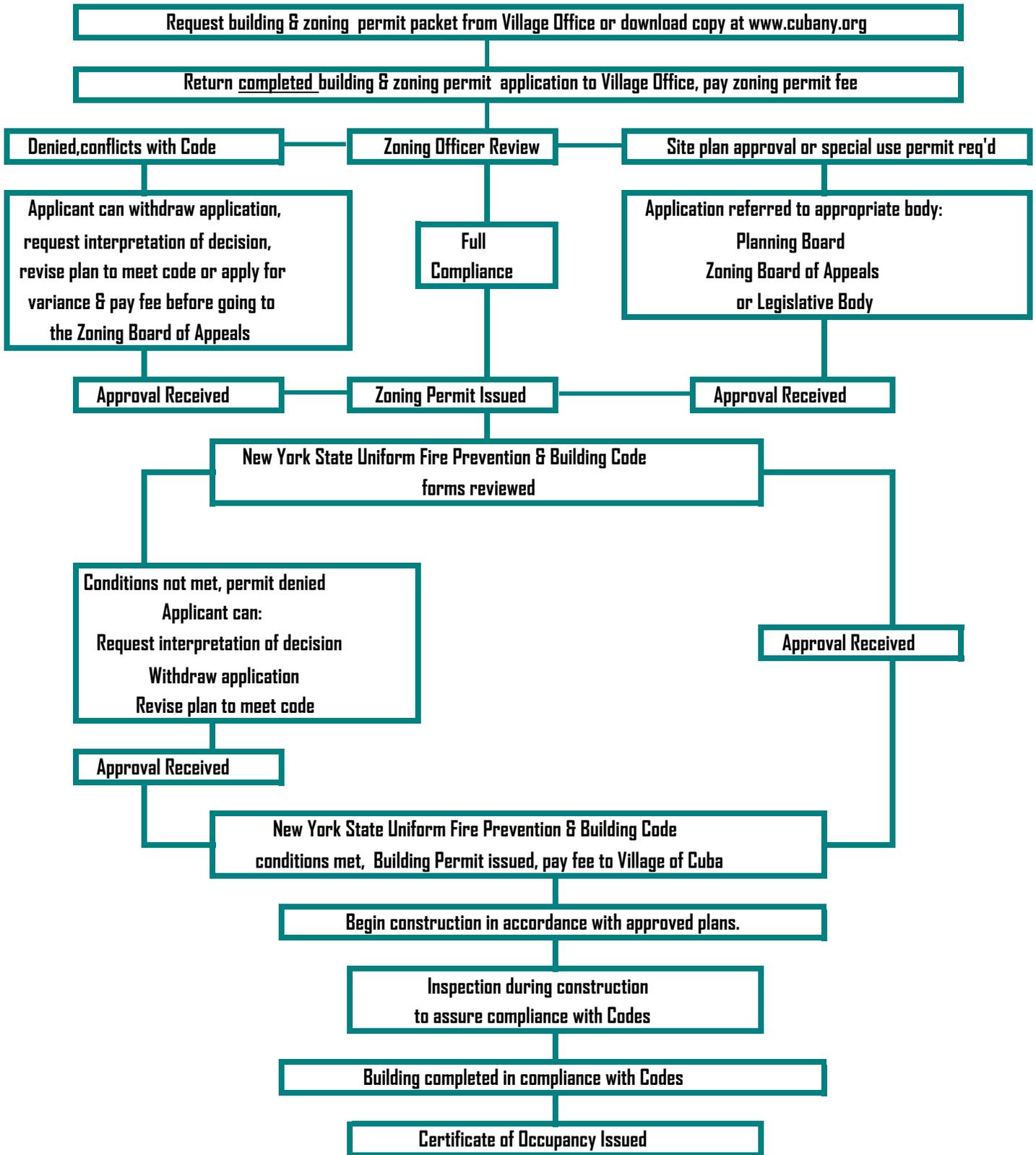


# Village of Cuba Building Permit Process



**A Zoning permit must be obtained for:**

- **New construction**
- **Additions or alterations to existing structures**
- **A change in the use of or an additional use of any land or structure or any part thereof**
- **Special Permit Uses listed in the Zoning Law**
- **Swimming Pools**

