

# TOWN OF DANNEMORA

CODE ENFORCEMENT OFFICER  
78 HIGBY ROAD  
ELLENBURG DEPOT, NY 12935

Code Enforcement Officer, Byron Wing (518) 492-7541,ex 107, Office Hours WEDNESDAYS from 1:00PM to 4:30PM, Fax (518) 492-7314.

## PROCEDURES FOR OBTAINING A BUILDING PERMIT:

1. READ EVERYTHING ON THE APPLICATION AND COMPLETE IT.
2. Sign application before a Notary Public.
3. The Town of Dannemora is in the ADIRONDACK PARK. There is a jurisdictional inquiry attached to this form, don't return this form to the Town, mail it to the address on the APA Application.
4. Attach a plot plan showing the dimensions of the lot and the distances from the lot to the existing and proposed buildings.
5. Don't forget your plot plan, floor plan, and your blue prints with the Building Permit Application. ( Two sets of blue prints).
6. Permits and fees are to be filed with the Code Enforcement Officer.
7. If the application is NOT complete NO permit will be issued. If your application meets all NYS Building Codes and Local Law and the application is complete, a permit will be issued.
- 8 . Your Building Permit is valid for ONE YEAR from the date it is issued. You MUST renew the permit or have a final inspection before the permit expires.
9. YOU are responsible to notify the Code Enforcement Officer when you are ready for inspections as stated in your Building Permit.
10. You must have a final inspection before you can use the building. Certificates of Occupancy are required.
11. NO permit shall be required for a small (144 Sq. Ft. or less) noncommercial uninhabited structure in the Town.
12. Water and sewer service connection applications for the Town's special districts are required.
13. Driveway Permits required on Town roads.
14. It's THE LAW call UFPO two working days before you dig. (1-800-962-7962)

THESE LAWS ARE REQUIRED BY NEW YORK STATE BUILDING CODES, THE TOWN IS REQUIRED BY THE STATE OF NEW YORK TO ENFORCE THEN UNDER LOCAL LAW.

I have received and read this building application and its attachments: for the APA.UFPO, Worker's Compensation, the information on residential entrances on County roads, the information on Individual Sewage Treatment by the County Health Dept.

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Applicant's Signature

---

Date

# TOWN OF DANNEMORA

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78 HIGBY ROAD  
ELLENBURG DEPOT, NY 12935

APPLICATION FEE \_\_\_\_\_

PERMIT NUMBER \_\_\_\_\_

## APPLICATION FOR A BUILDING PERMIT

Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Cell No: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Parcel No: \_\_\_\_\_

### DIRECTIONS FOR COMPLETING THIS APPLICATION:

1. Deliver this completed application with appropriate fee to the Code Enforcement Officer.
2. Please sign application and have the signature notarized.
3. A PLOT PLAN AND A FLOOR PLAN ARE REQUIRED WITH ALL BUILDING PERMIT APPLICATIONS SUBMITTED. If the cost of construction is \$20,000 or higher, or involves 1,500 square feet, plans MUST be signed and stamped by a Registered Architect or a Licensed Professional Engineer or New York State.

Application is here by made to :

DEMOLITION

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Use  | <input type="checkbox"/> Residence           | <input type="checkbox"/> Buried on site  |
| <input type="checkbox"/> Erect  | <input type="checkbox"/> Garage              | <input type="checkbox"/> Hauled Away   |
| <input type="checkbox"/> Repair   | <input type="checkbox"/> Alter               | <input type="checkbox"/> Burn on site-DEC Permit   |
| <input type="checkbox"/> Extend   | <input type="checkbox"/> Occupy              | <input type="checkbox"/> Asbestos <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <input type="checkbox"/> Pool <input type="checkbox"/> Above Ground <input type="checkbox"/> Below Ground |  |  |
| <input type="checkbox"/> Storage Shed   | <input type="checkbox"/> Mobile Home         |  |
| <input type="checkbox"/> Addition   | <input type="checkbox"/> Porch               |  |
| <input type="checkbox"/> Wood Stove   | <input type="checkbox"/> Commercial Business |  |
| <input type="checkbox"/> Industry   | <input type="checkbox"/> Replace Mobile Home |  |
| <input type="checkbox"/> Other _____  |  |  |

