f. The Code Enforcement Officer may waive one or more requirements of this application.
- g. **Road cuts for sewer and water will not be performed from November 1 of the current year to April 1 of the following year.**

**Required Information**

1. Application is hereby made to the Code Enforcement Officer for the issuance of a Building Permit for the construction, addition, alteration, or relocation of a structure as herein described. This construction is to be done in accordance with, and pursuant to the Zoning Ordinances of the Village of Macedon and the New York State Uniform Fire Prevention and Building Code, and with such other local, State, and Federal laws as may pertain, whether specified or not.
2. **One** copy of a “Plot Plan of the Land” or “Survey Map” showing existing and new structures and location of the new structure to property lines and easements.
3. **Two** sets of construction documents (drawings and specifications) for the proposed work. The drawings shall show all dimensions and material specifications and show structural details for the foundation, framing, walls, roof, rooms and windows as required showing compliance with the New York State Uniform Fire Prevention and Building Code. One set of construction documents shall be returned to the applicant upon approval.
4. New York State law requires contractors to maintain Worker’s compensation and Disability Insurance for their employees. No permit shall be issued unless currently valid Worker’s Compensation and Disability Insurance certificates are attached to this application. Included with application are requirements for Worker’s Compensation and Disability. **Accord forms are NOT acceptable proof of New York State Workers Compensation or Disability benefits insurance coverage.**
5. **Home Owners of 1, 2, 3 and 4 Family Owner-Occupied residences** must file form BP-1 (pg 4), attached hereto, when they are applying for an exemption for workers compensation.

**PROPERTY OWNERS NAME** \_\_\_\_\_ **Telephone #** (\_\_\_\_) \_\_\_\_\_

**PROPERTY OWNERS ADDRESS** \_\_\_\_\_

**Building Permit#:** \_\_\_\_\_ **Tax Parcel I.D.#:** \_\_\_\_\_

**Name, Address and Phone # of Contractor:** \_\_\_\_\_

**Description of Project:** \_\_\_\_\_

**Estimated Cost of Project:** \_\_\_\_\_

**\*\* For Projects over \$1,000 a \$100 escrow fee shall be held until project completion**

**Type of Construction or Improvement:** (Check the appropriate line)

\_\_\_\_\_ New Building-Proposed Use \_\_\_\_\_

\_\_\_\_\_ Conversion: Current Use \_\_\_\_\_ Proposed Use \_\_\_\_\_

\_\_\_\_\_ Addition \_\_\_\_\_ Alteration \_\_\_\_\_ Repair or Replacement \_\_\_\_\_ Relocation

**Building Specifications**

Length \_\_\_\_\_ (feet), Width \_\_\_\_\_ (feet), height to peak from grade \_\_\_\_\_ (feet)

Number of Stories \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_

Total habitable area \_\_\_\_\_ sq. ft. Basement Area \_\_\_\_\_ sq. ft. First Floor area \_\_\_\_\_ sq. ft.

Second Floor area \_\_\_\_\_ sq. ft.

\_\_\_\_ Garage, **attached or detached** (circle one) width \_\_\_\_\_ (ft.), length \_\_\_\_\_ (ft.), height \_\_\_\_\_ (ft.) to the peak

\_\_\_\_ Storage Shed, width \_\_\_\_\_ (ft.), length \_\_\_\_\_ (ft.), height \_\_\_\_\_ (ft.) to the peak

\_\_\_\_ Fence, height \_\_\_\_\_ (inches) Attach a drawing showing the type (wire, wood, etc.) and location on the Survey Map or Plot Plan of the Land

\_\_\_\_ Outside Deck, length \_\_\_\_\_ (ft.) width \_\_\_\_\_ (ft.) height above grade \_\_\_\_\_ (ft.)

\_\_\_\_ Swimming Pool - **in-ground or above ground** (circle one).

**\*\*ELECTRICAL INSPECTION MUST BE DONE BY A CERTIFIED ELECTRICAL INSPECTOR OF YOUR CHOICE**

If above ground, height above grade to pool rim in inches \_\_\_\_\_ **Alarm** \_\_\_\_\_

Type: **Rectangular**, length \_\_\_\_\_ (ft.) width \_\_\_\_\_ (ft.)

**POOL**  
**Round** diameter \_\_\_\_\_ (ft.)

I HEREBY CERIFY THAT I AM THE **owner, contractor** (circle one) and that I am duly authorized to make and file this application and that all statements contained in this application are true to the best of my knowledge and belief and that the work will be performed in the manner set forth in this application and in accordance with the plans filed herewith and I agree to comply with and abide by all applicable laws, ordinances and regulations and I further agree that in consideration for the issuance of a Building Permit, I will conform the structure to any special conditions of the Permit which is issued.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**I am the property owner, and hereby consent to the above application:**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Signature of the Property Owner if different from the Applicant)

**This Permit Shall Expire 1 Year from the Date of Issue**

**Fees Collected:** \_\_\_\_\_

**Then following section is to be completed by the Code Enforcement Officer**

**Building Permit Number** \_\_\_\_\_

**Zoning** \_\_\_\_\_

**Occupancy Classification** \_\_\_\_\_

**Date Submitted** \_\_\_\_\_

**Code Enforcement Officer** \_\_\_\_\_

**Date Approved** \_\_\_\_\_

**Zoning Variance Description** \_\_\_\_\_

**Zoning Variance Approval Date** \_\_\_\_\_

**Wayne County Planning Board Approval** \_\_\_\_\_ **Date** \_\_\_\_\_

**Additional Comments:**

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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**

**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 line):

\_\_\_\_\_ 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 to 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**

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

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

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Property Address

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

\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
*County Clerk or Notary Public*