

Town of Glenville Building Dept.
18 Glenridge Road, Glenville, NY 12302
Phone: (518) 688-1200 ext. 8
Fax: (518) 384-0140
www.townofglenville.org



Date Received: _____
Fees: _____
Date Approved: _____
Date Denied: _____
Authorized by: _____

Building Permit Application
Shed ~~ Detached Garage ~~
Accessory Structure

Refer to supplement for code requirements

Site Address: _____

(Must Be Completed)

Property

Owner's Name: _____

Address: _____

Day Phone: _____

Email: _____

(Must Be Completed)

Contractor's

Name: _____

Address: _____

Day Phone: _____

Email: _____

****Workers Comp, Disability & Liability Certs. of Ins.
MUST be submitted with this application****

Site Information:

**** A detailed plot plan MUST be submitted with this application****

****Construction drawings are REQUIRED for all but pre-built sheds****

Corner lot? Yes _____ or No _____ Dimensions of dwelling footprint _____

Dimensions of lot: _____ Dimensions of proposed structure: _____

All existing accessory structures **MUST** be listed here and included on the required plot plan.

Shed(s)/Garage Size: _____ Deck Size: _____ Swimming Pool Size: _____ Other Size: _____

NOTES:

APPLICANT'S CERTIFICATION:

- I certify that all construction plans and all other information submitted as part of this permit application are accurate.

SIGNATURE OF PROPERTY OWNER: _____
(Contractor/Builder's signature accepted with a copy of the signed agreement with the property owner)

ESTIMATED VALUE OF ALL WORK (labor & materials) \$ _____

TOWN OF GLENVILLE

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SHED, DETACHED GARAGE, ACCESSORY STRUCTURE – SUBMITTAL REQUIREMENTS

- The following list of items are to be provided in order to apply for a building permit.
- A materials list is not a substitute for construction plans
- Additional information or materials may be required by the Building Inspector.

1) Completed Permit Application

2) Insurance Information: (See Insurance Requirements Packet for additional information)

- A) Contractors must provide certificates of insurance showing current general liability, and workers compensation / disability coverage or approved waivers
- B) Homeowners of an owner-occupied residence, performing their own work or acting as their own general contractor with form BP-1.

3) Plot plan is required showing the following: (see sample plot plan for reference)

- A) All property lot lines.
- B) Location and size of all existing structures on property
- C) Location and size of proposed structure.
- D) Separation distance from proposed structure to dwelling, property lines and septic system.
- E) Setbacks and lot coverage are as follows:
 - a) Accessory structures are not permitted in any front yard. – Corner lots have two front yards, therefore the structure may not be in either front yard.
 - b) A minimum of 10' between the principal dwelling and the structure is required.
 - c) A minimum of 10' between the septic system and the structure is required..

d) Rural Residential Zoning District

- (i) Less than 280 s/f in size – the accessory structure must be a minimum of 5 feet from the side and rear property lines.
- (ii) 280 s/f up to 1,200 s/f in size – the accessory structure must be a minimum of 10 feet from the side and rear property lines.
- (iii) All accessory structures 1,200 square feet up to 2,400 square feet in size must be a minimum of 20 feet from side and rear property lines.
- (iv) No more than 20 % of the lot may be covered by accessory structures

e) All other Residential Zoning Districts.

- (i) Less than 280 s/f in size – the accessory structure must be a minimum of 5 feet from the side and rear property lines.
- (ii) 280 s/f up to 576 s/f in size – the accessory structure must be a minimum of 10 feet from the side and rear property lines.
- (iii) No more than 20 % of the lot may be covered by accessory structures.
- (iv) The combined footprint of all accessory structures may not exceed 75 % of the footprint of the dwelling.

f) **Non-residential accessory structures** must be located at least ten (10) feet from side or rear property line. A Site Plan Review may be required.

F) Accessory structures shall not exceed a mean height of 15 feet.

G) The total lot coverage (dwelling, sheds, pool, etc.) may not exceed what the Zoning Ordinance allows. This varies by zoning district.

4) Construction drawings as indicated below:

A) Detached garages or other accessory structures (280 s/f and larger)

a) Cross section showing materials to be used.

