



## VILLAGE OF CANASTOTA

205 SOUTH PETERBORO STREET

CANASTOTA, NEW YORK 13032

TELEPHONE (315) 697-8963 • FAX (315) 697-3619

E-MAIL: VILLAGE@CANASTOTA.COM

OFFICE OF THE  
CODE ENFORCEMENT OFFICER & FIRE MARSHALL  
MICHAEL G. ADSIT

### DECK AND PORCH BUILDING PERMIT PACKAGE

1. **CONSTRUCTION DRAWINGS** – Need to submit two (2) drawings of the purposed deck/porch. A complete top view and a side section view, showing all structural members, there size and spacing. Include stairs, platform details, fastening methods, spacing between supports and all elevations. Minimum depth of the footer are to be no less that 48". See attached sample.
2. **LOCATION PLAN** – A location plan or stamped survey of the property showing the location of the deck / porch on the house and indicating the property setbacks from the property line in conformance with the Village of Canastota Zoning Ordinance. Show water line and sewer line. See attached sample.
3. **WORKERS' COMPENSATION and CERTIFICATE OF LIABILITY** – Proof of insurance must be submitted from the contractor and/or homeowner at the time of the application.
  - Contractors **MUST** submit Certificate of Liability naming the Village of Canastota or homeowner of project as Certificate holder.
  - Contractor **MUST** submit Certificate of Workers Compensation (not acceptable Accord forms) or Affidavit in lieu thereof--- signed and stamped by Workers Compensation Board.
  - Homeowners doing their own project **MUST** fill out form BP-1(included in packet) and have notarized.
4. If contractor is applicant, the contractor **MUST** provide a letter of Proxy signed and motorized by the homeowner authorizing him to file for a Building Permit.
5. All applications **MUST** be complete before review by the Building Inspector.

Permit No.: \_\_\_\_\_

# Village of Canastota

Total Fee: \_\_\_\_\_

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

Plans: ☐ Yes ☐ No

BUILDING DEPARTMENT  
205 South Peterboro Street, Canastota, NY 13032  
Building Dept (315) 697-8963  
Fax (315) 697-3619

## BUILDING/ELECTRICAL/PLUMBING PERMIT APPLICATION

Application is hereby made to the Building Department for the issuance of Permits pursuant to the Code of the Village of Canastota. The applicant agrees to comply with all applicable laws, ordinances and regulations. The applicant attests that the proposed work outlined in this application conforms to the provisions of the Code of the Village of Canastota and laws of New York State. It is further agreed that the premises will not be occupied until a Certificate of Occupancy has been issued and all fees are paid in full.

Application Fee: \_\_\_\_\_

**PERMIT TYPE:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Residential (new)        | <input type="checkbox"/> Residential ( addition/alteration) | <input type="checkbox"/> Accessory Structure |
| <input type="checkbox"/> Commercial/Business      | <input type="checkbox"/> Assembly (includes restaurants)    | <input type="checkbox"/> Industrial          |
| <input type="checkbox"/> Demolition               | <input type="checkbox"/> Pool/Deck/Patio/Fence              | <input type="checkbox"/> Sign                |
| <input type="checkbox"/> Interior Demolition Only | <input type="checkbox"/> Antenna(s)                         | <input type="checkbox"/> Other _____         |

**SITE DATA:**

Zone: \_\_\_\_\_ Area of lot(s): \_\_\_\_\_ Section - Sheet - Block - Lot(s): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Project Description \_\_\_\_\_

Variance or Special Use Granted (If any): \_\_\_\_\_

The following information is to be completed in full. Address must include Street, City, State, and Zip.

