



**TOWN OF SARANAC**  
*In the Adirondack Mountains*  
3662 State Route 3 – P.O. Box 147  
Saranac, NY 12981  
Tel (518) 293-6666 – Ext. 5  
[www.townofsaranac.gov](http://www.townofsaranac.gov)

Department of Building &  
Fire Codes

Permit #: \_\_\_\_\_

---

## The Building Permit Procedure

1. A building permit is required for and prior to commencement of; the erection, construction, enlargement, improvement, alteration, removal or demolition of any building or structure.
2. A structure shall be considered as anything constructed or erected with a fixed location or attached to something having a fixed location on the ground. Other things that will need a permit are sheds, swimming pools, and solar systems.
3. Applications must be completed in ink. The applicant is responsible for providing all information required on the application and required to provide Adirondack Park Agency approval paperwork prior to a permit being issued.
4. A property plot plan, drawn as close to scale as possible, must be submitted with building plans and other documentation that supports and fully describes the project being permitted.
5. A set of plans bearing the official seal, stamp, and signature of a New York State registered architect or licensed professional engineer must be submitted to the Code Enforcement Officer prior to issuance of a permit for any residential or commercial building.
6. All sewage disposal systems to be installed on a project must be permitted and then given a final inspection with a final approval by the Clinton County Health Department. A copy of the final approval paperwork must be submitted before the building permit final inspection can be completed.
7. Electrical inspections will be required by a licensed electrical inspector, these inspections are for first hook up, rough in wiring inspection, and final inspection. A copy of the final inspection card will be required before the building permit final inspection can be completed.
8. No building shall be occupied or used in whole or in part for any purpose whatsoever until a Certificate of Compliance or a Certificate of Occupancy has been issued by the Code Enforcement Officer.

**TOWN OF SARANAC**  
*In the Adirondack Mountains*  
3662 State Route 3 – P.O. Box 147  
Saranac, NY 12981  
Tel (518) 293-6666 – Ext. 5  
[www.townofsaranac.gov](http://www.townofsaranac.gov)

Department of Building &  
Fire Codes

Permit #: \_\_\_\_\_

---

Application for Permit from the Codes Office

Parcel ID / Map: \_\_\_\_\_

Applicant (please print): \_\_\_\_\_

Property Owner: \_\_\_\_\_

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

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

Phone Number Home: \_\_\_\_\_

Phone Number Cell: \_\_\_\_\_

Type of Permit

- Residential Home (Stick Built) Project Size: \_\_\_\_\_
- Manufactured Home (Single, Double wide, or Modular) Square Footage: \_\_\_\_\_
- Accessory Structure (Garage, Car Port, Barn, Shed, etc.)
- Commercial Building
- Stove/Chimney/Heating Unit (circle one): Permit or Inspection
- Rehab/Remodel Permit
- Pool Permit – Above Ground:  In Ground:  Size: \_\_\_\_\_
- Business Sign Permit – Sign Size: \_\_\_\_\_
- Cell Tower Permit
- Solar Panels/Solar System – Number of Panels: \_\_\_\_\_
- Fire Inspection – or - Inspection on Demand

---

Architect/Engineer: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

General Contractor: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Electrical Contractor: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Plumbing Contractor: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other Contact Information: \_\_\_\_\_

**TOWN OF SARANAC**  
*In the Adirondack Mountains*  
3662 State Route 3 – P.O. Box 147  
Saranac, NY 12981  
Tel (518) 293-6666 – Ext. 5  
[www.townofsaranac.gov](http://www.townofsaranac.gov)

Department of Building &  
Fire Codes

Permit #: \_\_\_\_\_

---

Application for Permit from the Codes Office

**IMPORTANT NOTICES: READ BEFORE SIGNING**

1. Work conducted pursuant to building permit must be visually inspected by the Code Enforcement Officer and must conform to the New York States Uniformed Fire Prevention and Building Codes as well as to the Town of Saranac's ordinances, rules and regulations.
2. It is the Permit Applicants' responsibility to contact the Code Enforcement Officer to schedule inspection. Inspections must be completed at each step of construction noted on the permit and construction should not move forward until each inspection is completed. Failure to have inspections completed may result in having to disassemble areas of the building so these inspections can be completed, this will be done at the owner's expense.
3. The property owner hereby agrees to allow the Code Enforcement Officer access to their property for the purpose of conducting inspections of the work being done on that property.
4. New York State law requires contractors to maintain Worker's Compensation and Disability Insurance for their employees. No permit will be issued unless currently valid copy of insurance certificates is attached to this application. If the contractor believes they are exempt from the requirements to provide proof of insurance, they must complete an exemption form. (A copy of the law and an affidavit of exemption are attached in this packet.)
5. The building permit placard must be displayed so as to be visible from the street nearest to the site of the work being done.
6. If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate has been issued.

