

**Zoning Permit or
Certificate of Zoning
Compliance
Application**

Town of Aurelius
1241 West Genesee St Rd
Auburn, NY 13021

P: (315) 283-3400
F: (315) 253-5827

WHEN TO USE THIS FORM: This form is to be used by an individual who proposes an activity for which a local permit or certificate of license is required under the provisions of the Town of Aurelius Zoning Law. If granted, this permit signifies compliance with that portion of the Zoning Law only. Certain building and change-in-use activities are also required to comply with the New York State Uniform Building Construction and Fire Protection Code. Consult with the Zoning Officer about application procedures required for this and other laws which may apply to your proposed activity.

Instructions: Fully complete this application. Write "NA" when "not applicable". Applications, complete with fees, shall be filed with the Zoning Officer or Town Clerk. The activity covered by the application may not be commenced before the issuance of a zoning permit.

<p>OFFICE USE ONLY</p> <p><input type="checkbox"/> Permit to build</p> <p><input type="checkbox"/> Permit to use</p> <p><input type="checkbox"/> Permit for occupancy</p> <p><input type="checkbox"/> Permit for the extension or enlargement of a non-conforming use</p> <p>Application No: _____</p> <p>Date Received: _____</p>

Applicant Name: _____ Builder Name: _____
 Address: _____ Address: _____

 Phone No: _____ Phone No: _____

Application is hereby made to:

- Erect a structure or land located at _____
- Repair _____
- Alter at a cost of \$ _____ for:
- Extend
- Remove Residence
- Demolish Commercial Business
- Use Other Use _____
- Occupy With Accessory Building(s)

Description of use:

- Existing use: _____
- Intended use: _____
- Is existing use permitted? _____ Is a special use permit required? _____
- Is proposed use permitted? _____ Is site plan approval required? _____
- Total number of dwelling units both existing and proposed: _____

(OVER)

Description of use cont.:

- Total number of employees for all uses both existing and proposed: _____
- If the existing or proposed use is allowed under an existing special use permit or if a change in zoning district, site plan, variance or interpretation of the Zoning Law is involved, please describe: _____

Description of lot:

- Site location: _____
- Tax Parcel I.D.: _____ (attach copy of tax map section)
- Zoning District classification: _____
- Attach a sketch plan showing the following:
 - a. Location of existing and proposed building(s) or structure(s)
 - b. Distances to all property lines from these buildings
 - c. Distance to nearest building within 100ft of the property
 - d. Statement or drawing describing the proposed structure as to its height, floor area, use and any information necessary to determine off-street parking and loading requirements
 - e. Proposed parking and loading area location and number of spaces
 - f. Proposed driveways, anchors, tie-downs, and required landscape buffer areas
 - g. Proposed size, dimensions, location and methods of illumination for signs
- Percentage of lot covered by buildings and structures: _____%
- Percentage of lot covered by buildings, structure, parking lots, storage areas, loading and travel areas: _____%

Signature: _____ Date: _____

NOTE: The Zoning Officer will notify you of his/her action in writing within 15 days of receipt of this application. For questions, please contact Tom Passarello at 3125-283-3400.

Attention Self-Employed Contractors!

As of 12/01/08, any self- employed contractor with no employees is required to obtain form CE-200 from NYS Workers Comp Board waiving workers comp and/or disability requirements.

The CE-200 form, is required *before* this office can issue you a building permit.

Each CE-200 is only good for one job/building permit. One is required every time you apply for a permit.

Visit www.wcb.state.ny.us for more information. Call the NYS Workers Comp Board at 518-486-6307 for assistance.

**Town of Aurelius 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 job site) for work indicated on the building permit, or is 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 the 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 Phone Number)

STATE OF NEW YORK) ss:
COUNTY OF CAYUGA)

Property Address that requires the building permit:

On the _____ day of _____, 20____
before me, the undersigned, a Notary Public in and
for said State of New York personally appeared

_____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that (s)he executed the same in (his)(her) capacity and that by (his)(her) signature on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

_____(Notary Public)

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

**NOTICE OF UTILIZATION OF TRUSS TYPE CONTRUCTION, PRE-ENGINEERED
WOOD CONSTRUCTION AND /OR TIMBER CONSTRUCTION:**

TO: Tom Passarello, CEO/ZEO

Owner: _____

Subject Property: _____

Please take notice that the (check applicable line):

- 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)

Date: _____ **Signature:** _____

Printed Name: _____

Capacity: (owner or owner's representative) _____