**OWNER:**

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

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

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

**LESSEE:**

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

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

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

**APPLICANT:** Applicant is: ☐ Owner ☐ Lessee ☐ Contractor ☐ Electrician ☐ Plumber ☐ Other (complete below in full)

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

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

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

**ARCHITECT/ ENGINEER**

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

(New York State Registration #)

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

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

**COST OF CONSTRUCTION OR VALUATION:**

Cost of Construction or Valuation \$ \_\_\_\_\_ (Valuation or Costs for the work described in the Application for Building Permit include the cost of all of the construction and other work done previously without permit or new in connection therewith, exclusive of the cost of the land. The estimated cost shall include all costs related to the above described project and shall include all labor that is utilized, whether donated or contracted, including that of the property owner. If a reasonable valuation or estimate for construction is not provided, the Building Inspector shall determine the amount. If the final cost is less than the estimated cost stated in this Application for Building Permit, no portion of the fee paid upon the filing of the Certificate of Occupancy / Compliance application will be refunded)

**BUILDER / CONTRACTOR / DEVELOPER:**

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

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

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

**INSURANCE:**

☐ Insurance Certificate (Workers Compensation). ☐ Waiver Certificate - (Owner/Builder/Contractor/Developer) will provide New York State Certificate.

**ELECTRICIAN:**

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

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

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

**DESCRIPTION OF WORK:**

Cost of Electrical Work: \_\_\_\_\_

**INSURANCE:**

☐ Insurance Certificate (Workers Compensation). ☐ Waiver Certificate - (Owner/Builder/Contractor/Developer) will provide New York State Certificate.

**MECHANICAL:**

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

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

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

**DESCRIPTION OF WORK:**

Cost of Mechanical Work: \_\_\_\_\_

**INSURANCE:**

☐ Insurance Certificate (Workers Compensation). ☐ Waiver Certificate - (Owner/Builder/Contractor/Developer) will provide New York State Certificate.

**PLUMBER:**

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

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

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

**DESCRIPTION OF WORK:**

☐ New Work ☐ Replacement ☐ Overhaul Number of Fixtures: \_\_\_\_\_ (From worksheet)

**INSURANCE:**

☐ Insurance Certificate (Workers Compensation). ☐ Waiver Certificate - (Owner/Builder/Contractor/Developer) will provide New York State Certificate.

**AUTHORIZATION:**

State of New York, County of \_\_\_\_\_ being duly sworn deposes and says they are the owner or authorized representative by attached completed proxy statement and are duly authorized to perform or have performed said work and to make and file this application; that all statements are true and to the best of their knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Sworn to before me \_\_\_\_\_ Owner or Authorized Representative Signature: \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ Print Name: \_\_\_\_\_

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

Seal

DO NOT WRITE BELOW THIS LINE FOR OFFICIAL USE ONLY

Building Department Review By: \_\_\_\_\_

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

☐ Disapproved ☐ Approved

# Village of Canastota

BUILDING DEPARTMENT  
205 South Peterboro Street, Canastota, NY 13032  
Building Dept (315) 697-8963  
Fax (315) 697-3619

## PROXY STATEMENT

Proxy is required for all applications (Building, Electrical, Plumbing, Mechanical, Sign, Architectural Review.) when anyone other than the Owner is signing the application.

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

State of \_\_\_\_\_) ss:

County of \_\_\_\_\_)

\_\_\_\_\_ being duly sworn, deposes and says the he/she resides at  
(Owner's full name)

\_\_\_\_\_ in the County of \_\_\_\_\_ and the State of \_\_\_\_\_  
(Street, City/Town) (County) (State)

and that he/she is the owner of \_\_\_\_\_, the premises described in the attached  
(Street Address)

application and that he/she has authorized \_\_\_\_\_ to make the attached  
(Applicant Name)

application for \_\_\_\_\_ and to represent them at all Board and/or Commission  
(Application Type)

meetings.

