



TOWN OF SOUTHPORT  
1139 Pennsylvania Avenue • Elmira, NY 14904  
Phone: (607) 737-5268

### Code Enforcement

## Building Permit Application

1. Project Location: \_\_\_\_\_

2. Owner Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Tax map #: \_\_\_\_\_ Zoned: \_\_\_\_\_

3. Contractor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

NYS Workers' Compensation Insurance AND Disability Insurance required prior to issuance of permit

[www.wcb.ny.gov](http://www.wcb.ny.gov)

4. Include a plot plan of the property:

Show any existing and proposed buildings and structures on the site, the location of any existing or proposed well or septic system, the location of the intended work, and the distances between the buildings and structures and the lot lines. Contact Code Enforcement at 737-5268 for appointment.

5. Project description.

Estimated project cost: \$ \_\_\_\_\_

\*\* Stamped architect prints are required for projects costing over \$20,000.

\*\* All commercial projects are required to submit stamped architect prints.

Define the scope of the proposed work and provide drawings that define the work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal or business use: \_\_\_\_\_

Is this a corner lot? \_\_\_\_\_ Number of stories: \_\_\_\_\_

Is property located in the flood plain? Yes \_\_\_\_\_ No \_\_\_\_\_

### CERTIFICATION

I hereby certify that I am the ( ) Owner ( ) Builder ( ) Agent of Owner and am authorized to make this application. I assert that the information provided is accurate to the best of my knowledge and the project will be completed as specified. I understand that a provision of laws and ordinances covering this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel provisions of any other or local law regulating construction or performance of construction. I authorize the Code Enforcement Officer, or his designee, to enter upon the property to make inspections as prescribed in applicable local and state laws. Furthermore, I understand that progress inspections shall be made as required by law.

Signed: \_\_\_\_\_

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

## **WORKERS' COMPENSATION REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §57**

To comply with coverage provisions of the Workers' Compensation Law ("WCL"), businesses must:

- A) be legally exempt from obtaining workers' compensation insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer or participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or seeking to enter into contracts **MUST provide ONE** of the following forms to the government entity issuing the permit or entering into a contract:

**A) CE-200**, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage; *Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, [www.wcb.ny.gov](http://www.wcb.ny.gov), under the heading "Forms."* Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. 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. **OR**

**B) C-105.2 (9/07)** -- Certificate of Workers' Compensation Insurance (the business's insurance carrier will send this form to the government entity upon request) **PLEASE NOTE:** The State Insurance Fund provides its own version of this form, the U-26.3; **OR**

**C) SI-12** -- Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247), **OR** GSI-105.2 -- Certificate of Participation in Worker's Compensation Group Self-Insurance (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

## **DISABILITY BENEFITS REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §220(8)**

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- A) be legally exempt from obtaining disability benefits insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or seeking to enter into contracts **MUST provide ONE** of the following forms to the entity issuing the permit or entering into a contract:

**A) CE-200**, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage *Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, [www.wcb.ny.gov](http://www.wcb.ny.gov), under the heading "Forms."* Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. 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. **OR**

**B) DB-120.1** -- Certificate of Disability Benefits Insurance (the business's insurance carrier will send this form to the government entity upon request); **OR**

**C) DB-155** -- Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).

Please note that **for building permits ONLY**, certain homeowners of 1, 2, 3 or 4 family owner-occupied residences serving as their own General Contractor may be eligible to file Form **BP-1** (The homeowner obtains this form from either the Building Department or on the Board's website, [www.wcb.ny.gov](http://www.wcb.ny.gov), under the heading "Forms.")

**TOWN OF SOUTHPORT** 1139 Penn. Ave., Elmira, NY 14904 must be listed as certificate holder on all forms.  
(607) 737-5268 (607) 737-5267 fax email: [mmurray@townofsouthport.com](mailto:mmurray@townofsouthport.com)



# TOWN OF SOUTHPORT

1139 Pennsylvania Avenue, Elmira, NY 14904

## Electrical Inspectors\*

\*Must use an inspector from this list

\*Inspectors charge their own fees

Fred Fitch (607) 535-7330

Robert Brucie (607) 962-0991

Bill Terry (607) 962-6920

Mark Swan (607) 523-8916