**The following requirements must be complied with:**

1. **All requested information must be filled in. Use "NA" to denote "not applicable".**
2. **Use a typewriter or print legibly in black ink.**
3. **Check the Zoning Law and the Zoning Map first; you may delay your project if you are not in compliance with the Zoning Law.**
4. **If your proposed use is not permitted by the Zoning Law, check with the Zoning Inspector.**
5. **Include a fully dimensioned site plan, drawn to scale as closely as possible. See "Sample Site Plan"**
6. **Sign and date the application.**

**Submittal of the fully completed application to the Village Clerk will initiate a call and review by the Zoning Inspector.**

**The Zoning Inspector is available to you by calling his cell 716-378-7255 until 5pm or his home 716-557-8898 after 5pm.**

**NOTE: Nearly all projects except changes in use or additional uses require that a Building Permit also be obtained. Application blanks can be obtained from the Village Clerk.**

**A copy of the Zoning Permit must be attached to the Building Permit application.**

# Village of Cuba

17 East Main Street  
Cuba, New York 14727  
Ph: 585-968-1560  
Fax 585-968-9104  
www.cubany.org

## MEMORANDUM TO APPLICANTS FOR BUILDING AND ZONING PERMITS

(The third Monday of every month is planning board meeting)  
(The fourth Tuesday of every month is the zoning board meeting)

The undersigned hereby applies for a Zoning Permit for the purposes and on the site described herein and agrees that such purposes shall be undertaken in accordance with all applicable laws and requirements of the Village of Cuba Village and the State of New York.

The applicant understands that any permit issued by the zoning inspector shall expire if the project or use has not commenced within one year from the date of issuance.

The undersigned further declares that all statements contained in the application and any accompanying plans and specifications are true to the best of his/her knowledge and specifications are performed and/or the use of the property will be in conformity with the limitations set forth in this application and in any plans or specifications filed therewith.

All applications must be delivered to the Village Clerk the Wednesday prior to the Planning Board Meeting by 4:00pm. This will give time for the zoning officer to deliver these applications in time for review prior to the meeting. NO EXCEPTIONS!

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date Received \_\_\_\_\_

Received by: \_\_\_\_\_

OFFICE USE

Application received by

\_\_\_\_\_ Village Clerk Date \_\_\_\_\_

\_\_\_\_\_ Zoning Inspector Date \_\_\_\_\_

Fee ( ) received by \_\_\_\_\_ Date \_\_\_\_\_

Permit issued by \_\_\_\_\_ Date \_\_\_\_\_

Permit referred to the Planning Board Date \_\_\_\_\_

Permit approved by the Planning Board Date \_\_\_\_\_

Permit denied by the Planning Board because of nonconformance with Section (s) :  
\_\_\_\_\_  
\_\_\_\_\_

and/ or because \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office of the Zoning Inspector  
17 E. Main St.  
Cuba, N. Y. 14727

Application No. \_\_\_\_\_  
Zoning District \_\_\_\_\_  
Date Received \_\_\_\_\_

**CUBA VILLAGE**  
**ZONING PERMIT APPLICATION**

1. APPLICANT'S NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE HOME ( ) \_\_\_\_\_ BUSINESS ( ) \_\_\_\_\_

2. LOCATION OF PROPERTY (street and number) \_\_\_\_\_  
\_\_\_\_\_

3. APPLICANT IS ( ) OWNER ( ) REGISTERED ARCHITECT  
( ) TENANT OR LESSEE ( ) REGISTER PROFESSIONAL  
ENGINEER  
( ) OTHER (describe) ( ) CONTRACTOR  
\_\_\_\_\_

4. WHERE THE APPLICANT IS NOT THE OWNER, COMPLETE THE FOLLOWING  
OWNER (S) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE HOME ( ) \_\_\_\_\_ BUSINESS ( ) \_\_\_\_\_