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Notary Public or Commissioner of Deeds

Seal

FOR VILLAGE USE ONLY

PERMIT No.: \_\_\_\_\_



# 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.

**WORKERS COMPENSATION AND DISABILITY INSURANCE REQUIREMENTS**  
**TOWN OF FISHKILL, COUNTY OF DUTCHESS, NEW YORK**

New York State law requires an applicant for a Building Permit to submit proof of Workers Compensation Insurance and proof of Disability Insurance. This proof must be on the following forms:

**For Workers Compensation**

C-105.2  
U-26.3  
SI-12  
GSI-105.2

**For Disability**

DB-120.1  
DB-155

**ONLY THE ABOVE FORMS ARE ACCEPTABLE. BE ADVISED THAT "ACORD" FORMS ARE NOT ACCEPTABLE AS PROOF OF WORKERS COMPENSATION OR DISABILITY COVERAGE.**

You can get the proper forms from your insurance company.

If you are a homeowner doing your own work on your own house, you may be eligible for exemption from the above requirements. Please ask us for a homeowner's exemption form.

If you are a business of one or two persons, with no full-time employees, you may be eligible for exemption from the above requirements. Please acquire form #C-105.21 from your local office of the Workers Compensation Board.

## LOCATION PLAN

APPLICANT (owner of premises): \_\_\_\_\_

LOCATION OF PROPOSED  
WORK: \_\_\_\_\_

TAX GRID NUMBER:

				—			—							
--	--	--	--	---	--	--	---	--	--	--	--	--	--	--

INTERIOR LOT: \_\_\_\_\_ CORNER LOT: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

A SITE PLAN OR PLOT PLAN NOTING ALL SITE FEATURES MAY BE SUBSTITUTED FOR THIS FORM

Rear Yard \_\_\_\_\_ ft.

Side Yard \_\_\_\_\_ ft.

Side Yard \_\_\_\_\_ ft.

Front Yard \_\_\_\_\_ ft.

Frontage \_\_\_\_\_ ft.

Nearest Street \_\_\_\_\_ ft.

