Village of Ravena
Building Department
15 Mountain Rd.
Ravena, NY 12143
Phone: (518) 756-8201
Fax: (518) 756-8356
buildingdept@villageofravena.com



## Deck Building Permit Application Information NOTE: Job is not to be started until permit is picked up and paid for.

1. **Application:** must be **completely** filled out in ink. All applicants must submit a copy of the deed to the parcel.

2. Plot Plans: Submit the Plot Diagram (page 3 of Application). Any changes must show on the plot plan with measurements. Plot plans must show dimensions of the lot, present buildings & proposed deck.

3. Building Plans: Submit deck building plans.

**4. Materials List:** Submit the materials list found on page 4.

**5. Costs:** Costs for the work described in the Application for Building Permit include the cost of all of the construction, and other work done in connection therewith, exclusive of the cost of land. If the final cost shall exceed the estimated cost, an additional fee may be required.

6. Insurance Requirements: Contractors – Certificates of Insurance providing proof of Contractor's Liability (Acord form), Workers Compensation and Disability Benefits coverage, naming the Village of Ravena Certificate Holder, must be on file before any release of permit. Acord forms are not acceptable proof of NYS workers' compensation or disability benefits coverage. If the permit is for work you are performing yourself on your owner-occupied property you can complete the form found at the end of the application.

Once the application is turned in, an average turn-around time for permit approval is seven to ten (7-10) business days, depending on the current workload. Incomplete applications will be returned thus prolonging the review process.

Once the job is started, inspections should be requested **24 hours** in advance. To make appointments call the Village of Ravena Building Department Monday-Friday from 9am-2pm.

Note: Inspections by the Building Department are required at the following schedule: (You must call for Inspections.)

1. Footings before pouring concrete.

2. Foundation inspection before backfill.

3. Plumbing, heating, framing, and electrical inspections are to be conducted before any closing in of the framework.

4. Insulation inspection.

When all work is completed, final inspection is required by the Building Department. No use of the structure is permitted without a Certificate of Compliance being issued by the Building Department.



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For Building Inspect	or Use:
Tax Map #:	
Permit #:	
Permit Fee: \$	
Insurance Cert: 🗆 Lia	bility 🗆 Workman's Comp
CE-200 Date	or $\square$ 0wner Occupied 439
Permit: □Approved	□Denied □ZBA
CO or CC Date:	

#### **Application for Deck Building Permit**

A PERMIT MUST BE OBTAINED BEFORE STARTING WORK RESIDENTIAL PERMIT EXPIRES IN TWELVE (12) MONTHS ALL PERMITS REQUIRE A FINAL INSPECTION

Address of proposed work:	Estimated Cost: \$	
Owner's NameAddress	(if different than owner:) Applicant's Name Address	
PhoneCell	PhoneCell	
Nature of Proposed Work:  □ Deck □ Porch □ Enclosed Porch □ Outside Stairs	Lot Size: Area: Existing Building Size: New Building Size:	
Dimensionsx Zoning District:	Name of Compensation or General Liability Carrier & Policy #:	

NOTE: With the issuance of this permit the Building Inspector, his Assistant, or Code Enforcement Officer having jurisdiction under the Codes of The State of New York and The Energy Conservation Construction Code of The State of New York has permission of the owners and or the contractors upon the showing of proper credentials and in the discharge of their duties may enter upon any building, structure or premise covered by this permit at any reasonable hour and no person shall thus interfere with the performance of their duties. All applicable inspections as required by the Building Inspector or his Assistant shall be completed according to the schedule attached at the time of issuance of the permit.