NOTE: A materials list is not an adequate substitution for detailed construction drawings.

(i) Foundation plan.

1. Footing size and depth **NOTE: Structures 600 s/f and larger require a footings a minimum of 48" deep. Alternate foundation plans may be accepted if the plan has been certified by a design professional.

2. Wall type and size.

(ii) Floor type

(iii) Exterior wall construction: stud size and spacing, etc.

(iv) Roof construction: rafter/truss size and spacing, etc.

(v) A floor plan may be required.

B) Storage Sheds (less than 280 s/f in size) do not require a foundation plan.

a) Pre-built sheds

(i) Manufacturer's literature/pamphlet will be accepted if pre-built.

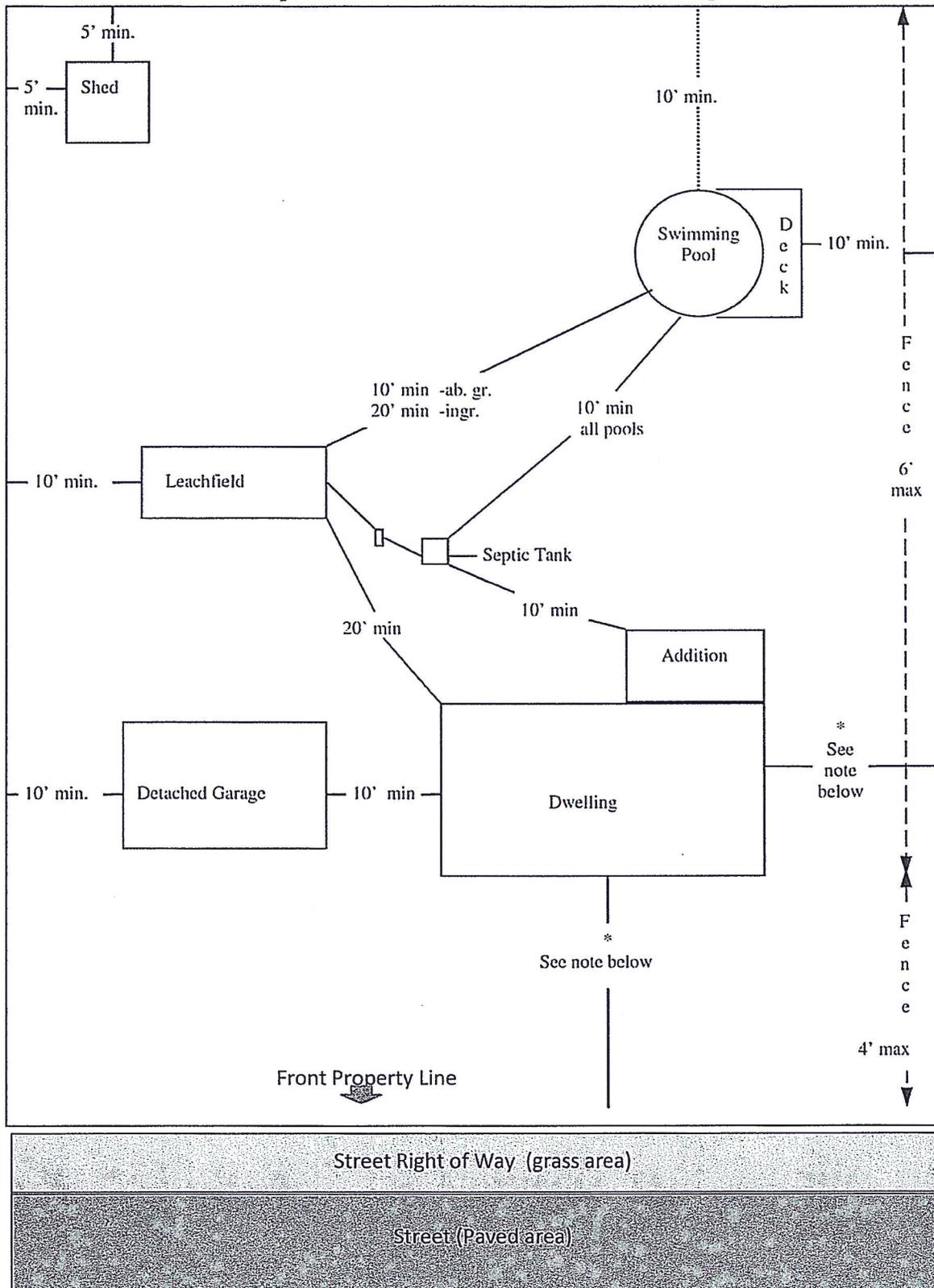
b) On-site constructed sheds

(i) Construction information as applicable.