5. CURRENT USE AND OCCUPANCY \_\_\_\_\_

DATE THE PREVIOUS USE WAS DISCONTINUED \_\_\_\_\_

6. DESCRIBE THE PROPOSED PROJECT OR USE THAT IS THE SUBJECT OF  
THIS APPLICATION  
\_\_\_\_\_  
\_\_\_\_\_

7. THE APPLICANT PROPOSES TO

( ) ERECT OR CONSTRUCT	( ) CHANGE THE USE OF
( ) CONTINUE CURRENT USE OF	( ) ALTER
( ) EXTEND	( ) DEMOLISH
( ) RESUME LAST PREVIOUS USE OF	( ) OCCUPY
( ) OTHER (specify)	( ) REMOVE

  
\_\_\_\_\_

A STRUCTURE OR STRUCTURES OR LAND IN THE VILLAGE OF CUBA, TO BE USED

- |  |  |
|--|--|
| <input type="checkbox"/> SINGLE-FAMILY RESIDENCE | <input type="checkbox"/> BUSINESS            |
| <input type="checkbox"/> TWO-FAMILY RESIDENCE    | <input type="checkbox"/> INDUSTRIAL          |
| <input type="checkbox"/> MULTI-FAMILY RESIDENCE  | <input type="checkbox"/> ACCESSORY STRUCTURE |
| <input type="checkbox"/> AGRICULTURAL            | <input type="checkbox"/> SWIMMING POOL       |

8. CHECK THE INTENDED USE AS LISTED IN THE ZONING LAW

- |  |   |
|--|---|
| <input type="checkbox"/> PERMITTED PRINCIPAL USE | <input type="checkbox"/> SPECIAL PERMIT USE           |
| <input type="checkbox"/> PERMITTED ACCESSORY USE | <input type="checkbox"/> NON-CONFORMING               |
| <input type="checkbox"/> PROHIBITED              | <input type="checkbox"/> NOT LISTED IN THE ZONING LAW |

9. ZONING DATA

Lot dimensions \_\_\_\_\_ Area \_\_\_\_\_ Square feet or \_\_\_\_\_ Acres

List all existing structures on the lot \_\_\_\_\_  
\_\_\_\_\_

(Note: All existing structures must be shown on the accompanying site plan.)

Area of Principal Structure (s) \_\_\_\_\_ square feet.

Height \_\_\_\_\_ Stories \_\_\_\_\_

Percentage of lot area proposed to be occupied by all structures \_\_\_\_\_ %

Size of new structure of addition \_\_\_\_\_ feet x \_\_\_\_\_ feet.

