

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



Mobile Home Installation 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 on the computer or in ink. All applicants must submit a copy of the deed to the parcel.
 2. **Plot Plans:** Plot Plan showing location of lot and of buildings on premises, relationship to adjoining premises or public streets or areas and a detailed description of layout of property must be drawn on the included diagram. (See page 5)
 3. **Building Plans:** submit two (2) sets of plans showing proposed construction, along with two (2) complete sets of specifications. Plans and specs shall describe the nature of the work to be performed, the material and equipment being used and installed, and details of the structural, mechanical, electrical, plumbing and heating installations.
 4. **Electrical:** A permit and certificate of approval must be obtained from a third party electrical inspection agency for all electrical work. The permit must be obtained before starting any electrical work.
 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. **Changes:** Any deviation from the approved plans must be authorized by the approval of revised plans subject to the same procedure established for the examination of the original plans.
 7. **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.
- 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.
- Upon approval of this application, the Building Department will issue a Building Permit to the applicant together with the approved, duplicate set of plans and specifications. Such permit and approved plans and specifications shall be kept on the premises available for inspection throughout the progress of the work.

Inspections: Once the job is started, inspections should be requested **24 hours** in advance. To make appointments call the Village of Ravenna 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 walls before pouring concrete.
3. Final survey map that shows the exact location of the new foundation.
4. Foundation inspection before backfill.
5. Plumbing, heating, framing, and electrical inspections are to be conducted before any closing in of the framework.
6. 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 Occupancy or Certificate of Compliance being issued by the Building Department.

Application for Certificate of Occupancy (CO): Upon completion, if a CO is required, an application for the same must be filled out and signed by the OWNER, ARCHITECT, ENGINEER, OR QUALIFIED SUPERINTENDENT. Applications are available at the Building Department. All fees that are owed to any Village Department shall be paid prior to CO being issued.

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

Address of proposed work: _____ Estimated Cost: \$ _____

Property Owner's Name _____ Address _____ Phone _____ Cell _____

Existing Use of Property _____ Proposed Use _____

Name of Compensation or General Liability _____ Carrier & Policy #: _____

Lot Size: _____ Area: _____ Existing Building Size: _____ New Building Size: _____

Building Height _____ Ft. _____ stories

Floor Area _____ Sq. Ft. _____ Cubic Volume _____ Cu. Ft. _____

Applicant's Name _____ Address _____ Phone _____ Cell _____

(if different than owner:)

Zoning District: _____

Application for Mobile Home Installation Permit

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

For Building Inspector Use: _____

Tax Map #: _____

Permit #: _____

Permit Fee: \$ 25

Insurance Cert: Liability Workman's Comp

CE-200 Date _____ or Owner Occupied 439

Permit: Approved Denied ZBA

CO or CC Date: _____

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Building Inspector or his Assistants 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 Occupancy or a Certificate of Compliance must be issued by the Building Department.

Signature of Owner, Applicant or Agent _____

Date _____

Printed Name of Owner, Applicant or Agent _____

Please submit the following with your application:
 Copy of Deed
 Plot Plans (2 Copies)
 Building Plans (2 Copies)
 Building Specifications (2 Copies)
 Required Insurance Papers

For Building Inspector use: This application is hereby <input type="checkbox"/> approved <input type="checkbox"/> disapproved and permission <input type="checkbox"/> granted <input type="checkbox"/> refused for the construction, reconstruction or alteration of a building and/or accessory structure as set forth above. Reason for refusal of permit: _____ _____ _____ Dated _____ Building Inspector

Plot Diagram

Mobile Home Park Name _____
 Dimensions of Project _____
 Lot # _____

New Building Yards: Zoning-Set Back
 (Fill in measurements on plot diagram)
 Front Yard Depth _____
 Right Side Yard Width _____
 Left Side Yard Width _____
 Rear Yard Depth _____

Proposed Mobile Home _____ x _____
 Shed _____ x _____
 Deck _____ x _____
 Other _____ x _____

Complete sketch of lot and adjoining lots showing all structures, distances between all structures, and distances to lot lines:

Application form must be accompanied by specifications of the proposed mobile home and installation plans, or shed/deck construction plans as applicable.