**I, \_\_\_\_\_, the permit applicant hereby attest that I am the lawful owner of this property described with in or am the lawful agent of said owner and affirm under the penalty of perjury that all statements made by me on this application are true and correct.**

**(Signature)** \_\_\_\_\_ **Date:** \_\_\_\_\_

LAWS OF NEW YORK, 1998  
CHAPTER 439

The general municipal law is amended by adding a new section 125 to read as follows:

125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

## Implementing Section 125 of the General Municipal Law

### 1. General Contractors -- Business Owners and Certain Homeowners

For businesses and certain homeowners listed as the general contractors on building permits, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is ONE of the following forms that indicate that they are:

- ◆ insured (C-105.2 or U-26.3),
- ◆ self-insured (SI-12), or
- ◆ are exempt (CE-200),

under the mandatory coverage provisions of the WCL. Any residence that is not a **1, 2, 3 or 4 Family, Owner-occupied Residence** is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

### 2. Owner-occupied Residences

For homeowners of a **1, 2, 3 or 4 Family, Owner-occupied Residence**, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file form BP-1 (12/08).

- ◆ Form BP-1 shall be filed if the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is listed as the general contractor on the building permit, and the homeowner:
  - ◇ is performing all the work for which the building permit was issued him/herself,
  - ◇ is 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 the homeowner perform such work, or
  - ◇ has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
- ◆ If the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is hiring or paying individuals a total of **40 hours or MORE** in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" form, BP-1(12/08), but shall 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 (the C-105.2 or U-26.3 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) 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.

# 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>_____</p> <p><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.

# CLINTON COUNTY 9-1-1 ADDRESS REQUEST FORM



DATE: \_\_\_\_\_

Office of Emergency Services Only

ESN# \_\_\_\_\_

FIELD DATE: \_\_\_\_\_

NEW 911 # \_\_\_\_\_

911 STRUCTURE POINT: \_\_\_\_\_

ST. / RD. \_\_\_\_\_

NOTIFIED REQUESTOR DATE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

RPS LIST: \_\_\_\_\_

Requestor needs to fill this section

REQUESTOR: \_\_\_\_\_

TOWN OF: \_\_\_\_\_

VILLAGE/CITY: \_\_\_\_\_

PROPERTY LOCATION (TAX MAP ID NUMBER): \_\_\_\_\_

PREVIOUS LAND OWNER: \_\_\_\_\_

ROAD / STREET: \_\_\_\_\_

NEAREST NEIGHBOR'S # \_\_\_\_\_

BUILDING DESCR: \_\_\_\_\_



FOUNDATION (SLAB OR HOLE DUG?):

Yes

No

Type = SMH;DSMH,Modular, House / Color

Must be in process or completed to issue address!

SMH (Single Section Mobile Home); DSMH (Double Section Mobile Home)

CURR. LAND OWNER: \_\_\_\_\_

OCCUPANT: \_\_\_\_\_

PRESENT MAILING ADDRESS: \_\_\_\_\_

PHONE / MESSAGE#: \_\_\_\_\_

DAY TIME #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Information that will assist in identifying the structure to be numbered

ADDITIONAL NOTES:

# Clinton County Office of Emergency Services

## New 911 Address Request

Address request forms can be found on the internet by searching Clinton County 911 address request form pdf.

You can download the form and then fill it out on your computer. Once it is completed you email it or print it out and mail it. The email and postal address are listed below along with other contact information if you need help with the form.

Email:

[911office@clintoncountyny.gov](mailto:911office@clintoncountyny.gov)

Postal Address:

Clinton County Office of Emergency Services

16 Emergency Services Drive

Plattsburgh, NY 12901

Phone: 518-565-4791

Fax: 518-566-1202

Director: Eric Day

Asst. Dir.: Kelly Donoghue

EMS Coordinator: Storm Treanor

Emergency Services Office Hours: M-F 8:30AM to 4:30PM