



CITY OF WATERTOWN, NEW YORK
BUREAU OF CODE ENFORCEMENT
Suite 105, City Hall
245 Washington Street
Watertown, New York 13601-3380
Telephone (315) 785-7735

APPLICATION FOR BUILDING PERMIT
or
MAINTENANCE and REPAIR PERMIT

TO BE COMPLETED BY APLLICANT

Address: _____ Parcel Number: _____

Name of Owner: _____

Complete Mailing Address of Owner: _____

Owner's Phone Number: _____ Owner's Email: _____

Name of Contractor/Applicant: _____

Contractor's Phone Number: _____ Email: _____

Project Description: _____

Project Cost: _____

Applicant Name Print: _____

Applicant Signature: _____

Date: _____



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IMPORTANT

Inspections **MUST** be made at certain phases of your project. These inspections will be documented by the Code Enforcement Officer that issued you your permit.

City of Watertown, Bureau of Code Enforcement's Rules and Regulations for the Administration and Enforcement of the 2025 New York State Building Codes makes the **Owner, Applicant or his/her contractor responsible** for informing the City of Watertown, Bureau of Code Enforcement when work is ready for inspection and schedule such inspections.

These regulations do not allow a **CERTIFICATE OF OCCUPANCY (CO)** or a **CERTIFICATE OF COMPLIANCE (CC)** to be issued unless the necessary inspections have been completed. **THEREFORE, IF THE INSPECTIONS ON YOUR PERMIT HAVE NOT BEEN PERFORMED NO CERTIFICATES WILL BE ISSUED.**

Please sign, date, and return this notice to our office with your completed application. Your signature indicates that you understand your responsibility to notify this office to schedule the necessary inspections **and if the necessary inspections do not occur this office will not issue a CO or CC.**

Signature

Date



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INFORMATION THAT IS REQUIRED FOR THE ISSUANCE OF A BUILDING PERMIT OR MAINTENANCE AND REPAIR PERMIT

****depending on your job scope some of the below listed items may not apply****

The following items are **ALL** required for an application to be reviewed and a permit issued:

1. Signature Authorization signed by the Property Owner allowing you or the contractor (the person legally physically signing the permit once it has been approved and prepared), allowing the contractor to perform the work and obtain the permit.
2. Scope of work including locations of work, type of work, and materials. (Depending on the scope of work design documents prepared by a New York State Architect or Engineer may be required.)
3. An asbestos survey is required for all materials which are to be removed / demolished. If asbestos is present, NYS DOL permit information is required to be submitted to this department (variance, or abatement information, air monitoring and clearance letters for the certified company performing work / monitoring).
4. Commercial General Liability, for the company performing the work (contractor), is required to be on an **Acord 25** form and the "City of Watertown, 245 Washington Street, Watertown, NY 13601" is required to be listed as the certificate holder.
5. Workers Compensation Insurance, for the company performing the work (contractor), is required to be on a **C-105** or **U-26.3** form and "City of Watertown, 245 Washington Street, Watertown, NY 13601" is required to be listed as the certificate holder. **If you are the sole proprietor of the construction company and do not have Workers Comp- you must submit a CE-200. The link is listed below:
http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp
6. If the owner of an owner-occupied dwelling is doing the work, an Affidavit of Exemption must be filled out.
7. A total cost of the proposed work.

Please return to:

City of Watertown Code Enforcement Bureau
245 Washington Street, Suite 105
Watertown, NY 13601

Tel: (315) 785-7735
Fax: (315) 785-7854

SIGNATURE AUTHORIZATION

I hereby authorize: _____ to sign my name to an application for a **(BUILDING)**

(MAINTENANCE & REPAIR) (SIGN) (PLUMBING) permit for or in connection with property owned by me located at:

(Street) (Avenue) (Boulevard) (Drive)

Also, I further agree to comply with all conditions called for in said application and to abide by all other applicable codes, ordinance, and regulations.

Business Name

Signature of Property Owner

Signature of Business Representative

Print Property Owner's Name

Date

Print Name

Date

Address _____

Phone _____

Fax _____

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:

Sworn to before me this _____ day of _____, _____. _____ (County Clerk or Notary Public)
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Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.



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By signing this document, you acknowledge that you have been directed to contact the

Department of Labor, Division of Safety and Health at 315-479-3215,

BEFORE STARTING ANY:

- Demolition, to include roof removal
- Interior remodeling
- Siding process

AT: _____
(address)

(Please print name)

(signature)

(date)

Code Enforcement Supervisor
Dana P. Aikins