Area \_\_\_\_\_ Height of new structure or addition \_\_\_\_\_

Stories \_\_\_\_\_

SETBACKS:      PRESENT

PROPOSED

Depth of front yard \_\_\_\_\_ feet

\_\_\_\_\_ feet

Width of side yards \_\_\_\_\_ feet & \_\_\_\_\_ feet

\_\_\_\_\_ feet & \_\_\_\_\_ feet

Depth of rear yard \_\_\_\_\_ feet

\_\_\_\_\_ feet

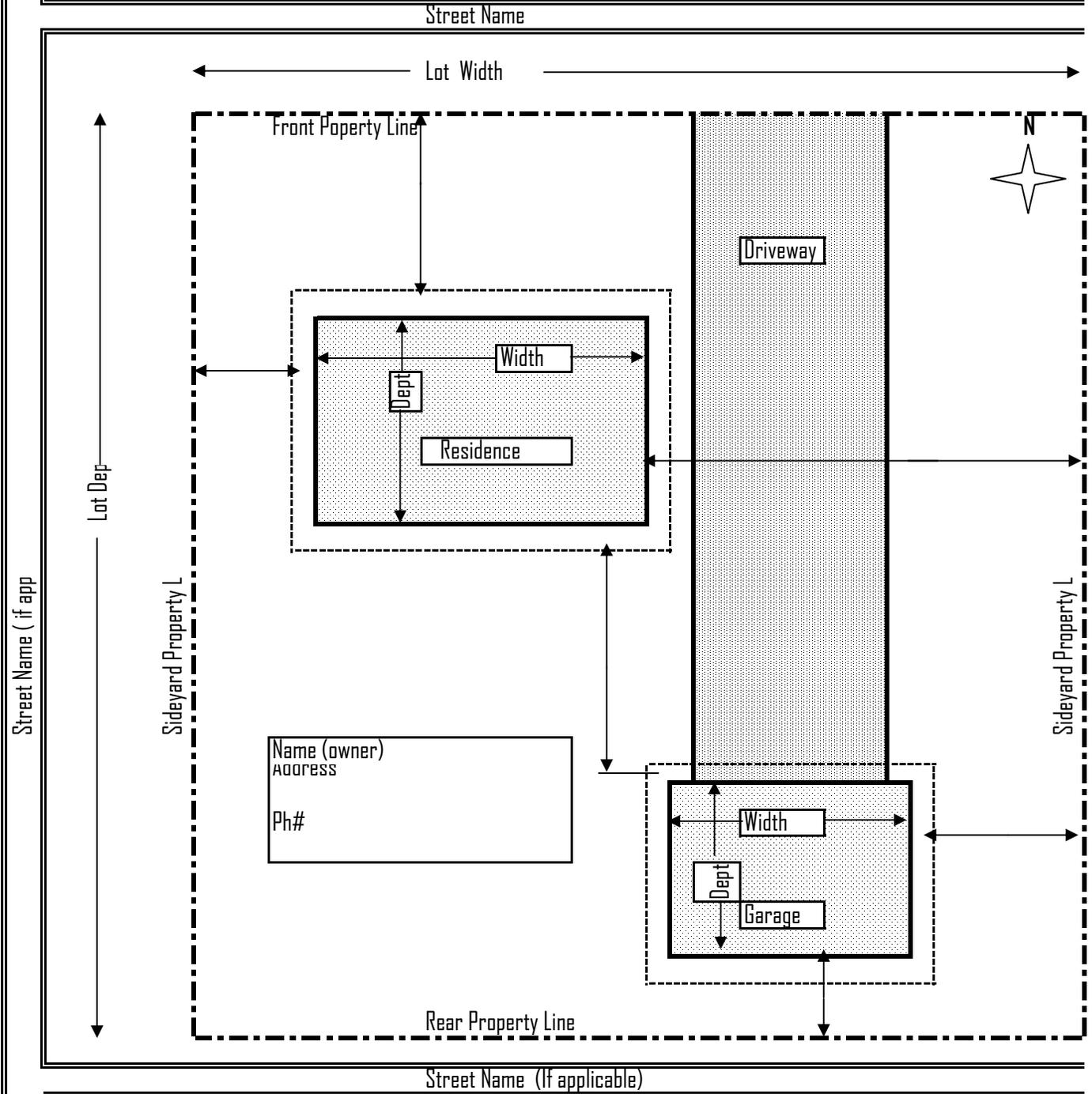
If corner lot, setback from side street \_\_\_\_\_ feet

\_\_\_\_\_ feet

10. COMMENTS ON THE PROPOSED PROJECT \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Sample Site Plan

The following sample site plan is for information and guidance only and will not be accepted as plan(s) for Building Permit Application



Note: All existing structures must be shown on accompanying site plan.

Lot Dimensions	_____ X _____	Sq.Ft. _____	Acres _____
Percentage of lot proposed to be occupied by all structures in %	_____		
Principle structure's)	_____ X _____	Sq.Ft. _____	Height _____
	_____ X _____	Sq.Ft. _____	Height _____
Size of new structure/addition	_____ X _____	Sq.Ft. _____	
Setbacks in feet	Present _____	Proposed _____	
Depth of Front Yard	_____	_____	
Width of Side Yards	_____	_____	
Width of Side Yards	_____	_____	