Structure or Land address or where it's located  
at: \_\_\_\_\_

\_\_\_\_\_

# TOWN OF DANNEMORA

CODE ENFORCEMENT OFFICER

78 HIGBY ROAD

ELLENBURG DEPOT, NY 12935

## APPLICATION FOR BUILDING PERMIT:

A Plot Plan                     is attached                     is not attached  
Floor Plan                     is included                     are not included

The Building will be as follows:

1. Description \_\_\_\_\_

Residence	Garage	Mobile Home
<input type="checkbox"/> Single Family	<input type="checkbox"/> Attached	Brand Name _____
<input type="checkbox"/> Two Family	<input type="checkbox"/> Unattached	Model _____
<input type="checkbox"/> Multi-Dwelling		Year _____

2. Size(W)\_\_\_\_\_ (H)\_\_\_\_\_ (L)\_\_\_\_\_

3. Construction Estimated Starting Date: \_\_\_\_\_

4. Number of family units: \_\_\_\_\_

5. Front Yard (Distance in feet from the lot line to the front of the building) \_\_\_\_\_

6. Back Yard (Distance in feet from the lot line to the back of the building) \_\_\_\_\_

7. Side Yard: a. \_\_\_\_\_ feet to the side of the building  
b. \_\_\_\_\_ feet to the other side of the building

8. Dimensions of lot \_\_\_\_\_ Use lot lines-NOT measurements from center of side road.

9. Estimated cost of construction \_\_\_\_\_

10. Type of construction : Frame( ) Concrete( ) Steel( ) Other( ) \_\_\_\_\_

11. Name and Address of builder \_\_\_\_\_  
\_\_\_\_\_

12. Is a copy of liability insurance on file with the Town: \_\_\_\_\_

13. Is a copy of worker's compensation on file with the Town: \_\_\_\_\_

TOWN OF DANNEMORA  
CODE ENFORCEMENT OFFICER  
78 HIGBY ROAD  
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APPLICATION FOR A BUILDING PERMIT

STATE OF NEW YORK)  
COUNTY OF CLINTON)

Deponent being sworn says that he (she) is the owner or authorized agent for which the forgoing work is proposed to be done, and that he (she) is duly authorized to perform such work, and that all workmen employed on this building are covered by contract or compensation insurance, and that all work will be performed in accordance with all existing state laws and local law, I further state that all information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

Sworn to this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\*\*\*\*\*

FOR USE BY CODE ENFORCEMENT OFFICER ONLY:

Permit for use

Approved

\*\*\*\*\*

Denied-Does NOT meet the NYS Building Code

Date: \_\_\_\_\_ By: \_\_\_\_\_

TOWN OF DANNEMORA  
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FEE SCHEDULE

A. RESIDENTIAL	
1. SINGLE FAMILY RESIDENCE	\$100.00
2. ADDITIONS OR ALTERATIONS	
\$0 TO \$20,000	\$50.00
\$20,000 TO \$50,000	\$75.00
OVER \$50,001	\$100.00
3. SINGLE WIDE	\$50.00
DOUBLE WIDE	\$50.00
4. GARAGE	\$50.00
5. POOL (above,inground)	\$25.00
6. SHED 144' OR MORE	\$15.00
B. COMMERCIAL OR INDUSTRIAL	
1. NEW	\$200.00
2. ADDITIONS OR ALTERATIONS	
\$0 TO \$50,000	\$100.00
\$20,000 TO \$50,000	\$150.00
OVER \$50,000	\$200.00
C. DEMOLITION	
1. RESIDENCE	\$25.00
2. COMMERCIAL	\$50.00
D. OIL AND STORAGE TANKS	
1. 500 GAL. TO 999 GAL.	\$25.00
2. 1000 GAL. TO 1999 GAL.	\$35.00
3. 2000 GAL. TO 29,999 GAL.	\$50.00
4. 30,000 GAL AND OVER	\$100.00
E. MISCELLANEOUS	
1. CERTIFICATE OF OCCUPANCY	\$25.00
(No Building Permit)	
2. TEMPORARY CERTIFICATE (6 Months)	\$25.00
3. WOOD STOVE INSPECTION	\$25.00
4. INSPECTION ON REQUEST (Per Hour)	\$25.00
5. BUILDING PERMIT RENEWAL	\$25.00
6. OPERATION PERMIT	\$25.00

**NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION,  
PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER  
CONSTRUCTION IN RESIDENTIAL STRUCTURES**

(In accordance with Title 19 NYCRR PART 1265)

*Town of Dannemora*

TO: *Code Enforcement Officer*

OWNER OF PROPERTY: \_\_\_\_\_

SUBJECT PROPERTY (ADDRESS AND TAX MAP NUMBER):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE TAKE NOTICE THAT THE (CHECK ALL THAT APPLY):

- New Residential Structure
- Addition to Existing Residential Structure
- Rehabilitation to Existing Residential Structure

TO BE CONSTRUCTED OR PERFORMED AT THE SUBJECT PROPERTY REFERENCE ABOVE WILL UTILIZE  
(check each applicable line):

- Truss Type Construction (TT)
- Pre-Engineered Wood Construction (PW)
- Timber Construction (TC)

IN THE FOLLOWING LOCATION(S) (CHECK APPLICABLE LINE):

- Floor Framing, Including Girders and Beams (F)
- Roof Framing (R)
- Floor Framing and Roof Framing (FR)

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

CAPACITY (Check One):  Owner  Owner's Representative

## STATE & MUNICIPAL AGENCY COMPLIANCE WITH GENERAL MUNICIPAL LAW §125

Letter Regarding General Municipal Law §125



DAVID A. PATERSON  
GOVERNOR

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD  
20 PARK STREET  
ALBANY, NY 12207



ROBERT E. BELOTEN  
CHAIR

May, 2010

To all Code Enforcement Officials, Building Departments, and Municipal Entities:

Effective January 18, 1999, Section 125 of the General Municipal Law requires that any individual applying for a building permit must prove to the building department that he/she is in compliance with the mandatory coverage provisions of the Workers' Compensation Law before the building permit is issued.

### General Background

Under Section 57 of the Workers' Compensation Law, businesses listed as the general contractors on building permits are required to submit proof of compliance with the mandatory coverage provisions of the Workers' Compensation Law to the building department before a building permit is issued. Section 125 of the General Municipal Law is specifically targeted at ensuring that all applicants who list themselves as the general contractors on the building permit are in compliance with the mandatory coverage provisions of the Workers' Compensation Law.

For homeowner applicants, the instruction manual includes a link to form BP-1 Affidavit of Exemption to Show Specific Proof of Workers' Compensation Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence. The law requires homeowners to provide proof of workers' compensation compliance when applying for a building permit. If the homeowner qualifies for an exemption, the homeowner must either complete this form and file it with the local building department; or the homeowner must complete Form CE-200 and file it with the local building department.

### Implementing Section 125 of the General Municipal Law

#### 1. General contractors and Business Owners

Businesses listed as the general contractors on building permits, must prove that they are in compliance with the mandatory coverage requirements and also Section 57 of the Workers' Compensation Law (WCL) by producing ONE of the following forms indicating that they are:

- insured (Form C-105.2 or U-26.3 – the business's insurance carrier will send this form to the building department upon the business's request) All private carriers and their licensed insurance agents are authorized to issue the form C-105.2 as their Certificate of NYS Workers' Comp Insurance. The State Insurance Fund uses the U-26.3 form as its Certificate of NYS Workers' Compensation Insurance.
- self-insured (Form SI-12 -- Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247), **OR** Form GSI-105.2 -- Certificate of Participation in Workers' Compensation Group Self-Insurance) (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).
- exempt (Form CE-200 – {Form CE-200 is available on the Board's website, [www.wcb.state.ny.us](http://www.wcb.state.ny.us), under the heading "Forms." Paper applications for this form are available by writing or visiting any Customer Service Center at any District Office of the Workers' Compensation Board, or by calling 866-298-7830.}

**Applicants are strongly encouraged to use the Board's electronic web program since they can receive their Form CE-200 immediately, whereas the manual paper filing may take up to four weeks to process.**

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.

**(Please note: ACORD forms are NOT acceptable proof of workers' compensation coverage!)**

#### **Owner-occupied Residences**

Homeowners of a 1, 2, 3, or 4 Family, Owner-occupied Residence, must file Form BP-1 when applying for a building permit when they are:

- 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.