Before digging, call Dig Safely New York excavation notification center at 1-800-962-7962, (811) to locate utilities. All utilities (gas, electric, phone, cable TV, etc) will be located free of charge.

These are general guidelines only

Sample Plot Plan - Lot dimensions must be provided



* Setback varies according to zoning district.

Revised 2/2015

INSURANCE REQUIREMENTS

The Workers' Compensation Law requires that before a New York State or municipal agency, department, board, commission or office issues any permit or license, they must be provided with the completed forms as shown below prior to permit issuance.

- 1) **Form BP-1 (9-07)** Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, **Owner-occupied Residence** (This is the Only Form Available from the Town of Glenville) **OR**,
have the general contractor provide the Town with the information described in numbers 2 and/or 3 below.

- 2) An Certificate from Group A attesting no need for both Workers Compensation and Disability Benefits Coverage (Note: If the Certificate does not exclude the need for BOTH Workers Compensation and Disability Benefits Coverage you must supply a form from Group B and/or C that proves you have the Workers Compensation and / or Disability Benefits Coverage) , **OR**,

- 3) A form from **Group B and C**.

The ONLY ACCEPTABLE forms are as follows: (See below sheet " NYS Workers' Compensation Board page 5 dated December 1, 2008")

Group	Form No.	Description
A	<u>CE-200</u>	Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities That New York State Workers' Compensation and/or Disability Benefits Insurance Coverage Is Not Required.
B	C-105.2 (9/07)	Certificate of Workers' Compensation Insurance.
	<u>SI-12</u> (10/03)	Certificate of Workers' Compensation Self Insurance.
	GSI-105.2 (2/02)	Certificate of Participation in Workers' Compensation Group Self Insurance.
	U-26.3	New York State Insurance Fund Certificate of Workers' Compensation Insurance.
C.	DB-120.1 (5/06)	Certificate of Disability Benefits Insurance.
	DB-155 (1/98)	Certificate of Disability Benefits Self-Insurance.

"NYS Workers' Compensation Board page 5 dated December 1, 2008"

WORKERS' COMPENSATION REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §57

To comply with coverage provisions of the Workers' Compensation Law ("WCL"), businesses must:

- A) be legally exempt from obtaining workers' compensation insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer or participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or seeking to enter into contracts **MUST** provide **ONE** of the following forms to the government entity issuing the permit or entering into a contract:

- A) CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage;

Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, www.wcb.state.ny.us, under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract. **OR**

- B) C-105.2 -- Certificate of Workers' Compensation Insurance (the business's insurance carrier will send this form to the government entity upon request) **PLEASE NOTE:** The State Insurance Fund provides its own version of this form, the U-26.3; **OR**

- C) SI-12 -- Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247), **OR** GSI-105.2 -- Certificate of Participation in Worker's Compensation Group Self-Insurance (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

DISABILITY BENEFITS REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §220(8)

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- A) be legally exempt from obtaining disability benefits insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or seeking to enter into contracts **MUST** provide **ONE** of the following forms to the entity issuing the permit or entering into a contract:

A) CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage; Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, www.wcb.state.ny.us, under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract. **OR**

B) DB-120.1 -- Certificate of Disability Benefits Insurance (the business's insurance carrier will send this form to the government entity upon request); **OR**

C) DB-155 -- Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).

Please note that for building permits **ONLY**, certain homeowners of 1, 2, 3 or 4 family owner-occupied residences serving as their own General Contractor may be eligible to file Form BP-1 (The homeowner obtains this form from either the Building Department or on the Board's website, www.wcb.state.ny.us, under the heading "Forms.")

<http://www.wcb.state.ny.us/content/main/forms/bp-1.pdf>