

**TOWN OF BLENHIEM**

**BUILDING PERMIT APPLICATION & FEE SCHEDULE**

**Applicant Name:** \_\_\_\_\_ **Owner:** \_\_\_\_\_

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

\_\_\_\_\_

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

**E-mail Address:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Contractor's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Project Location:** \_\_\_\_\_

**Seasonal Road:**    YES \_\_\_ NO \_\_\_

*Upon issuance of this permit, applicant acknowledges construction is being done on a Seasonal / Limited Use and / or Town Road and is hereby responsible for any damage / change in condition of said road. The Town of Blenheim assumes no responsibility relative to making any repairs, maintenance or plowing that otherwise would not be performed under any other condition(s).*

**Tax Map #:** \_\_\_\_\_

**Occupancy Classification:** \_\_\_\_\_

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

**Wetlands:**    YES \_\_\_ NO \_\_\_

**Description of work:**

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Septic System: Existing \_\_\_\_\_ New \_\_\_\_\_

If new, please attach Schoharie County Health Department approval of system or design.

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

Heating System: \_\_\_\_\_

Proof of Workers Comp. Insurance from a contractor must be provided. Alternately a signed Affidavit of Exemption can be provided for Town acceptance.

Applicant must provide 2 sets of construction documents (drawings, and / or specifications) which are prepared by a New York State registered architect or licensed professional engineer.

Applicant must also include a site plan indicating and identifying property set-backs, well, and septic locations.

All work is to remain accessible and exposed for CEO Inspection. Permit holder shall notify the Code Enforcement Officer when work is ready for Inspection(s). Please contact the Code Enforcement Officer at least 48 hours prior to need for the inspection.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Permit Issue Number

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**\*Application and check must be submitted to the Town Clerk Amount submitted: \$ \_\_\_\_\_**

Make checks payable to: **Town of Blenheim.**

**Blenheim Town Clerk**

Robin Alley  
P.O. Box 176  
103 Blenheim Municipal Way  
North Blenheim, NY 12131  
(518) 827-6115

**Blenheim Code Enforcement Officer**

Brian Caron  
518-827-5668  
[caroncarpentry29@yahoo.com](mailto:caroncarpentry29@yahoo.com)

**Required Inspections:**

- Work site prior to the issuance of a building permit
- Footing excavation, forms and reinforcement
- Foundation forms and reinforcement
- Foundation water proofing and drainage
- Rough framing
- Rough mechanical and plumbing
- Electrical inspection by a 3<sup>rd</sup> party inspector
- Fire resistance penetrations, and insulation before final covering
- Solid fuel burning heating appliances (including wood stoves), chimneys, flues or gas vents
- Energy Code compliance
- Final inspection after all work has been completed

**Permit Fee Schedule:**

**Construction / Improvement Cost / Fee(s)**

\$30.00 - \$7,500.....	\$50
\$7,501 - \$15,000.....	\$75
\$15,001 - \$30,000.....	\$75 + (total cost - \$15,001) /1000) @ \$3.50)
\$30,001 - \$100,000.....	\$128 + (total cost - \$30,001) /1000) @ \$2.50)
\$100,001 - \$5,000,000.....	\$303 + (total cost - \$100,001) /1000) @ \$2.00)
\$5,000,000 and up are to be negotiated with Town Board	

**Other / Additional Fee(s) Schedule:**

- All inspections required for mobile home installations, regardless of cost - \$100.00
- Demolition Permit Fee - \$30.00
- Installation of above ground pool – \$30.00
- Installation of in-ground pool - \$75.00
- Installation of wood stove or similar unit - \$30.00
- Fireworks Permit Fee - \$75.00
- Letter indicating no permit required - \$30.00
- Request for certificate of occupancy - \$30.00

\*Any permit issued in the flood plain shall have the permit fee doubled.  
\*Any roof replacement permit will be at no charge (permit still required).  
\*All permits expire after one year of the issue date and may be renewed on a one-time basis for an additional year at one-half (1/2) the original cost. After year two (2) or renewal, a new permit must be obtained at the current full Permit Fee Schedule cost..

**PENALTIES:**

NO WORK IS TO COMMENCE WITHOUT SECURING AN APPROVED TOWN OF BLENHEIM BUILDING PERMIT.

ANY WORK COMMENCED ABSENT A REQUIRED TOWN OF BLENHEIM BUILDING PERMIT IS PROHIBITED AND SUBJECT TO A \$500.00 FINE AND THE ISSUANCE OF A “STOP WORK” NOTICE IN ADDITION TO THE REGULAR TOWN OF BLENHEIM PERMIT FEE.

ANY “STOP WORK” NOTICE IS TO BE ISSUED BY THE TOWN CODES ENFORCEMENT OFFICER AND CAN BE MADE VIA EMAIL, U.S. MAIL OR IN-PERSON.

ANY WORK CONTINUED WITHOUT A VALID TOWN OF BLENHEIM BUILDING PERMIT AFTER NOTIFICATION TO “STOP WORK” BY THE TOWN OF BLENHEIM CODES ENFORCEMENT OFFICER IS SUBJECT TO A FINE OF \$100.00 PER DAY, APPLICABLE TO EACH DAY OF WORK CONTINUANCE AFTER NOTIFICATION BY THE CODES ENFORCEMENT OFFICER.

**Applicant Certification:**

I hereby certify that I have read the instructions and examined this application and know the same to be true and correct. All provisions of laws and ordinances, state and local covering 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 land use or the performance of construction.

**Applicant Signature:** \_\_\_\_\_

# 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>_____ <i>(County Clerk or Notary Public)</i></p>
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Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.