



**BUREAU OF CODE ENFORCEMENT
CITY OF SCHENECTADY
NEW YORK**

City Hall
105 Jay St, Room 17
Schenectady, NY 12305
Tele: (518) 382-5050
Fax: (518) 372-9459

Date: _____

PERMIT ACCEPTANCE CHECK LIST

FROM HOMEOWNER (OWNER OCCUPIED)

- _____ PERMIT APPLICATION
- _____ HOMEOWNER WAIVER
- _____ ELECTRICAL PERMIT REQUIRED
- _____ PLUMBING PERMIT REQUIRED
- _____ HOMEOWNER HAS QUESTIONS – REQUESTS CODE OFFICER CALL HOMEOWNER

Homeowner Signature

Contractor Signature

Code Enforcement Officer Signature

Building Permit Drop-off Hours:

September - June

Monday thru Friday

8:00 am – 5:00 pm

July & August

Monday thru Friday

8:00 am – 4:00 pm

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

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 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 of 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 if appropriate, 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 the 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.

(Date Signed)

(Homeowner Signature)

Home Phone Number _____

(Homeowner's Name Printed)

Property address that requires the building permit:

Sworn to before me this _____ day

_____, _____.

(County Clerk or Notary Public)

**CITY OF SCHENECTADY
BUILDING PERMIT APPLICATION**

LOCATION OF BUILDING _____

DATE ___/___/___

NUMBER and STREET _____

OWNER		CONTRACTOR	DESIGNER
NAME			
ADDRESS <i>NO P. O. BOXES PLEASE</i>			
ZIP CODE			
TELEPHONE NUMBER			

Describe in detail proposed work and use:	OFFICE USE ONLY SWO <input type="checkbox"/> YES <input type="checkbox"/> NO
	TOTAL COST OF JOB (OMIT CENTS) \$ <input type="text"/>
FOR OFFICE USE ONLY: <input type="checkbox"/> Footing <input type="checkbox"/> Foundation <input type="checkbox"/> Backfill <input type="checkbox"/> Framing <input type="checkbox"/> Insulation <input type="checkbox"/> Final	PERMIT FEE \$ <input type="text"/>

WORK COVERED BY THIS BUILDING PERMIT MUST BEGIN WITHIN Thirty (30) DAYS OF THE EFFECTIVE DATE OF THIS PERMIT AND MUST BE COMPLETED WITHIN One (1) YEAR OF THE EFFECTIVE DATE OF THIS PERMIT UNLESS EXTENDED IN WRITING BY THE BUREAU OF CODE ENFORCEMENT.

SELECTED CHARACTERISTICS OF BUILDING

TYPE OF WORK	RESIDENTIAL	NON-RESIDENTIAL	
<input type="checkbox"/> NEW	<input type="checkbox"/> ONE FAMILY	<input type="checkbox"/> A ASSEMBLY	<input type="checkbox"/> S STORAGE
<input type="checkbox"/> ADDITION - ENTER UNITS ADDED _____	<input type="checkbox"/> TWO OR MORE FAMILY ENTER NUMBER OF UNITS _____	<input type="checkbox"/> B BUSINESS	<input type="checkbox"/> I INSTITUTIONAL
<input type="checkbox"/> ALTERATION - ENTER NUMBER OF UNITS _____	<input type="checkbox"/> HEIGHT IN STORIES _____	<input type="checkbox"/> M MERCANTILE	<input type="checkbox"/> U UTILITY/MISCELLANEOUS
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> TRANSIENT HOTEL, ETC. ENTER NUMBER OF UNITS _____	<input type="checkbox"/> F INDUSTRIAL	
<input type="checkbox"/> CHANGE OF OCCUPANCY	<input type="checkbox"/> GARAGE	<input type="checkbox"/> OTHER (Specify) _____	
<input type="checkbox"/> REPAIR/REPLACE /IMPROVE			
PRINCIPAL TYPE OF FRAME	PRINCIPAL TYPE OF HEAT	ADDITIONAL PERMITS SHALL BE OBTAINED	
<input type="checkbox"/> MASONRY	<input type="checkbox"/> STEEL	<input type="checkbox"/> GAS	<input type="checkbox"/> ELECTRICAL <input type="checkbox"/> CURB/SIDEWALK
<input type="checkbox"/> FRAME	<input type="checkbox"/> CONCRETE	<input type="checkbox"/> OIL	<input type="checkbox"/> PLUMBING <input type="checkbox"/> SEWER
<input type="checkbox"/> OTHER (Specify) _____	<input type="checkbox"/> OTHER (Specify) _____	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> OTHER (Specify) _____

IN SIGNING THIS PERMIT APPLICATION, THE UNDERSIGNED APPLICANT CERTIFIES THAT ALL INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE AND THAT THE OWNER OF THIS BUILDING AND THE UNDERSIGNED AGREE TO COMPLY WITH ALL APPLICABLE LAWS OF THE CITY OF SCHENECTADY.

_____	_____
Applicant Signature	Address of Applicant
_____	_____
Applicant Name (Please print)	Officer Signature