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

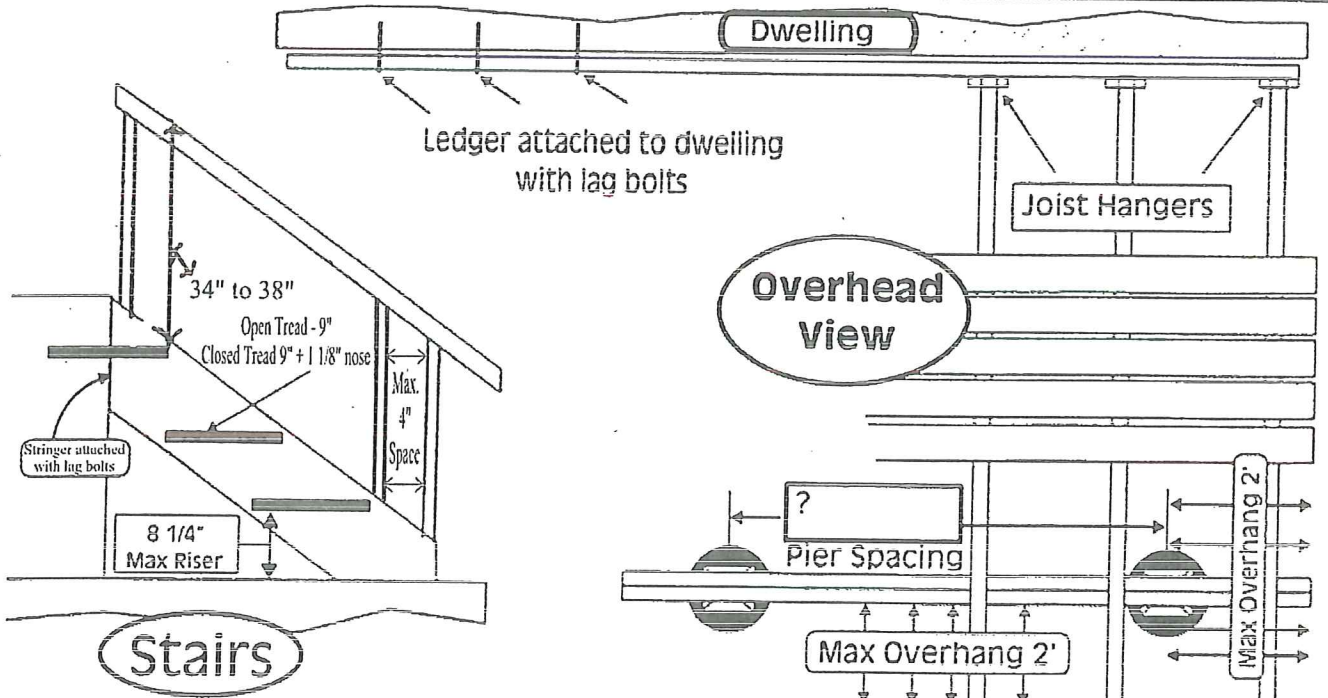
