

**TOWN OF ROTTERDAM BUILDING DEPARTMENT
RESIDENTIAL PLUMBING PERMIT APPLICATION
355-7575 Ext 395**

Needed to Obtain a Residential Plumbing Permit:

1. Plumbing Permit Application to be filled out and left with required items for Building Department Review.
2. Current copy of Liability and Worker's Compensation Insurance Certificates for contractors must be on file in the Building Inspector's Office.
3. All work must conform with the Residential Code of New York State – **No Exceptions!**
4. Completion of Town of Rotterdam "Well Regulation Form" and Certification by approved Laboratory of water is required for private wells.
5. **Except as hereinafter provided, no person, firm, corporation, association or partnership shall commence the construction, enlargement, alteration, improvement, removal or demolition of any building or structure or any portion thereof, or any land activity or development or install a solid fuel-burning heating apparatus, chimney or flue in any dwelling unit without first having obtained a permit from the Building Inspector/Code Enforcement Officer of the Town of Rotterdam.**

PLUMBING PERMIT FEES

Residential/Renovation Plumbing Permit

One and two family dwellings:

One to three fixtures	\$30
Each additional fixture	\$4

Multiple family dwellings:

One to three fixtures per unit	\$50
Each additional fixture per unit	\$5

LAWS OF NEW YORK, 1998
CHAPTER 439

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 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),
- ◆ a Board-approved self-insured employer (SI-12), or
- ◆ are exempt (WC/DB-100),

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 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, 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 (Form C-105.2 or Form U-26.3), 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.

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 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 if appropriate, file a WC/DB-100 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)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:

<p>Sworn to before me this _____ day of _____, _____.</p> <p>_____ (County Clerk or Notary Public)</p>
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Once notarized, this Form BP-1 serves as an exemption for both workers' compensation and disability benefits insurance coverage.



Town of Rotterdam
Department of Public Works

LETTER OF AUTHORIZATION FOR PERMIT AND ZONING APPLICATION

To Whom It May Concern:

I, _____, as owner of the property located
(print name)

at _____, Town of Rotterdam, in the

State of New York, hereby designate _____
(name)

(city, state, zip, and phone number)

as my contractor and registered agent for the purposes of the applying
for Permits and Zoning representation regarding my building project.

Signature: _____

Date: _____

letter of authorization for permit and zoning application.doc

TOWN OF ROTTERDAM RESIDENTIAL PLUMBING PERMIT APPLICATION

OFFICE USE ONLY

Application # _____

Approved: Disapproved:

Cost of Permit: \$ _____

INITIALS _____

OWNER INFORMATION	PLUMBER INFORMATION
Name:	Name:
Address:	Address:
Phone:	Phone:
	Insurance Certificates: Liability Workers Compensation (must be included with application)
SITE INFORMATION	JOB DESCRIPTION
Location:	<input type="checkbox"/> New Plumbing
Street:	<input type="checkbox"/> Alteration of Existing Plumbing
Building Type:	<input type="checkbox"/> Residential
Building Use:	<input type="checkbox"/> Commercial
Est. Cost:	

FIXTURES	HOW MANY	FIXTURES	HOW MANY	FIXTURES	HOW MANY
Back Flow Preventer		Garbage Disposal		Sediment Trap	
Bath or Shower		Grease/Oil Separator		Sewage Ejector	
Bidet		Grease Trap		Sinks	
Dental Cuspidor		Hosebib/Sillcock		Sump	
Dishwasher		Hot Water Heater		Washing Machine	
Drinking Fountain		Indirect Waste		Water Closets	
Emergency Eyewash		Laundry/Mop Sink		Water Softener	
Emergency Shower		Laundry Tray		Underground Sprinkler	
Fire Prot. Sprinkler System		Lavatories		Urinal	
Floor Drains		Roof Leader		Other:	
TOTAL		TOTAL		TOTAL	

THE FOLLOWING CONDITIONS ARE A PART OF THIS PERMIT:

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT STATE AND LOCAL ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

APPLICANT'S SIGNATURE

BUILDING INSPECTOR SIGNATURE