

## VILLAGE OF UPPER NYACK

### CHECKLIST FOR INTERIOR RENOVATION

Additional forms available at the Village Hall

- \_\_\_\_\_ 2 copies of building permit application
- \_\_\_\_\_ 1 copy of deed
- \_\_\_\_\_ 1 copy of survey in current homeowner's name
- \_\_\_\_\_ 2 copies of renovation plans with interior dimensions and elevations as well as location of electric and plumbing. *PLANS MUST BE SIGNED AND SEALED BY A LICENSED PROFESSIONAL*
- \_\_\_\_\_ 1 copy of contractor's home improvement license
- \_\_\_\_\_ 1 copy of Workers' Compensation Insurance form.  
Submit one of the following:
  - Form U-26 for the State Insurance Fund
  - Form C105.2 Certificate of NYS Workers' Compensation Insurance Coverage (Obtained from insurance carrier)
  - Form WC/DB-100 Affidavit that Workers Compensation and /or Disability Benefits Insurance is NOT Required
  - Form BP-1 Affidavit of Exemption, if work is to be done by homeowner

**Please note: ACORD Forms are not acceptable proof of coverage**



PLEASE COMPLETE THE FOLLOWING

**Proposed Work:** \_\_\_\_\_

**Valuation of Work:** \_\_\_\_\_

**Property Location:** On the \_\_\_\_\_ side of \_\_\_\_\_ and \_\_\_\_\_ feet from the intersection of \_\_\_\_\_ and \_\_\_\_\_

**County Tax ID Number:** \_\_\_\_\_

**Zoning District:** \_\_\_\_\_ **Zoning Code:** \_\_\_\_\_

**Plot Size:** Front in feet \_\_\_\_\_ Rear in feet \_\_\_\_\_ Depth in feet \_\_\_\_\_

**Building Size:** Front in feet \_\_\_\_\_  
Rear in feet \_\_\_\_\_  
Maximum depth in feet \_\_\_\_\_  
Number of stories \_\_\_\_\_

**Building Setbacks:**

	Minimum Distance in feet	Maximum Distance in feet
From Street Line to Bldg		
From Side lot line to Bldg		
From Rear lot line to Bldg		

**Distance of building from nearest stream, river or waterway:** \_\_\_\_\_

**Sewage disposal:** Public sewers \_\_\_\_\_ Septic system \_\_\_\_\_

**Rockland County Licenses:**

Home Improvement Contractor \_\_\_\_\_  
Plumbing, Heating & Cooling Contractor \_\_\_\_\_  
Electrical Contractor \_\_\_\_\_

OFFICE OF THE BUILDING INSPECTOR  
INCORPORATED VILLAGE OF UPPER NYACK

Inc. Village of Upper Nyack  
County of Rockland  
State of New York

Print or Type Name \_\_\_\_\_

Certifies that he/she resides at \_\_\_\_\_

and that he/she is the owner or agent of all that certain lot, parcel of land and/or

building located at \_\_\_\_\_

and structure proposed will be constructed in accordance with the New York State Building Code; in conformance with the Zoning Ordinance of the Incorporated Village of Upper Nyack; and in accordance with plans and specifications submitted herewith.

Signed \_\_\_\_\_

STATEMENT BELOW ONLY TO BE FILLED OUT IN THE EVENT THIS  
APPLICATION IS MADE BY PERSON OTHER THAN OWNER OF PROPERTY

Inc. Village of Upper Nyack  
County of Rockland  
State of New York

Name \_\_\_\_\_ being duly sworn deposes and says:

1. That \_\_\_\_\_ is the owner of the land that is the subject of this permit.
2. The deponent is duly authorized to make this application by said owner.
3. That the proposed work is authorized by said owner.

Signed \_\_\_\_\_ (Applicant)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
(Notary Public)

THIS PAGE FOR OFFICIAL USE

THE VILLAGE OF UPPER NYACK  
OFFICE OF THE BUILDING INSPECTOR  
BUILDING PERMIT

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

Permit for: \_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_

Zone: \_\_\_\_\_

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

Agent: \_\_\_\_\_

Fee: \_\_\_\_\_

Date of Application: \_\_\_\_\_

I have thoroughly examined the detailed statement within and plot plan relating thereto and find the same does \_\_\_\_\_ does not \_\_\_\_\_ conform to the Zoning Ordinance of the Village of Upper Nyack and do \_\_\_\_\_ do not \_\_\_\_\_ approve the same for issuance of a permit.

\_\_\_\_\_  
Building Inspector

Issue Date: \_\_\_\_\_

The issuance of this permit does not assure that the premises for which the permit issued has access or is located upon a State, County, or Village Street.

Certificate of Occupancy Issued: \_\_\_\_\_



PLEASE COMPLETE THE FOLLOWING

**Proposed Work:** \_\_\_\_\_

**Valuation of Work:** \_\_\_\_\_

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OFFICE OF THE BUILDING INSPECTOR  
INCORPORATED VILLAGE OF UPPER NYACK

Inc. Village of Upper Nyack  
County of Rockland  
State of New York

Print or Type Name \_\_\_\_\_

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Signed \_\_\_\_\_ (Applicant)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
(Notary Public)



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BUILDING PERMIT

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

Permit for: \_\_\_\_\_

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Location: \_\_\_\_\_

Zone: \_\_\_\_\_

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

Agent: \_\_\_\_\_

Fee: \_\_\_\_\_

Date of Application: \_\_\_\_\_

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\_\_\_\_\_  
Building Inspector

Issue Date: \_\_\_\_\_

The issuance of this permit does not assure that the premises for which the permit issued has access or is located upon a State, County, or Village Street.

Certificate of Occupancy Issued: \_\_\_\_\_

**Appendix C**  
**State Environmental Quality Review**  
**SHORT ENVIRONMENTAL ASSESSMENT FORM**  
**For UNLISTED ACTIONS Only**

**PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)**

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres      Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No      If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, list agency(s) name and permit/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: _____ Date: _____ Signature: _____	

**If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment**

**PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)**

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF. <input type="checkbox"/> Yes <input type="checkbox"/> No	
B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency. <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. COULD ACTION RESULT IN <b>ANY</b> ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible) C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:  C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:  C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:  C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:  C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:  C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:  C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:	
D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	
E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	

**PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)**

**INSTRUCTIONS:** For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

<input type="checkbox"/> Check this box if you have identified one or more potentially large or significant adverse impacts which <b>MAY</b> occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.	
<input type="checkbox"/> Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action <b>WILL NOT</b> result in any significant adverse environmental impacts <b>AND</b> provide, on attachments as necessary, the reasons supporting this determination.	
_____	_____
Name of Lead Agency	Date
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (If different from responsible officer)

# 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.

**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.

- ◆ 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(11/04), 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.