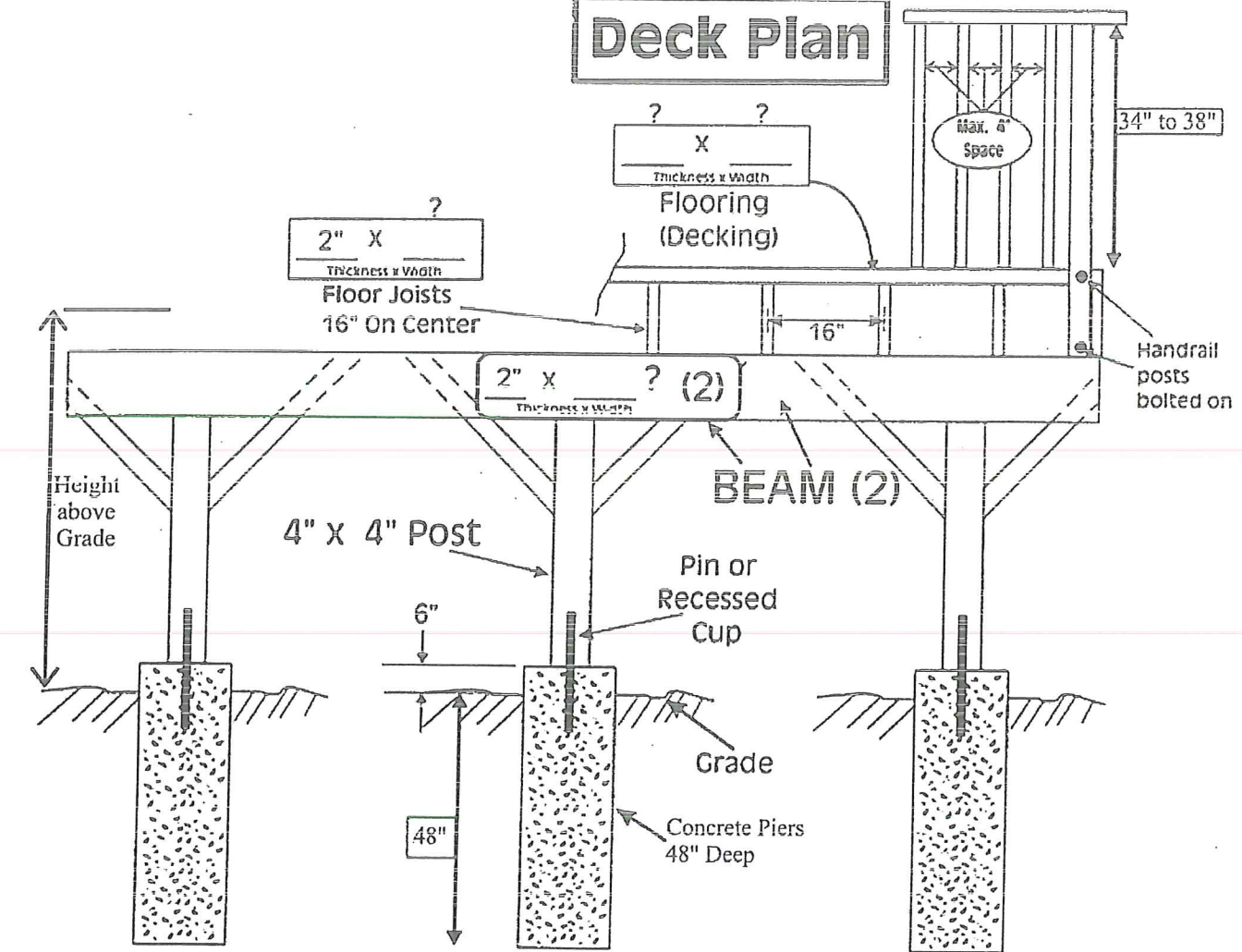
Nearest Street \_\_\_\_\_ ft.

