

**Town of Fulton**  
1168 Bear Ladder Road  
West Fulton, NY 12194  
Brian Caron, Code Enforcement Officer  
Telephone: 518-827-5668  
Call Monday-Friday 10:00 AM-8:00 PM, Saturday 12:00 PM-6:00 PM

**Application For Building or Construction Permit**

Property Owner \_\_\_\_\_  
Mailing address \_\_\_\_\_  
Email address \_\_\_\_\_  
Tax Map #(SBL) \_\_\_\_\_  
Owners' Telephone # \_\_\_\_\_  
911 address of project \_\_\_\_\_  
Contractor Name \_\_\_\_\_  
Address of Contractor \_\_\_\_\_  
Telephone # of Contractor \_\_\_\_\_  
Contractor's Email \_\_\_\_\_

Proof of Workers Comp. insurance from a contractor must be provided, or signed affidavit of exemption

Applicant must provide 2 sets of construction documents (drawings, and/or specifications).

Also include site plan with property set backs, driveway, well, and septic locations.

Work to remain accessible and exposed for inspection. Permit holder shall notify the Code Enforcement Officer when work is ready for inspections. Please contact the Code Enforcement Officer at least 48 hours prior to need for the inspection.

Description of Work to be Done

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

Septic System: Existing \_\_\_\_\_ NEW \_\_\_\_\_ If New, please attach Schoharie County Health Department approval of system or design.

Well: Existing \_\_\_\_\_ NEW \_\_\_\_\_

Heat System: \_\_\_\_\_

Flood Plain: YES \_\_\_\_\_ NO \_\_\_\_\_

Wetlands: YES \_\_\_\_\_ NO \_\_\_\_\_

Total Cost of Work \_\_\_\_\_

**NOTE: Missing information will delay the issuance of a permit. When ready for inspections call 518-827-5668, DO NOT rely on email for time sensitive matters!**

Property Owner Signature \_\_\_\_\_

Date \_\_\_\_\_

Updated July 2024

# 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 (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:

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

|   |
|---|
| <p><i>Sworn to before me this _____ day of</i></p> <p>_____, _____.</p> <p>_____<br/><i>(County Clerk or Notary Public)</i></p> |
|---|

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