

APPLICATION FOR ZONING/BUILDING PERMIT

VILLAGE OF BERGEN

BP 2020-\_\_\_\_\_

PO BOX 100 – 11 NORTH LAKE AVENUE  
BERGEN, NEW YORK 14416

Building Inspector  
585-494-1513  
585-494-1730 Fax

Village Office  
585-494-1513

(Please Print or Type – Instruction on back)

Date \_\_\_\_\_

Permit Address Site \_\_\_\_\_

Tax Account Number \_\_\_\_\_

Owner Name \_\_\_\_\_

Contractor Name \_\_\_\_\_

Owner Address \_\_\_\_\_

Contractor Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Phone (w) \_\_\_\_\_ (c) \_\_\_\_\_

**Permit information: Check one of the following:** (√) Demolition  Operating Permits  Generator   
Single Family Dwelling  Multiple Family Dwelling  Remodel  Addition  Attached Garage   
Detached Garage  Covered Porch  Enclosed Porch  Deck  Shed  Pole Barn  In-ground Pool   
Above-Ground Pool  Gas Insert  Gas Fireplace  Wood/Pellet Stove  Mas. Fireplace  Chimney Reline   
Commercial Structure  \_\_\_\_\_ Other  \_\_\_\_\_

**Describe project in detail:** \_\_\_\_\_

Accessory Structure Sq. Ft. \_\_\_\_\_ X \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

Addition 1<sup>st</sup> Fl. Sq. Ft. \_\_\_\_\_ 2<sup>nd</sup> Fl. Sq. Ft. \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

Family Dwelling 1<sup>st</sup> Fl. Sq. Ft. \_\_\_\_\_ 2<sup>nd</sup> Fl. Sq. Ft. \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

Lot \_\_\_\_\_ Subdivision \_\_\_\_\_ Section \_\_\_\_\_

Value of Construction \$ \_\_\_\_\_ Architect Name \_\_\_\_\_

(For additions or new Family dwelling only)

**A building permit expires 12 months from start date, you must start 6 months from the date of permit issuance.**  
Application is hereby made to the building office for the issuance of a building permit pursuant to Title 19 NYCRR Code for the construction of buildings, additions or alterations as herein described and for a Certificate of Occupancy for the occupancy and use of the premises for which this application has been filed. The owner agrees to comply with all applicable laws, ordinances, regulations and all conditions expressed on this application (which are part of these requirements), and also will allow all inspectors to enter the premises for the required inspections.

\_\_\_\_\_  
Owners Name (please print clearly)

\_\_\_\_\_  
Contractor Name (please print clearly)

\_\_\_\_\_  
Owners Signature

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Date Signed

\*\*\*\*\* (For office use only) \*\*\*\*\*

Received (date stamp)

**Fees**

- Dem/Op permit Fee \_\_\_\_\_
- Building Permit Fee \_\_\_\_\_
- Zoning Permit Fee \_\_\_\_\_

**Total Fees \$** \_\_\_\_\_

**Complete permit package check list**

- Typical Cross Section
- Instrument Survey Map/Plot Plan
- Insurance Form - Signed
- Contractor Insurance Liability &
- Comp. certificate
- Set of Stamped Plans  
(if necessary)
- Res Check \* Heat Loss

**Permit review**

Reviewed by \_\_\_\_\_  
Date reviewed \_\_\_\_\_  
Variance Date \_\_\_\_\_  
FEMA \_\_\_\_\_

**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)

\_\_\_\_\_  
(Contact Phone Number)