**Applicants submit Form BP-1 under penalty of perjury, a felony carrying a penalty of four years of jail time.**

- If the homeowner of a 1, 2, 3, 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 must either:
  - acquire appropriate workers' compensation coverage and provide, to the government entity issuing the building permit, appropriate proof of that coverage, on forms C-105.2 or U-26.3, OR
  - have the general contractor performing the work provide appropriate proof of workers' compensation coverage, or proof of exemption from that coverage, to the government entity issuing the building permit.

*Form BP-1 CANNOT be used for a building permit related to the construction of a new home since no Certificate of Occupancy has been issued. Accordingly, the new home is not owner-occupied. Homeowners serving as the general contractor of their new home may submit a Form CE-200 if they are not paying anyone to help them build the new home and only have uncompensated friends and family helping them.*

#### **Background on Coordinating the Implementation of Section 125 of the General Municipal Law with Existing Statutes**

To ensure that homeowners are not required to have duplicate workers' compensation coverage, the implementation form attempts to coordinate compliance with Section 125 of the Municipal Law with coverage provided under Section 3420(j) of the Insurance Law, which is the homeowner's policy's workers' compensation insurance rider.

As of March 1, 1985, New York State Insurance Law § 3420(j) provides that every policy of comprehensive personal liability insurance (i.e., homeowner's insurance) on a 1, 2, 3, or 4 Family owner-occupied dwelling (including condominiums) will also provide workers' compensation benefits. This section was added to protect the homeowner from unexpected liability when the Board determines that a person, whom the homeowner did not believe required coverage, is found to be entitled to benefits. To receive benefits under this policy, the employee must be found by the Board to have been injured in employment of the policyholder and employed for less than 40 hours a week in and about the owner's 1, 2, 3, 4 family residence in this State.

*Form BP-1 is available on the Board's website, [www.wcb.state.ny.us](http://www.wcb.state.ny.us), under the heading "Forms." Please make as many copies of the BP-1 as you require. The BP-1 form reflects the minimum standard to be applied statewide. If a municipality wishes to collect a copy of the certificate of insurance from a building permit applicant's homeowner's insurance policy or obtain a copy of the information page from the building permit applicant's homeowner's insurance policy, the municipality could make that a local requirement which would be in addition to the State requirement.*



Prove It to Move It

If you have any questions regarding the BP-1 form, Section 125 of the General Municipal Law or Section 57 of the Workers' Compensation Law, please contact Steve Carbone of the New York State Workers' Compensation Board at (518) 486-6307.

Thank you for your office's cooperation in enforcing Section 125 of the General Municipal Law and Section 57 of the Workers' Compensation Law.

Sincerely,

Peter Michels  
Director of Compliance

**Form BP-1**

**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sworn to before me this _____ day of _____, _____ _____ (County Clerk or Notary Public)
---

Once notarized, this Form BP-1 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),
- ◆ 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.



## THE UNDERGROUND FACILITIES PROTECTIVE ORGANIZATION

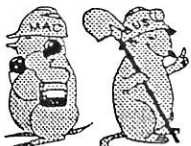
The "new" New York State Law now requires your participation.

In 1995, Section 119B of the Public Service Law, Article 36 of the General Business Law and Industrial Code Rule 53 were revised, and subsequently passed into law. The following are the highlights you need to know.

### THE "NEW" NEW YORK STATE LAW REQUIRES:

- All excavators must call the UFPO at least two (2) full working days prior to a dig.
- All operators of underground facilities must become members of the UFPO one-call network. Upon notification that an excavation will take place on a site they own buried utilities, they must locate and mark those utilities within two (2) working days.
- In the event of an emergency, operators must locate their buried utilities as soon as possible.
- Once the buried utilities are marked at a site, the excavators must verify the precise locations of the underground facility.
- The excavator is responsible for protecting and preserving the stakings, markings or other designations.
- The excavator must provide support and prevent damage to any underground facility or its protective coating.
- Excavators and utility operators must understand and use the State Color Code for facility markings.
- These rules and regulations will be enforced by the Public Service Commission in conjunction with the Attorney General.
- Penalties for noncompliance are set from \$1000-\$7500 and an excavator can be enjoined from completing work on a site.

*These rules and regulations have been put in place to protect buried facilities from accidental damage that could result in service interruptions, loss of life, personal injury and/or property damage.*



IT'S THE LAW!  
CALL BEFORE YOU DIG  
**1-800-962-7962**  
3650 James St. Syracuse, NY 13206

811



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## HOW DOES THE UFPO'S ONE-CALL SYSTEM WORK?