MARK NORTH  
POINT

### IMPORTANT NOTE:

The applicant is responsible for accuracy in dimensions shown above.  
INDICATE LOCATION OF WELL AND SEWAGE SYSTEM  
AND THE DISTANCE OF EACH FROM STRUCTURE

# Deck Plan



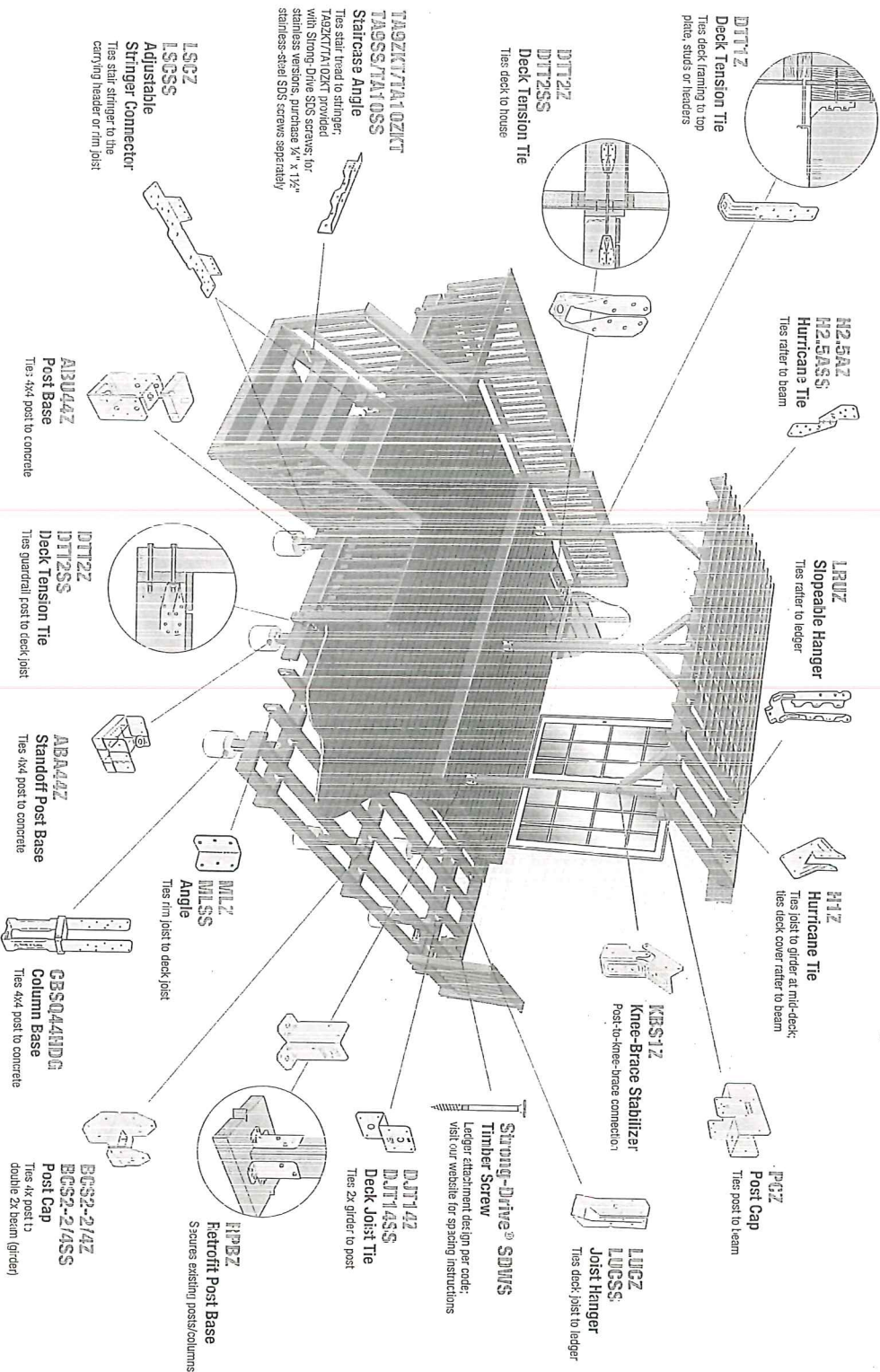


FOR EASIER, STRONGER, SAFER CONSTRUCTION

# DO YOUR DECKS MEET CODE?

**SIMPSON**  
**Strong-Tie**

## A Complete Connector System for Building Safer, Code-Compliant Decks



Choose the Right Level of Corrosion Protection  
Visit [strongtie.com/info](http://strongtie.com/info) for critical information.



316

Stainless Steel

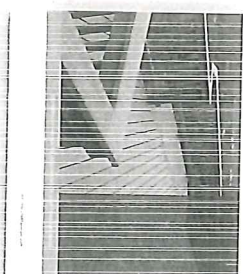
**NOTE:** Illustration shows all available deck products. Actual products selected will depend upon application or construction method used for a particular deck. Check local building codes before you begin a project.

Use ZMAX® coated or stainless-steel connectors in outdoor environments and to protect against corrosion from preservative-treated wood. Use **ONLY** fasteners with a hot-dip galvanized (HDG) or double-barrier coating with ZMAX and post-HDG connectors. Use **ONLY** stainless-steel fasteners with stainless-steel connectors. Visit [strongtie.com/info](http://strongtie.com/info) for critical information.



**Strong-Drive® SD**  
Connector screws are designed to replace nails in certain products. Visit [strongtie.com/sd](http://strongtie.com/sd) for complete information.

Deck Connection and Fastening Guide



See the Simpson Strong-Tie® Deck Connection and Fastening Guide for specific recommendations.

(800) 999-5099  
[strongtie.com](http://strongtie.com)