**Walt Putt**  
**Code Enforcement Officer**  
**Village of Cuba**

716-378-7255 Cell 716-557-8898 Home

**APPLICATION FOR  
 PLAN EXAMINATION AND  
 BUILDING PERMIT**

**IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, and IX.**

<b>I. LOCATION OF BUILDING</b>	AT (LOCATION) _____	(NO.) _____	(STREET) _____	ZONING DISTRICT _____
	BETWEEN _____	(CROSS STREET)	AND _____	(CROSS STREET)
	SUBDIVISION _____	LOT _____	BLOCK _____	LOT SIZE _____

**II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D**

<p><b>A. TYPE OF IMPROVEMENT</b></p> <p>1 <input type="checkbox"/> New building</p> <p>2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p>	<p><b>D. PROPOSED USE - For "Wrecking" most recent use</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Residential</b></p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family - Enter number of units - - - - -&gt; _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -&gt; _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>Nonresidential</b></p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table>	<p><b>Residential</b></p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family - Enter number of units - - - - -&gt; _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -&gt; _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p>	<p><b>Nonresidential</b></p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p>
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<p><b>B. OWNERSHIP</b></p> <p>8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>			

<p><b>C. COST</b></p> <p>10. Cost of improvement..... \$ _____</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical..... \$ _____</p> <p>b. Plumbing..... \$ _____</p> <p>c. Heating, air conditioning..... \$ _____</p> <p>d. Other (elevator, etc.)..... \$ _____</p> <p>11. TOTAL COST OF IMPROVEMENT \$ _____</p>	<p><b>(Omit cents)</b></p> <p><b>Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for, department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
--	--

**III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.**

<p><b>E. PRINCIPAL TYPE OF FRAME</b></p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p>	<p><b>G. TYPE OF SEWAGE DISPOSAL</b></p> <p>40 <input type="checkbox"/> Public or private company</p> <p>41 <input type="checkbox"/> Private (septic tank, etc.)</p>	<p><b>J. DIMENSIONS</b></p> <p>48. Number of stories.....</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions.....</p> <p>50. Total land area, sq. ft. ....</p>	
<p><b>F. PRINCIPAL TYPE OF HEATING FUEL</b></p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p>	<p><b>H. TYPE OF WATER SUPPLY</b></p> <p>42 <input type="checkbox"/> Public or private company</p> <p>43 <input type="checkbox"/> Private (well, cistern)</p>	<p><b>K. NUMBER OF OFF-STREET PARKING SPACES</b></p> <p>51. Enclosed.....</p> <p>52. Outdoors.....</p>	
	<p><b>I. TYPE OF MECHANICAL</b></p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes      45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes      47 <input type="checkbox"/> No</p>	<p><b>L. RESIDENTIAL BUILDINGS ONLY</b></p> <p>53. Number of bedrooms.....</p> <p>54. Number of bathrooms</p> <p style="margin-left: 20px;">} Full.....</p> <p style="margin-left: 20px;">} Partial.....</p>	

**IV. IDENTIFICATION - To be completed by all applicants**

Name	Mailing address - Number, street, city, and State	ZIP code	Tel. No.
1. Owner or Lessee			
2. Contractor		Builder's License No.	
3. Architect or Engineer			

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of applicant	Address	Application date
------------------------	---------	------------------

**DO NOT WRITE BELOW THIS LINE**

**V. PLAN REVIEW RECORD - For office use**

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
OTHER _____		\$					

**VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS**

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER _____					OTHER _____				

**VII. VALIDATION**

Building Permit number _____ Building Permit issued _____ Building Permit Fee \$ _____  Certificate of Occupancy \$ _____  Drain Tile \$ _____  Plan Review Fee \$ _____	<p style="text-align: center; margin: 0;"><u>FOR DEPARTMENT USE ONLY</u></p> Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____
Approved by:  _____  _____	TITLE

VIII. ZONING PLAN EXAMINERS NOTES

DISTRICT

USE

FRONT YARD

SIDE YARD

SIDE YARD

REAR YARD

NOTES

IX. SITE OR PLOT PLAN - *For Applicant Use*



## **NYS Workers' Compensation Forms      Applicant Instructions for Form CE-200 Effective December 1, 2008**

Form CE-200 reflects a totally new process for granting exemptions from workers' compensation and disability benefits insurance coverage requirements. Effective December 1, 2008, **exemptions** will no longer be valid for multiple permits, licenses or contracts for which the applicant applied. Further, exemptions no longer have to be notarized; nor do they have to be stamped by the NYS Workers' Compensation Board. (Please note that **government agencies may continue to use insurance and Self-Insurance certificates** for multiple permits, licenses or contracts issued to a specific legal entity during the coverage period listed on insurance/self-insurance related certificates).