The UFPO's One-Call Center, located in Syracuse, NY, functions as a communications hub, relaying pending excavation plans to facility owning members whose buried services may be directly affected by the planned excavation.

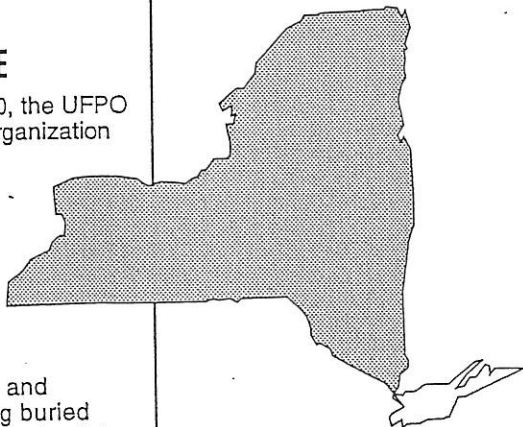
- Excavators call the UFPO toll-free.
- UFPO telephone operators request and transmit information regarding pending excavations to appropriate facility owners.
- Operators inform callers which member facility owners will be contacted and issue serialized reference numbers for documentation.
- Contacted member facility owners must mark or clear the areas in question.

## WHEN YOU CALL THE UFPO, PLEASE BE PREPARED TO GIVE THE FOLLOWING:

- 2 full working day's notice *(except in emergency situations)*
- Excavating company name
- Caller's name
- Company address, phone & fax number
- Name of county in which work is being done
- Name of specific city, village or town
- Name & number of street
- Nearest intersecting street to work site
- Are you working within 500 feet of a traffic signal?
- Other additional details about site location
- Date & time work is to begin
- Type of work being done
- Are you blasting?

## UFPO COVERAGE

Established in 1970, the UFPO is a not-for-profit organization serving all of New York State with the exception of the New York City and Long Island areas. Everyone benefits from the UFPO's One-Call service!



- Municipalities and utilities owning buried facilities reduce the risk of line damage and service interruptions.
- Excavators are less likely to be injured or be held liable for underground accidents.
- Community residents are provided with additional protection by local UFPO participants against loss and disruption of vital services.

- Means of excavating
- Done for *(if applicable)*
- Name of field contact
- Cellular or field office phone number

*Any nonmember facility owner must be contacted separately. In New York City and Long Island call OCUC at 1-800-272-4480.*



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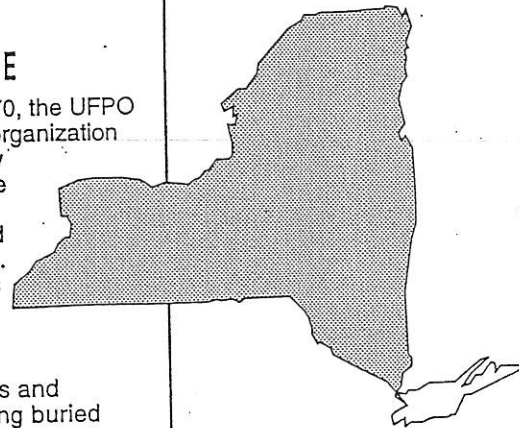
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- Municipalities and utilities owning buried facilities reduce the risk of line damage and service interruptions.
- Excavators are less likely to be injured or be held liable for underground accidents.
- Community residents are provided with additional protection by local UFPO participants against loss and disruption of vital services.

- Means of excavating
- Done for *(if applicable)*
- Name of field contact
- Cellular or field office phone number

*Any nonmember facility owner must be contacted separately. In New York City and Long Island call OCUC at 1-800-272-4480.*



**FOR FURTHER INFORMATION,  
CALL THE UFPO AT 1-800-962-7962**

Normal Office Hours: Monday-Friday 7am-5pm  
Emergency 24 hours a day / 7 days a week

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NEW YORK STATE  
**Adirondack**  
parkagency

**JURISDICTIONAL INQUIRY FORM**

**A. INSTRUCTIONS**

Submit this form to obtain a written determination whether an Adirondack Park Agency permit or variance is needed for a proposed project. This form is not a permit application. If you know you need an Agency permit or variance you should not submit this form, but instead you should contact the Agency for the appropriate permit application form. Information about Agency permit jurisdiction can be found on the Agency's website ([www.apa.ny.gov](http://www.apa.ny.gov)) and in the Permit Checklist on pages 10 and 11 of the Agency's 'Citizen Guide' which is also available on the website.