Prior to use of any structure covered under this permit a Certificate of Compliance must be issued

by the Building Department.	
Signature of Owner, Applicant or Agent	15
or Agent	Date
	*
Printed Name of Owner, Applicant or Agent	
Please submit the following with your applic	cation:
□ Copy of Deed	
☐ Plot Plans ☐ Deck Building Plans	
<ul><li>□ Deck Building Plans</li><li>□ Description of Materials</li></ul>	
☐ Required Insurance Papers	
1	
This application is hereby $\square$ approved $\square$ dis	sapproved and permission $\square$ granted $\square$ refused
for the construction, reconstruction or altera forth above.	ation of a building and/or accessory structure as set
Reason for refusal of permit:	
reason for relating of permit.	
Dated	
	Building Inspector

#### **Plot Diagram**

Locate clearly and distinctly all buildings whether existing or proposed, and indicate all set back dimensions from property line. Give lot and block numbers or description according to deed, and show all easements and street names and indicate whether interior or corner lot, or supply and approved plot plan showing all the above requirements.

Dimensions: Deckx
Please show the following on the plot plan:
□Lot Dimensions □Street Names □Easements (if applicable) □House □Proposed deck □Outbuildings (e.g., Garage, shed, etc.) □Measurements from property line to each structure
Additional Information:
Signature
Date
For Building Inspector Use Only:
Building Department Review:
Building Inspector Signature
Date

## **Description of Materials**

Provide all Necessary Information
Submit with corresponding plans and application for building permit

Address of	proposed work:		Estima	ted Cost: \$	
Owner's NameAddress			(if different than owner:) Applicant's Name Address		
Phone	Cell		Phone	Cell	
Footing 2. Column 3. Main F 4. Floor I Finish 2nd Floor Finish	dations: (Footing or Pier d g Size nn Size & Material Beam Size & Material Framing: 1 <sup>st</sup> Floor - Joist gra Floor material Floor material	Pier	SizeSize & s	pacing	00
Rafters Sheathi 6. Roofing	raming: Minimum design for , size & gradeing	OC; Ri Ceiling joists, Weight	dge Size Grade, Size & Spa	cing Underlav	00
8. Handra	WidthRi Iaximum Rise 8 ¼"; Minimum R ils: Heightl	tun 9" + 1 1/8 no	sing. (A-Code)		
Date	Signa	ature	Applic	ant	

## 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. \*\*

TT T	order of any party. ""
Under penalty of perjury, I certify that I am the (including condominiums) listed on the building p specific proof of workers' compensation insuran appropriate box);	e owner of the 1, 2, 3 or 4 family, owner-occupied residence permit that I am applying for, and I am not required to show ace coverage for such residence because (please check the
I am performing all the work for which the	ne building permit was issued
I am not bining	o p
for which the building permit was issued	any way, the individual(s) that is(are) performing all the work or helping me perform such work
I have a homeowners incurance policy of	A American and Ame
attached building permit AND am history	at is currently in effect and covers the property listed on the
(aggregate hours for all paid individuals o	or paying individuals a total of less than 40 hours per week
I also agree to either:	or paying individuals a total of less than 40 hours per week in the jobsite) for which the building permit was issued.
are named beautiful need to bis	coverage and provide appropriate proof of that coverage on rkers' Compensation Board to the government entity issuing viduals a total of 40 hours or more per week (aggregate hours a indicated on the building permit, or if appropriate, file a CE-
of the NYS Workers' Company P	work on the 1, 2, 3 or 4 family, owner-occupied residence ag permit that I am applying for, provide appropriate proof of temption from that coverage on forms approved by the Chair of the government entity issuing the building permit if the ek (aggregate hours for all paid individuals on the jobsite) for (Date Signed)
(Homeowner's Name Printed)	Home Telephone Number
*	
Property Address that required to the	Sworn to before me this day of
Property Address that requires the building permit:	day of
	♦
	(County Clerk or Notary Public)
A second	
nce notarized, this RP-1 form	
out yes as an exemption for both y	workers' compensation and disability benefits insurance coverage.
P-1 (12/08)	The state of the s
	NY-WCB

#### LAWS OF NEW YORK, 1998 CHAPTER 430

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

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

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

#### 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-Ishall 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 (12/03), 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.

BP-1 (12/08) Reverse

www.wcb.ny.gov

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