**Starting December 1, 2008, ONLY** applicants eligible for **exemptions** must file a **new CE-200** for **each** and **every** new or renewed permit, license or contract issued by a government agency. Each CE-200 will specifically list the issuing government agency and the specific type of permit, license or contract requested by the applicant. Applicants for building permits will also need to supply additional information including identifying the specific job location and the estimated cost of the project.

Please ensure that the legal entity name on Form CE-200 exactly matches the legal entity name that is applying for the permit, license or contract. Please also ensure that the applicant signs and dates Form CE-200.

Each CE-200 will have a certificate number printed on it. Form CE-200s may be verified on the Board's web site at [www.wcb.state.ny.us](http://www.wcb.state.ny.us).

The applicant attests under penalty of perjury that the information contained in the CE-200 is accurate – the Board does not initially verify this information. However, Board staff may investigate applicants filing Form CE-200.

Government agencies have the authority to verify that the business is eligible for the workers' compensation and/or disability benefits exemption reason described on the CE-200 and notify the Board's investigative staff if there are discrepancies. For example, if you are applying for a license for a 150 seat restaurant and indicate on the CE-200 exemption form that you are a sole proprietor with no employees, this may indicate a problem.

To make this process as easy and as efficient as possible for business owners, the vast majority of these forms will be processed electronically on-line. Applicants having access to the internet will be able to fill out the CE-200 on the internet and **immediately** upon completion, **be able to print out a hard copy of the CE-200** that they will then submit to the government agency issuing the permit, license or contract. Computers with internet access will also be available for CE-200 electronic application processing at Customer Service Centers located in Workers' Compensation Board District Offices.

Filling out the electronic Form CE-200 on the internet is very similar to filling out a hotel reservation request on the internet for frequent travelers. The applicant will create a pin and password so that they can easily access their information. Once an applicant enters his/her basic information on the Board's web site, it can be retrieved by that applicant in the future by using that pin number and password when the applicant is applying for another permit, license or contract.

Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract. This delay results from Workers' Compensation Board staff having to manually enter information from the applicant's paper application into the web based application.

**Employees of the Workers' Compensation Board cannot assist applicants in answering questions about this form. Please contact an attorney if you have any questions regarding Form CE-200.**

**However, if you have questions regarding workers' compensation coverage requirements, please call the Bureau of Compliance at (866) 546-9322.**



- 4b.) the business is a LLC, LLP, PLLC, PLLP or a RLLP; OR is a partnership under the laws of New York State and is not a corporation. Other than the partners or members, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. *(Must attach separate sheet with a list of all the partners/members names and also with the signatures of all the partners/members – Limited Partnerships must ONLY list General Partners.)*
- 4c.) the business is a one person owned corporation, with that individual owning all of the stock and holding all offices of the corporation. Other than the corporate owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.
- 4d.) the business is a two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (each individual must own at least one share of stock). Other than the corporate owners, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. *(Must attach separate sheet with a list of the names of both owners, and also with both owners' signatures.)*
- 4e.) the applicant is a nonprofit entity (under IRS rules). With the exception of clergy or teachers, the nonprofit has no compensated individuals providing any services including subcontractors.
- 4f.) the business is a farm with less than \$1,200 in payroll the preceding calendar year.
- 4g.) the applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has no employees, day labor, leased employees, borrowed employees, part-time employees or subcontractors.
- 4h.) other than the business owner(s) and individuals obtained from a registered temporary service agency, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. Other than the business owner(s), all individuals providing services to the business are obtained from a registered temporary service agency and that agency has covered these individuals for New York State workers' compensation insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation.
- 4i.) the out-of-state entity has no NYS employees and/or NYS subcontractors AND ALL work related to the permit, license or contract is done outside of NYS; OR ALL employees are direct employees of a government entity outside of New York *(Applicant MUST attach a certificate of insurance from its foreign or other State's workers' compensation insurance policy to this Affidavit).*

