



*City of Beacon
Building Department
1 Municipal Plaza, Suite 4
Beacon, NY 12508
Tel: 845-838-5020 Fax: 845-838-5026*

HVAC Permit Application

PLEASE SUBMIT THE FOLLOWING:

- 1. A complete application signed by the owner.*
- 2. An application for a certificate of Occupancy/Compliance.*
- 3. Completed application processing restriction law affidavit.*
- 4. Fee - \$120.00 (\$60.00 application fee and \$60.00 certificate of compliance)*
- 5. Satisfactory proof consisting of a certificate of insurance, indicating that workers' compensation has been secured for all employees. Homeowners may submit an appropriate affidavit in lieu thereof (New York State Worker's Compensation Law, Section 56 form BP-1.) **Contractors that are not required to provide workers compensation insurance may apply to the New York State Workers' Compensation Board and apply for form CE-200 (These exemption forms can only be used to attest to a government entity that an applicant requesting a permit, license or contract from that government entity is not required to carry NYS Workers' Compensation and/or disability benefits insurance..***

https://www.businessexpress.ny.gov/app/answers/cms/a_id/2263/kw/CE



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Approved: _____ 20 ____

Fee: \$60.00

Building Inspector

Application for HVAC Permit

Date _____

- a) This application must be completely filled in and submitted to the Building Inspector.
- b) The work covered by this application may not be commenced before the issuance of a permit.
- c) All work shall comply with the applicable codes of New York State.
- d) Please supply a manufacture equipment cut sheet.

APPLICATION IS HEREBY MADE to the Building Department for the issuance of a HVAC Permit pursuant to the City of Beacon Code of Ordinances. The applicant agrees to comply with the applicable laws, ordinances and regulations.

(Signature of owner)

Owner Name _____

Phone _____

Address _____

Location of Construction or Use _____

Tax Grid Number _____

Description of Equipment: _____

HEAT

METHOD OF VENTING:

- Direct
- Existing Chimney
- New Chimney

TYPE OF CHIMNEY:

- Masonry
- Metal
- Other (specify) _____

TYPE OF FUEL:

- Gas
- Oil
- Wood/Pellet

AIR CONDITIONER

- New
- Replacement

TYPE OF UNIT

- Split
- Central

LOCATION OF EQUIP

- Roof
- Ground

POWER SOURCE

- Electric
- Gas

Contractor Name: _____

Phone _____

Address: _____



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***APPLICATION FOR CERTIFICATE OF OCCUPANCY
Or CERTIFICATE OF COMPLIANCE***

DATE _____

The undersigned requests that a Certificate of Occupancy be issued pursuant to

BUILDING PERMIT _____

CHANGE IN USE _____

OWNER _____

APPLICANT _____

LOCATION _____

SECTION _____ BLOCK _____ LOT _____

PERMITTED USE: _____

Signature of Owner

Address

FEE: \$60.00

APPROVED: _____
Building Inspector



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**APPLICATION PROCESSING RESTRICTION LAW
Affidavit of Property Owner**

Property Owner: _____

(Applicant)

If owned by a corporation, partnership or organization please list names of persons holding over 5% interest in business.

List all properties in the City of Beacon that you hold a 5% interest in.

Applicant Address: _____

Project Address: _____

Project Tax Grid #: _____

Type of Application: _____

*** Please note that the property owner is the applicant. "Applicant" is defined as any individual who owns at least five percent interest in a corporation or partnership or other business.**

I, _____, the undersigned owner of the above referenced property, hereby affirm that I have reviewed my records and verify that the following information is true.

(Check statements that are **true**)

1. No violations are pending for ANY parcel owned by me situated within the City of Beacon. _____

2. Violations are pending on a parcel or parcels owned by me situated within the City of Beacon. _____

3. ALL tax payments due to the City of Beacon are current. _____

4. Tax delinquencies exist on a parcel or parcels owned by me in the City of Beacon. _____

5. Special Assessments are outstanding on a parcel or parcels owned by me in the City of Beacon. _____

6. ALL Special Assessments due to the City of Beacon on any parcel owned by me are current. _____

Signature of Owner

Title if owner is corporation

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

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), ◆ 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 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 (12/08).

◆ 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(12/08), 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.