

Building Department
Chester, NY 10918

Date Received _____
Examined _____
Disapproved a/c _____
Approved _____

(Building Inspector)

APPLICATION FOR BUILDING PERMIT
INSTRUCTIONS (Page 1 of 3)

- a. This application must be completely filled in by typewriter or in printed ink and submitted in duplicate to the Building Inspector.
b. This application must be accompanied by two plot plan diagrams drawn to scale locating clearly and distinctly all buildings and wetland (lakes, ponds, streams, swamps, marsh, etc), whether existing or proposed, and indicate all set-back dimensions from property lines. Give lot and block numbers or description according to deed, and show street names and indicate whether interior or corner lot.
c. This application must be accompanied by two complete sets of plans drawn to scale showing proposed construction and two complete sets of specifications. Plans and specifications shall describe the nature of the work to be performed, the materials and equipment to be used and installed and details of structural, mechanical, electrical and plumbing installations.
d. The work covered by this application may not be commenced before the issuance of Building Permit.
e. Upon approval of this application, the Building Department will issue a Building Permit to the applicant together with approved duplicate set of plans and specifications. Such permit and approved plans and specifications shall be kept on the premises available for inspection by the Building Department.
f. No Building shall be occupied or used in whole or in part for any purpose whatever until a Certificate of Occupancy has been granted by the Building Department.
g. If a Zoning Board of Appeals variance was issued, submit a copy with this application.

APPLICATION IS HERBY MADE to the Building Department for the issuance of a Building Permit, pursuant to the New York State Uniform fire Prevention and Building Code for the Construction of Buildings, additions or alteration, or for removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinance and regulations.

X Alan Michalka
(Name of Applicant)
2 Vik Dr
Street Box #
Warwick NY 10990
Town/City State Zip

State whether applicant is owner, lessee, agent, architect, engineer or builder: owner

X Name of owner of Premises: Alan & Christina Michalka

If applicant is corporation, signature of duly authorized officer: Alan & Christina Michalka, members
(Name and title of corporate officer)

1 a. Location of land on which proposed work will be done (Street) 1376 Kings Hwy
b. Tax Map Number, Section 14 Block 4 Lot 8

X 2. State existing use and occupancy of premises and intended use and occupancy of proposed construction.

a. Existing use and occupancy Commercial

b. Intended use and occupancy mixed occupancy

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3. Nature of work (check all applicable):

New Building
Removal
Deck
Wetlands

Addition
Demolition
Shed
Other (list)

Alteration
Swimming Pool
Garage

Repair
Sign
Conversion

Kitchen

4. Estimated Cost* \$2,000 - Fee _____

5. If dwelling, number or dwelling unit 1 Number of dwelling units on each floor 1

Number of bedrooms in each unit 1 If garage, number of cars _____

6. If business, commercial or mixed occupancy, specify nature and extent of each type of use _____

mixed occupancy - Commercial / residential

7. Dimensions of existing structure, If any: Front _____ Rear _____ Depth _____

Height _____ Number or Stories _____

Dimensions of same structure with alterations or additions: Front _____ Rear _____ Depth _____

Height _____ Number or Stories _____

8. Dimensions of entire new Construction: Front _____ Rear _____ Depth _____

Height _____ Number or Stories _____

9. Size of lot: Front 68.84' Rear 74.13' Depth 361.27' / 235.94'

10. Zone or use district in which premises are situated LBSL

11. Does proposed construction violate any zoning/law ordinance or regulation? no

12. Name of Owner of Premises Alan & Christing Michalke Address 2 Vik Dr

Phone No. 845 986 4163

Street, Box
Warwick NY 10990
Town, State, Zip

13. Name of Architect/Engineer _____ Address _____

Phone No. _____

Street, Box

Town, State, Zip

14. Name of Contractor self Address _____

Phone No. _____

Street, Box

Town, State, Zip

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15. Name of Compensation Insurance Carrier _____

Number of Policy _____ Date of Expiration _____

16. Electrical work to be inspected by and a Certificate of Approval obtained from the New York Board of Fire Underwriters

17. Will work be performed after competitive bidding or by agreement with owner _____

Costs for the work described in the Application for Building Permit include the cost of all the construction and other work done in connection therewith exclusive of the cost of the land. If final cost shall exceed estimated cost, an additional fee may be required before the issuance of Certificate of Occupancy.

STATE OF NEW YORK
COUNTY OF ORANGE

ss:

_____ he is the being duly sworn and disposes and
(name of individual signing application)

the applicant above names, says that he is the _____
(Contractor, agent, corporation officer, owner etc.)

of said owner or owners, and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Sworn before me Esther L. MacInnes X Signature of Applicant [Signature]

this 25 day of January 2018

[Signature]

ESTHER L. MACINNES
NOTARY PUBLIC-STATE OF NEW YORK
No. 01MA6342125
Qualified in Orange County
My Commission Expires 05-16-2020

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 homeowner's 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 WC/DB-100 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]
(Signature of Homeowner)

1/25/18
(Date Signed)

Abu Michalka
(Homeowner's Name Printed)

Home Telephone Number 845-986-4163

Property Address that requires the building permit:

1376 Kings Hwy
Sugar Loaf, NY 10981

(mailing - 2 Vikar, Warwick, NY 10990)

Once notarized, this Form BP-1 serves as an exemption for both workers' compensation and disability benefits insurance coverage.

