

BUILDING AND CODES P: 315-376-5377 | F: 315-377-3137

> 7660 North State Street Lowville, NY 13367 lewiscountyny.gov

## Change of Use/Occupancy Permit Application

Dear Applicant:

Attached is a Lewis County Building Permit Application and Fee Schedule. This application is for use only in communities where the County of Lewis is responsible for enforcement of the Building Codes of New York State. The permit applied for with this form applies only to the Building Codes of New York State and has <u>no</u> bearing on the other local, State, or Federal regulations, such as zoning or floodplain ordinance, etc.

The permit fee must be submitted to the Lewis County Building & Codes Office with the completed application. Please make all checks payable to the Lewis County Clerk and mail to the Lewis County Building & Codes Department, 7660 North State Street, Lowville, New York 13367.

The approved permit and all correspondence will be mailed to the owner at the address indicated on the application.

It is the responsibility of the owner to see that the Lewis County Code Enforcement Officer is notified when the project will be ready for the next inspection.

If you have any questions, please contact the Lewis County Building & Codes Office at (315) 376-5377.

Sincerely,

Ward -

Ward Dailey Senior Code Enforcement Officer

<u>Attachment</u>

# Change of Use/Occupancy Permit Application

Date	Municipality	Permit #
Тах Мар #		ZBA Planning Board Approval Required YES or NO
Current Occupancy:		Zone
Change to Occupancy: _		
Owner Name:		Phone #
Mailing address:		
Project 911 Address:		
Description of Project:		
Contractor Name & Addr	ess:	Phone:
Is new use located in a F	lood Zone? Yes _	No
		with mandates of existing building code. The Educational Law must be submitted.

To apply for a Building Permit, you MUST provide a completed application and a check payable to the Lewis County Clerk for the application fee, two (2) copies of a Building Plan, or Floor Plan, and an approved Zoning / Land Use Permit where required by your municipality.

Applicant Signature:	Date:
Code Official Signature:	Date:

Change of Occupancy Fee - \$75.00

# SCOPE OF WORK

Structural:
Electrical:
**Requires Third Party Electrical Inspector
Plumbing:
Mechanical:
Additional Project Details:

#### STATEMENT OF WORKERS COMPENSATION (HOMEOWNER)

**Under penalty of perjury,** I certify that I am the owner of the residence 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 circle one)**:

- A) I am performing all the work for which this building permit is issued.
- B) I am not hiring, paying, or compensating in any way, the individual(s) that is (are) performing all the work for which this building permit is issued or helping me perform such work.
- C) 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 this building permit is issued.

I understand that I will have to acquire Worker's Compensation 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 this building permit; **OR** have a general contractor, performing the work 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 this building permit.

Signature of Homeowner

Date Signed

Homeowners Name Printed

#### STATEMENT OF WORKERS COMPENSATION (CONTRACTOR)

As the contractor of record for this permit application, I understand that I am responsible for proof of Workers Compensation or proof of Exemption from Workers Compensation. I agree I will provide proof of Workers Compensation or proof of Exemption to the Lewis County Fire Prevention and Building Codes office. I understand that the proof will be filed for a period of 1 year.

Signature of Contractor

Date Signed

**Contractors Name Printed** 

#### STATEMENT OF ENVIRONMENTAL CONCERN (HOMEOWNER)

This Statement confirms that I have read and been made aware that the **New York State Department of Environmental Conservation** requires a State Pollution Discharge Elimination System Permit (S.P.D.E.S.) be obtained for disturbance of property greater than one (1) acre; this is to include driveways, location of house and all outbuildings & pools.

For more information, you are strongly urged to contact the D.E.C. Bureau of Water Permits at 518-402-8111 or online at <a href="http://www.dec.state.ny.us/website/dow/mainpage.htm">www.dec.state.ny.us/website/dow/mainpage.htm</a>

State imposed fines for a violation of this law can be a substantial \$37,500. per day. If in doubt, call New York State Department of Environmental Conservation.

Signature of Homeowner

Date Signed

Homeowners Name Printed

### THIS PERMIT COVERS ONLY THE WORK DESCRIBED IN THIS APPLICATION.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Signature of Applicant or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

## FOR ENFORCEMENT OFFICERS USE ONLY

I, the undersigned, Code Enforcement Officer of the County of Lewis, hereby (approve) (deny) the within application for a building permit.

Date \_\_\_\_\_ Code Enforcement Officer \_\_\_\_\_