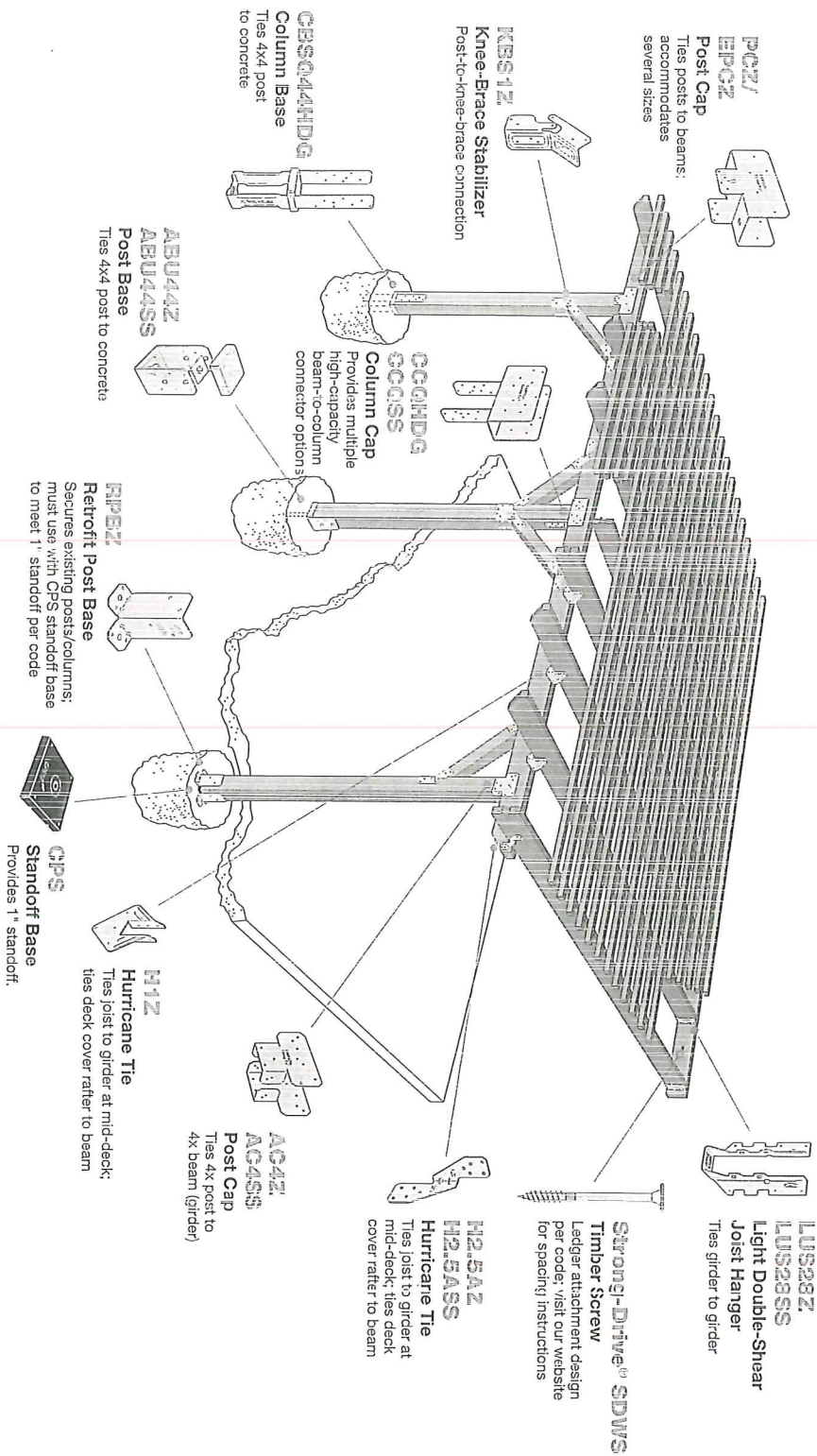
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DIY-DECKPAT1018 7/18 exp. 12/22



FOR EASIER, STRONGER, SAFER CONSTRUCTION

# PATIO COVER SYSTEM

*A Complete Connector System for Patio Cover Construction*



Choose the Right Level of Corrosion Protection  
Visit [strongtie.com/info](http://strongtie.com/info) for critical information.



316  
Stainless Steel

Use ZMAX® coated or stainless-steel connectors in outdoor environments and to protect against corrosion from preservative-treated wood. Use **ONLY** fasteners with a hot-dip galvanized (HDG) or double-barrier coating with ZMAX and post-HDG connectors. Use **ONLY** stainless-steel fasteners with stainless-steel connectors. Visit [strongtie.com/info](http://strongtie.com/info) for critical information.

**NOTE:** Illustration shows all available patio-cover products. Actual products selected will depend upon application or construction method used for a particular patio cover. Check local building codes before you begin a project.



Strong-Drive® SD Connector screws are designed to replace nails in certain products. Visit [strongtie.com/sd](http://strongtie.com/sd) for complete information.



See the Simpson Strong-Tie® Deck Connection and Fastening Guide for specific recommendations.

(800) 999-5099  
[strongtie.com](http://strongtie.com)

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