Village of Ravena Building Department

15 Mountain Rd. Ravena, NY 12143

Phone: (518) 756-8201 Fax: (518) 756-8356

buildingdept@villageofravena.com

Joseph J. Burns Sante DeBacco

Building/Fire Inspector Asst. Building/Fire Inspector



Pool Building 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:** Submit a copy of the plot plan (see page 4). Any changes must show on the plot plan with measurements. Plot plans must show dimensions of the lot drawn to scale, present buildings & proposed pool and accessories, and including the pool alarm. New pipes and electric lines must be shown.
- **3. Pool Specifications:** attach a copy of the specifications for the pool and all accessories to this application.
- **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. You will need the following electrical inspections.
 - a. Rough Electrical, before burying any wires.
 - b. Final Electrical
- **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. If the permit is for work you are performing yourself on your owner-occupied property you can complete the form found at the end of the application.

Once the application is turned in, an average turn-around time for permit approval is five to seven business days, depending on the current workload. Incomplete applications will be returned thus prolonging the review process.

Once the job is started, inspections should be requested **24 hours** in advance. To make appointments call the Village of Ravena Building Department Monday-Friday from 9am-2pm.

NOTE: The pool enclosure must be complete and self-closing and latching devices must be installed on all gates before filling the pool. When all work is completed a final inspection is required by the Building Department. No use of the structure is permitted without a Certificate of Compliance being issued by the Building Department.



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For Building Inspector Use:	
Tax Map #:	
Permit #:	
Permit Fee: \$	
Insurance Cert: Liability Workman's Comp	
CE-200 Date or □Owner Occupied 439	
Permit: □Approved □Denied □ZBA	
CO or CC Date:	

Application for Pool Building Permit

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

Address of proposed work:	Estimated Cost: \$
Owner's Name	(if different than owner:) Applicant's Name
Address	Address
PhoneCell	PhoneCell
Contractor's Name Address Phone Cell	Name of Compensation or General Liability Carrier & Policy #:
Lot Size: Area:	
Project Description: □ In Ground □ Above Ground	und
Dimensions of Pool: Length Width Dimensions of Pool with Deck: Length Dia Access: Safety Ladder w/ Lock □ Yes □ No Gate w/ Fencing □ Yes □ No	<u> </u>
Height of Fence & Gate	Materials
Water Source: □Piped Directly □Filled by Hose Filter & Recirculating System: □ Yes □No Locat Pool Alarm (Required)	cion (Indicate on Plot Plan)

NOTE: Installation of Electrical Connections must have the approval of a third party electrical inspection agency before pool may be used.

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 Building Inspector or his Assistant 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 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 \square Pool and accessories specifications ☐ Required Insurance Papers For Building Inspector use: This application is hereby \square approved \square disapproved and permission \square granted \square refused for the construction, reconstruction or alteration of a building and/or accessory structure as set forth above. Reason for refusal of permit: **Building Inspector**

Plot Diagram

Locate clearly and distinctly all buildings with dimensions, and indicate all set back dimensions from property line. Show all easements and street names and indicate whether interior or corner lot. The dimensions of each structure must be shown and the distance from the property line to each structure must be indicated.

Please show the following on the plot plan: Lot Dimensions Street Names Easements (if applicable) House Outbuildings (e.g., Garage, shed, etc.) Proposed Pool Measurements from property line to each structure Fence (if applicable)
Signature Date
For Building Inspector Use Only: Building Department Review: Building Inspector Signature
Date

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

(Signature of Homeowner)	(Date Signed)
(Homeowner's Name Printed)	Home Telephone Number
Property Address that requires the building permit:	Sworn to before me this day of
	(County Clerk or Notary Public)

(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

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

BP-1 (12/08) NY-WCB

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, <u>Owner-occupied</u> 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-1shall 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, <u>Owner-occupied</u> 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.

BP-1 (12/08) Reverse www.wcb.ny.gov