5. That the above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason (to be eligible for exemption, applicant must be able to truthfully check **ONE** of the boxes from 5a. through 5f.):

- 5a.) the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation or is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. *(Independent contractors are not considered to be employees under the Disability Benefits Law.)*
- 5b.) the applicant is a political subdivision that is legally exempt from providing statutory disability benefits coverage.
- 5c.) the applicant is a nonprofit with NO compensated individuals providing services; or is a religious, charitable or educational nonprofit with no compensated individuals providing services except for executive officers, clergy, sextons, teachers or professionals.
- 5d.) the business is a farm and all employees are farm laborers.
- 5e.) the applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has not employed one or more individuals on at least 30 days in any calendar year in New York State. *(Independent contractors are not considered to be employees under the Disability Benefits Law.)*
- 5f.) other than the business owner(s) and individuals obtained from the temporary service agency, there are no other employees. Other than the business owner(s), all individuals providing services to the business are obtained from a registered temporary service agency and that agency has covered these individuals for New York State disability benefits insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation.

6. By signing my name below, **I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this affidavit under the penalties of perjury.** I further affirm that I understand that any false statement, representation or concealment will subject me to **felony** criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. **I also hereby affirm that** if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named business will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed in item 3 on the front of this form

\_\_\_\_\_  
*(Applicant's Signature -- first and last name)*

Sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
 Notary Public



NYS Workers' Compensation Board Received Stamp

**CUBA VILLAGE  
BUILDING PERMIT FEES  
SCHEDULE adopted 10-10-08  
(Not including electrical inspections)  
Fees will be based on the local building factor**

Up to \$2,000.....	\$78.00
\$2,001 to \$25,000.....	\$78.00 for the first \$2,000 plus \$4.50 for each additional \$1,000 or fraction thereof.
\$25,001 to \$50,000.....	\$170.00 for the first \$25,000 plus \$3.50 for each additional \$1,000 or fraction thereof.
\$50,001 to \$100,000.....	\$245.00 for the first \$50,000 plus \$2.50 for each additional \$1,000. or fraction thereof.
\$100,001 to \$500,000.....	\$345.00 for the first \$100,000. plus \$2.50 for each additional \$1,000. or fraction thereof.
EXCESS OF \$500,000.....	DETERMINED BY SQUARE FOOTAGE @ \$.36 PER SQUARE FOOTAGE
Demolition permit.....	\$50.00
Inspections required for mobile home installation (Excluding Modular).....	\$125.00
Installation of swimming pools.....	\$100.00
Installation of wood stove or similar unit.....	\$125.00
Chimney inspection (line related or new construction).....	\$100.00
Foster Care.....	\$65.00

**RENEWING BUILDING PERMITS:** In the event that a building permit must be renewed, (original valid for one year)a fee equal to 50% of the original building permit will be charged prior to re-issuance of permit can be renewed three concurrent times only. At that expiration, application for a new permit with associated fees will be installed.

**\*LOCAL CONSTRUCTION COST TO BE DETERMINED BY INSPECTOR FOR EACH AREA\***

Zoning Permit.....	\$10.00
Zoning Variance.....	\$25.00

Any inspection request outside of normal business hours will be billed at the rate of \$15.00 per hr (minimum charge of 2 hrs) in addition to permit fee.

In the event that an application for a building permit is not approved, the applicant shall be entitled to a refund of 50% of the fee paid, provided no work has commenced. If work has commenced and the application is not approved, the fees paid shall not be refunded.

Walter Putt  
CEO/Inspector  
585-557-8898 home      716-378-7255 cell      585-968-0162 office