The Jurisdictional Inquiry Form must be signed by owners of land or their attorney, or by purchasers of land or their attorney (w/a signed contract). Please note that if the person under contract to purchase the property or his attorney signs this form, then a copy of the purchase agreement signed by both parties must be provided.

The legal issues involved in determining jurisdiction are complicated. All of the information requested on this form is necessary in order for us to determine if the proposal requires an Agency permit or variance. The County Clerk's Office, Real Property Tax Services and/or the Town Office may be able to assist you in obtaining property information (i.e., tax map number, history, copies of deeds, etc.).

**Please include a copy of the current recorded deed, tax map number, a description of your proposal, including a sketch map, and the necessary signature(s).**  
**WE CANNOT RESPOND TO YOUR INQUIRY WITHOUT THIS INFORMATION.**

**B. GENERAL INFORMATION**

**APPLICANT/REPRESENTATIVE:**

**PROPERTY OWNER (if not applicant):**

Name \_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

\_\_\_\_\_

**PROPERTY LOCATION:**

Town/Village \_\_\_\_\_

County \_\_\_\_\_

Road/Highway \_\_\_\_\_

Tax Map Number: (This can be found on your tax bill and it looks something like this... 89.12-1-1.4 (three numbers separated by dashes, and there may be no decimals).

Section \_\_\_\_\_

Block \_\_\_\_\_

Parcel/Lot \_\_\_\_\_

**C. PROPERTY HISTORY**

1. Has the property been the subject of any previous Agency permit, variance, map amendment, jurisdictional determination, staff site visit, wetland site visit, or an enforcement action?  Yes  No  Don't Know

If yes, please include the following information:

File number \_\_\_\_\_ Agency contact \_\_\_\_\_

2. What is the acreage or square footage of the property at this time? \_\_\_\_\_

**The history of the property as it existed on the May 22, 1973 enactment date of the Adirondack Park Land Use and Development Plan is critical to determining Agency jurisdiction. We must know who owned the property on that date, whether any lots have been conveyed from the property since that date, and whether the owner on that date owned any adjoining property. Staff at the County Tax Mapping office can often assist in determining the history of subdivision of property.**

3. What is the name of the person who owned the property on May 22, 1973?

\_\_\_\_\_

4. Have any lots been conveyed from the property as it existed on May 22, 1973?

Yes  No If yes: Identify by tax map number each parcel conveyed from the property since May 22, 1973.

\_\_\_\_\_

5. Did the property owner on May 22, 1973 own any other property including any property separated by a road, railroad or right of way?

Yes  No If yes, provide the tax map number(s) of the adjoining property.

\_\_\_\_\_

6. Structures:

Please describe all structures which currently exist on the property (**include type and use of structure, size and construction date of each** – for example, confirm if the structure is a mobile home, single family dwelling, barn, storage building, etc.). If your project involves replacement of a structure, please provide its description, even if it has already been removed (and indicate its removal date).

	<u>Structure/Use</u>	<u>Size</u>	<u>Construction Date</u>	<u>Removal Date</u>
a.	_____			
b.	_____			
c.	_____			
d.	_____			
e.	_____			
f.	_____			

#### D. PROJECT DESCRIPTION

Please check all that apply and fill in the appropriate blanks:

1.  Subdivision  
 (a) Number of proposed lots (including any lots being retained). \_\_\_\_\_

- (b) What is the size of the smallest lot in acres or square feet? \_\_\_\_\_
- (c) What is the smallest shoreline lot width (if applicable)? \_\_\_\_\_
- (d) Are any of the proposed lots being conveyed by *bona fide* gift?  Yes  No  
 If yes, what is the recipient's relationship to the person giving the lot?