Signature _____
 Date _____

For Building Inspector Use Only:
 Building Department Review: _____
 Building Inspector Signature _____
 Date _____

1. Applicant Personal Information: Enter the name (first and last), address and phone number. The applicant must have the knowledge, information and legal authority to file the application. An accountant or lawyer may not file the application on behalf of a client. The applicant will also be required to sign the certificate of attestation of exemption prior to filing it with the government entity.
2. Your title: Title refers to the position held by the applicant. Example: Sole Proprietor, Partner, Member, President, Secretary, Treasurer.
3. Legal Entity Information: Enter Federal ID number used for tax purposes. If the entity does not have a Federal ID number, enter your social security number. Legal Entity is the business's legally filed name with the Department of State or County Clerk. Example: Corporation (ABC, Inc.) or LLC name (XYZ, LLC). If this does not apply, enter the applicant's name. Doing business as refers to trade name or the name the business is known by.
4. Permit/License/Contract Information: Nature of business refers to what type of work is being performed. Enter the type of permit, license or contract for which you are applying. Examples: Building permit, health permit, liquor license. Issuing Government Agency is the agency to which you will give the certificate. Examples: City of Albany,

Instructions:

For those who require an exemption immediately, please access the *on-line application* that can be found on the Board's website, www.wcb.state.ny.us. Click the "W/C/D/B Exemption" button on the Board's main webpage and then click on "Request for W/C/D/B Exemption (Form CE-200)". You will be able to immediately print the certificate of attestation of exemption after completing the on-line application.

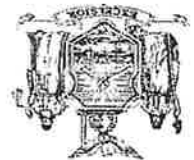
This application must be completed in its entirety and submitted to the Workers' Compensation Board by mail or fax. The application will be processed in the order received and a certificate of attestation of exemption will be mailed to the applicant. This process may take up to four weeks to complete.

Exemption Application Instructions:

Please carefully review the instructions before completing the application.

Attached is an application for a certificate of attestation of exemption from New York State Workers' Compensation and/or Disability Benefits insurance coverage.

A certificate of attestation of exemption can ONLY be used to attest to a government entity that the applicant requesting a permit, license or contract from that government entity is not required to carry workers' compensation and/or disability benefits insurance.



STATE OF NEW YORK
 WORKERS' COMPENSATION BOARD
 BUREAU OF COMPLIANCE
 100 BROADWAY
 ALBANY, NY 12241-0005

Orange County Health Department, New York State Department of Transportation.

5. Job Site Location Information: If applying for a building permit, this section must be completed or form will be rejected. Certificates are job specific and must list the physical location where the work will be performed. The dates and estimated dollar amount of the project must also be completed. If applying for a license or contract, leave this section blank.

6. Partners/ Members /Corporate Officers: Must be completed with names and titles of all principals of business. *Limited Partnerships must ONLY list General Partners.* Sole proprietors can skip this section.

7. Truthfully select one reason for a Workers' Compensation Exemption from box A-J. If none apply, coverage is almost always required. If box I is checked, you must enter the name and telephone number of the temporary service agency. If box J is checked, you must enter the carrier and policy information.

8. Truthfully select one reason for a Disability Benefits Exemption from box A-G. If none apply, coverage is almost always required.

9. Application must be signed and dated by the applicant.

10. Mail or fax application to:

New York State Workers' Compensation Board
Bureau of Compliance - CE-200
100 Broadway
Albany, NY 12241-0005
Fax: 518-486-7145

11. A certificate of attestation of exemption will be mailed upon processing. Applications that are incomplete, illegible or those applicants having outstanding penalties, no-insurance claims or other issues with the NYS Workers' Compensation Board will be rejected and returned to the applicant.

12. Certificates of attestation of exemption contain a unique certificate number used by government officials to verify the validity of the certificate. Certificates are only valid for the specific license, permit or contract and the period for which it is issued. Certificates for building permits are job-specific and a separate certificate will be required for each building permit.

13. The Board may investigate the entity claiming exemption from coverage. Any false statement, representation, or concealment will subject the applicant to felony criminal prosecution including jail, and civil liability in accordance with the Workers' Compensation Law and all other New York State laws.