Property Address that requires the Zoning/Building Permit

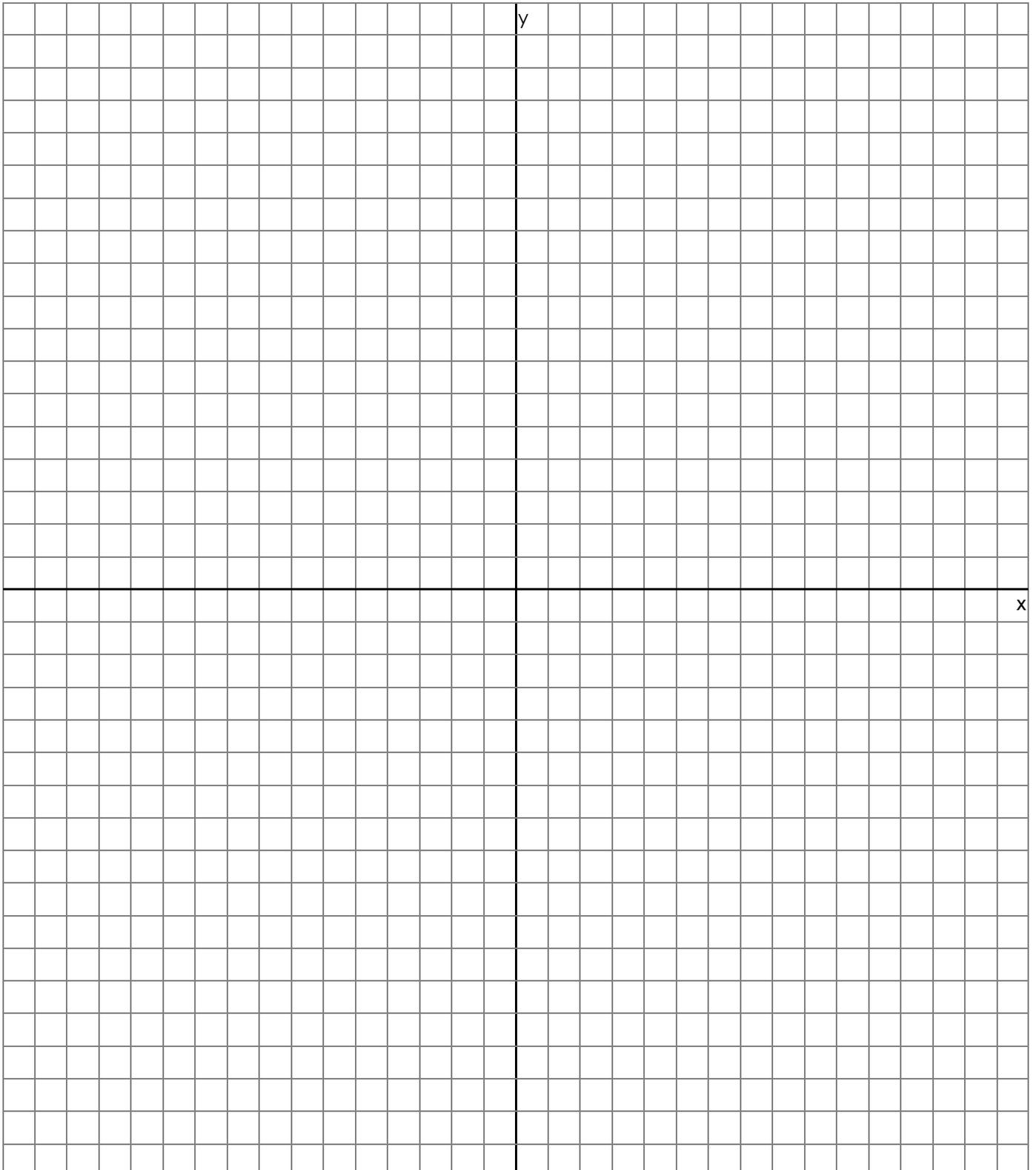
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sworn to before me this _____ day of _____, _____.
_____ (County Clerk or Notary Public)

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

# PLOT DIAGRAM

Locate clearly and distinctly, whether existing or proposed and indicate all yard dimensions from property lines.

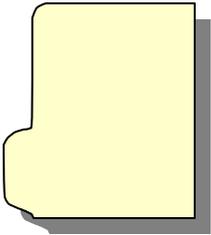


**Guide to Filing  
For a Zoning/Building Permit  
In The  
VILLAGE OF BERGEN**

**PERMIT #**

Approved: \_\_\_\_\_

Issued: \_\_\_\_\_



**Tax Account #**

**ZONING/BUILDING PERMIT APPLICATION FORM**

The Zoning Building Permit must be filled out entirely and submitted.

Do not sign the permit unless in front of a Village Official or in front of a notary public.

**TYPICAL CROSS SECTION FORM**

- For new construction or additions at fair market value under \$20,000, the Village of Bergen requires a Typical Cross Section to be completed.
- For new construction or additions estimated at fair market value over \$20,000, the Village of Bergen requires stamped and signed architectural drawings or blueprints.

**AFFIDAVIT OF EXEMPTION FORM**

- The State of New York requires the Town to have on file a current certificate of insurance for general liability and workers' compensation (if required) for the contractors, before we can issue the permit. The Affidavit of Exemption Form must also be completed and signed in front of a Village Official or in front of a notary public.

Note: Must be signed by an owner of the property in which work is to be done.

**FORM TO INSTALL CHIMNEY AND/OR SOLID FUEL BURNING EQUIPMENT**

- For any new construction or refit of a fireplace insert, masonry fireplace, stove, metal chimney, inside or outside masonry chimney, solid fuel heating device attached to non-solid fuel heating equipment or chimney or vent for a non-solid heating equipment.

**PLOT PLAN**

- When an application for a permit is made, it must be accompanied by a tape location or instrument survey map, which shows:
- Outline of the property.
- Location of all buildings or structures
- Where the proposed structure will be constructed.
- Distances from the building to the front, rear, and side lot lines.
- Distance from existing residence, if applicable.

**PLEASE NOTE:** All of the information above is required, along with any other documentation specifically requested, before any permit can be issued.

**ADDITIONAL INFORMATION**

The Building Permit Card is to be posted in a conspicuous place on the building for which it is issued so that it may be seen from the road.

Any additional information may be obtained at the Village of Bergen office located at 11 North Lake Ave. between 8:00 a.m. and 4:30 p.m. or by calling the office at (585) 494-1513.