- Construction of a single family dwelling.
- Installation of a mobile home.
- Construction of a multiple-residence building ( \_\_\_\_\_ housing units).
- Construction of a commercial, industrial or public building resulting in \_\_\_\_\_ square feet of floor space (total of all floors).
- Expansion of an existing \_\_\_\_\_ square-foot structure by \_\_\_\_\_ additional square feet (all floors).  
**NOTE:** If you are expanding a structure other than a single-family dwelling, also provide the total square footage of the structure as of May 22, 1973 and indicate the square footage of any expansion of the structure that has occurred since that date.
- Are you proposing to install, replace or expand a seepage pit, drainage field or other leaching facility within 100 feet of the mean high water mark of any lake, pond, river or stream (including intermittent streams)? \_\_\_ Yes \_\_\_ No  
 If you are proposing to replace or expand an existing system, will the new system serve an actual or potential occupancy increase of the shoreline structure served? \_\_\_ Yes \_\_\_ No
- Replacement of an existing \_\_\_\_\_ square-foot structure with a new \_\_\_\_\_ square-foot structure.  
 Confirm the existing and proposed use of the structure.
- \_\_\_\_\_  
 Conveyance of entire ownership
- Other (describe) \_\_\_\_\_

**If necessary, please attach a narrative which further describes your proposal.**

2. Does the project involve establishment of a new business?  Yes  No  
 If yes:  
 (a) Will it be operated at your residential property?  Yes  No  
 (b) How many people will the business employ who do not live on the premises? \_\_\_\_\_  
 (c) How many signs will the business have? \_\_\_\_\_  
 Will they be lighted?  Yes  No  
 What will be the combined square footage of the sign(s)? \_\_\_\_\_  
 (d) Please describe the type of business. \_\_\_\_\_
3. Will the project result in any structures over 40 feet in height (measuring from the highest point of a structure to the lowest point of natural or finished grade, whichever is lower)?  Yes  No. (If the structure is close to 40 feet in height, it will be necessary to provide building elevations [all sides] and a grading plan which shows existing and proposed grade to obtain a jurisdictional determination.)
4. Will the project result in the removal of sand, gravel, topsoil or minerals from the property? (This does not include excavation of a foundation.)  Yes  No
5. Will waste material, such as construction debris, be disposed on the property?  Yes  No  
 If yes, explain the type and volume of debris.  
 \_\_\_\_\_
6. If the property contains shoreline, what will be the distance from the mean high water mark to the closest new structure or expansion? \_\_\_\_\_ feet  
 If an expansion, how far from the mean high water mark is the existing structure? \_\_\_\_\_ feet  
 Will the existing roof ridgeline height be increased by more than 2 feet?  Yes  No If yes, what is the proposed new ridgeline height in feet above the existing ridgeline height? \_\_\_\_\_



7. Will any vegetation be cut within 35 feet of a lake, pond, river or stream?  Yes  No Your sketch should show the size and type of vegetation to be removed relative to the size and type which will remain.
8. Does the proposal involve provision of any new or additional deeded or contractual access to the shoreline?  Yes  No If yes, provide the number of new or additional lots being provided access (identify by tax map designation) and the width of the access area.
- 

**E. SKETCH MAP** (Does not need to be professionally prepared)

On a separate sheet, provide a scaled sketch map of the property showing acreage, boundaries, and natural features and water bodies. Include the location of all existing and proposed development (including structures, on-site wastewater treatment system, water supply, driveways, roads, and areas of clearing etc.) It should be drawn at a scale which clearly shows the location of all proposed activity and measurements must be labeled. For a shoreline parcel, show the lot width and indicate the setback distance from mean high water mark of any existing or proposed structure and sewage system. Also, provide the north arrow, the name of the map maker and date it was prepared.

**F. SIGNATURE OF AUTHORIZED PERSON**

**Note: Authorized persons are owners of land or their attorney, or purchasers of land or their attorney (w/a signed contract). Individuals signing this form on behalf of other entities (e.g, LLCs) must have the legal authority to do so and should include their title where relevant.**

The above information is correct and accurate to the best of my knowledge.

Signature	Date	Please print or type name (and title where relevant)
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**G. CHECK LIST**

- Have you answered all of the questions?
- Did you include a copy of the current recorded deed?
- Did you include a sketch map?
- Is the form signed by an authorized person?
- Did you provide the tax map identification number?
- Did you include your return mailing address and phone number?

**H. RETURN TO:**

**Adirondack Park Agency  
PO Box 99  
Ray Brook, NY 12977  
(518) 891-4050**

**Revised March 6, 2012**