If you have questions regarding coverage requirements for Workers' Compensation and/or Disability Benefits Insurance, please call the Workers' Compensation Board Bureau of Compliance at 1-866-546-9322.

oath 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:

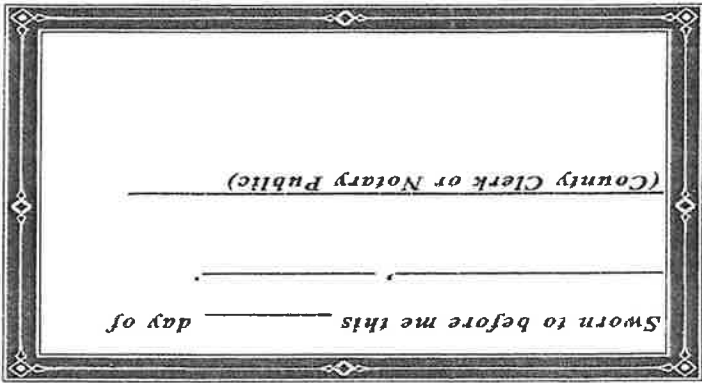
◆ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or 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)

(Homeowner's Name Printed)

Property Address that requires the building permit:



(Date Signed)

Home Telephone Number

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

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

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).

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.

◆ 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(1/04), 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.

**New York State Workers' Compensation Board
Application for Certificate of Exemption
from New York State Workers' Compensation and/or Disability Benefits Insurance Coverage.**

For NYS workers' compensation exemption, this application may only be completed by entities with no employees or out-of-state entities obtaining contracts for which ALL work is performed outside of NYS. For NYS disability benefits exemption, it may only be completed by entities without employees or those with employees, as defined by the NYS Disability Benefits Law, working in NYS for less than thirty days in a calendar year.

A certificate of attestation of exemption can ONLY be used to attest to a government entity that the applicant requesting a permit, license or contract from that government entity is not required to carry workers' compensation and/or disability benefits insurance.

The application must be completed in its entirety and submitted to the Workers' Compensation Board by fax or mail. The application will be processed in the order received and a certificate of attestation of exemption will be mailed to the applicant. This process may take up to four weeks.

To obtain a certificate immediately, please use the *on-line application* at www.web.state.ny.us. Once the application is completed on-line, you can immediately print the certificate on your printer.

Please review the separate instructions (form CE-200 instructions) prior to completing this application. Please print clearly.

I. Applicant Personal Information:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country (If other than U.S.): _____

Personal Phone Number (_____) _____

2. Your Title (check only one)

- Sole Proprietor
- President
- Vice President
- Secretary
- Homowner
- Other (please provide title)
- Treasurer
- Partner
- Member
- Trustee
- Board Member

3. Legal Entity Information:

Business Federal ID (If none, enter social security number): _____

Legal Entity Name: _____

Doing Business As Name _____

Business Phone: (_____) _____ E-mail _____

Check here if business address is the same as the applicant's personal address. If different, enter business address below.

Business Street Address: _____

City: _____ State: _____ Zip: _____

Country (If other than U.S.) _____

(Attach additional sheet if necessary)

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

6. Partners/Members/Corporate Officers - must list all with titles except for limited partnerships which must include only general partners. Sole proprietors can skip this section.

- Estimated Dollar amount of project:
- \$0 - \$10,000
 - \$10,001 - \$25,000
 - \$25,001 - \$50,000
 - \$50,001 - \$100,000
 - Over \$100,000

A. Job Site Address

Street address _____

City: _____ State: _____ Zip: _____ County: _____

B. Dates of project: (mm/dd/yyyy) _____ to: (mm/dd/yyyy) _____

5. Job Site Location Information: (Required if applying for a building, plumbing, or electrical permit)

Issuing Government Agency: _____
 (e.g. New York City Building Department, Ulster County Health Department, New York State Department of Labor, etc.)

