

Town of Gilboa
PO Box 187
Application for Homesite Permit

Permit Fee: House, Mobile Home, Garage, Pole Barn, Storage Building, Campground, Mobile Home Park, Addition or Other- \$25.00 (Payable to Town of Gilboa)

_____, residing at _____

hereby applies for a Homesite Permit and represents that he is the owner of the land located on

_____ Road in the Town of Gilboa upon which the

_____ Mobile Home _____ House _____ Campground _____ Mobile Home Park

_____ Garage or other (specify) _____ is to be situated and that the plan

submitted with the application is substantially true and accurate. Date _____

Applicant _____

Note: In compliance with article 3 of Sanitary Code of Schoharie County, a soil percolation test to determine the application of settled sewage effluent will be conducted by a representative of the Board of Health Department before any construction is started. The sewage system will not be covered until the Public Health Technician issues a Certificate of Approval.

This application shall be accompanied by a plan showing the boundaries of the land, the location and plan of proposed (or existing) house or mobile home on the land, the location and plan for the proposed (or existing) water supply and the sewage disposal systems, and the location of adjacent properties or structures.

_____ Date _____
Building Inspector

.....
The Building Inspector of the Town of Gilboa, having approved the application of _____

_____, residing at _____ pursuant

to the provisions of 4.1 of the Town of Gilboa Homesite Law, a permit is hereby granted to said

application for _____, for the premises applied for the described in the plan

accompanying the said application.

Dated _____

Building Inspector

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:

- 1. 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
- 2. 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.