

PROJECT LOCATION AND INFORMATION:

STREET ADDRESS: _____

TAX MAP NUMBER: _____

CURRENT USE OF PROPERTY: _____

PROPOSED USE OF PROPERTY: _____

OWNER IDENTIFICATION:

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

OWNER'S PHONE NUMBER: _____

OCCUPANT'S IDENTIFICATION:

NAME: _____

PHONE NUMBER: _____

TYPE OF CONSTRUCTION:

ADDITION ALTERATION ROOF SIDEWALK REPAIR OR REPLACEMENT

OTHER (Explain) _____

NEW BUILDING (proposed use of) _____

DESCRIPTION OF PROJECT:

CONTRACTORS AND ENGINEERS:

ARCHITECTS/ENGINEERS

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
CONTACT _____
PHONE _____

GENERAL CONTRACTOR

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
CONTACT _____
PHONE _____

ELECTRICAL CONTRACTOR

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
CONTACT _____
PHONE _____

PLUMBING CONTRACTOR

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
CONTACT _____
PHONE _____

MECHANICAL CONTRACTOR

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
CONTACT _____
PHONE _____

PERFORMING THE WORK PERSONALLY

ESTIMATED COST \$ _____
REQUIRED*

DO NOT WRITE BELOW THIS LINE

Copies to: Village Clerk (Original), Assessors, Planning Board*, Zoning Board*

*If required

**AFFIDAVIT THAT WORKER'S COMPENSATION AND DISABILITY
BENEFITS ARE NOT REQUIRED**

STATE OF NEW YORK)
COUNTY OF STEUBEN, VILLAGE OF ADDISON

I _____, Being duly sworn, dispose and say:
(APPLICANT'S NAME)

I reside at _____ Addison, New York 14801

(PLACE A CHECK MARK NEXT TO EITHER PARAGRAPH 1 OR 2 AND COMPLETE THE PARAGRAPH)

1) I have engaged _____ with offices at
(NAME OF CONTRACTOR)

_____ to construct _____
(ADDRESS) (TYPE OF WORK OR BUILDING)

At _____ which activity requires the issuance of a
(Site address)

building permit pursuant to New York State Uniform Fire Prevention and Building Codes. said contractor has advised me that no Workman's Comp insurance of disability benefits is required as they are an individual owner or partner with no employees and are not corporation.

OR

2) I have not engaged an employer or any employees as these terms are defined in section 2 of the Workman's Compensation Law to perform work related to this permit, as

a) I will be doing the work personally without employees or b) The work will be performed by _____ who will receive no compensation from me for performing the work.

I MAKE THIS AFFIDAVIT KNOWING THAT IT WILL BE RELIED ON BY THE INSPECTOR IN INSURING COMPLIANCE WITH SECTION 125 OF THE MUNICIPAL LAW OF THE STATE OF NEW YORK. I THE UNDERSTAND THAT MAKING FALSE STATEMENTS UNDER OATH IS PERJURY FOR WHICH I MAY BE PROSECUTED

(Applicants Signature)

NOTARY

Sworn to me this
_____ day of _____, _____

(Notary)