B. Applying for:

- License (list type) _____
- Permit (list type) _____
- Contract with Government Agency _____

- A. Nature of Business: (please check only one)
- Construction/Carpentry
 - Demolition
 - Plumbing
 - Restaurant / Food Service
 - Food Cart Vendor
 - Homeowner
 - Bar / Tavern
 - Other (please explain) _____

- Electrical
- Landscaping
- Farm
- Trucking / Hauling
- Horse Trainer/Owner
- Hotel / Motel
- Mobile - Home Park

Employees of the Workers' Compensation Board cannot assist applicants in answering questions in the following two sections. Please contact an attorney if you have any questions regarding these sections.

7. Please select the reason that the legal entity is NOT required to obtain New York State Specific Workers' Compensation Insurance Coverage:

A. The applicant is NOT applying for a workers' compensation certificate of attestation of exemption and will show a separate certificate of NYS workers' compensation insurance coverage.

B. The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

C. The business is a LLC, LLP, PLLP or a RLLP; OR is a partnership under the laws of New York State and is not a corporation. Other than the partners or members, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

D. The business is a one person owned corporation, with that individual owning all of the stock and holding all offices of the corporation. Other than the corporate owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

E. The business is a two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (each individual must hold an office and own at least one share of stock). Other than the two corporate officers/owners, there are no employees, day labor, leased employees, borrowed employees, part-time employees, other stockholders, unpaid volunteers (including family members) or subcontractors.

F. The applicant is a nonprofit (under IRS rules) with NO compensated individuals providing services except for clergy; or is a religious, charitable or educational nonprofit (Section 501(c)(3) under the IRS tax code) with no compensated individuals providing services except for clerical providing ministerial services; and persons performing teaching or nonmanual labor. [Manual labor includes but is not limited to such tasks as filing; carrying materials such as pamphlets, binders, or books; cleaning such as dusting or vacuuming; playing musical instruments; moving furniture; shoveling snow; mowing lawns; and construction of any sort.]

G. The business is a farm with less than \$1,200 in payroll the preceding calendar year.

H. The applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has no employees, day labor, leased employees, borrowed employees, part-time employees or subcontractors. The homeowner ONLY has uncompensated friends and family working on his/her residence.

I. Other than the business owner(s) and individuals obtained from a temporary service agency, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. Other than the business owner(s), all individuals providing services to the business are obtained from a temporary service agency and that agency has covered these individuals for New York State workers' compensation insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock). A Temporary Service Agency is a business that is classified as a temporary service agency under the business's North American Industrial Classification System (NAICS) code.

J. The out-of-state entity has no NYS employees and/or NYS subcontractors AND ALL work related to the permit, license or contract is done outside of NYS; OR ALL employees are direct employees of a government entity outside of New York. Please provide coverage information.

Carrier _____ Policy # _____

Policy start date _____ Policy expiration date _____

Name _____ Phone # _____

Temporary Service Agency

Signature _____
 Title _____
 Date _____

9. I affirm that due to my position with the above-named business I have the knowledge, information and legal authority to make this Application for Certificate of Attestation of Exemption. I hereby affirm that the information provided above is true and that I have not submitted any materially false statements and I make this application for a Certificate of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation, or concealment will subject me to felony prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State Laws.

- G. Other than the business owner(s) and individuals obtained from the temporary service agency, there are no other employees. Other than the business owner(s), all individuals providing services to the business are obtained from a temporary service agency and that agency has covered these individuals for New York State disability benefits insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation, or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock); OR 4) is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)
 - F. The applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)
 - E. The business is a farm and all employees are farm laborers.
 - D. The applicant is a nonprofit (under IRS rules) with NO compensated individuals providing services except for clergy; or is a religious, charitable or educational nonprofit (Section 501(c)(3) under the IRS tax code) with no compensated individuals providing services except for executive officers, clergy, sextons, teachers or professionals.
 - C. The applicant is a political subdivision that is legally exempt from providing statutory disability benefits coverage.
 - B. The business MUST be either: 1) owned by one individual; OR 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; OR 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock); OR 4) is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)
 - A. The applicant is NOT applying for a disability benefits exemption and will show a separate certificate of NYS statutory disability benefits insurance coverage.
8. Please select the reason that the legal entity is NOT required to obtain New York State Statutory Disability Benefits Insurance Coverage: