



Town of Long Lake Code Enforcement Office

PO Box 307
Long Lake, New York 12847
(518) 624-2009
Codeenforcement@mylonglake.com



Building Permit Application

Office Use Only	
Permit #	_____
Date rec'd	_____
Fee paid	_____
Plans	_____

Date: _____

Date you intend to begin building: _____

Name of applicant: _____

Applicant's phone number: _____

Applicant's address: _____

Name of Owner: _____

If new owner, please name previous owner: _____

Tax map number of property that will have the construction on it: _____

Owner's permanent address: _____

Owner's summer address: _____

Owner's phone number: _____ Owners Email: _____

What do you intend to build: _____

Will this be a seasonal residence, or year-round residence: _____

What is the estimated cost of the project: _____

Location of property, use landmarks and name of neighbors: _____

Adirondack Park Agency Zone designation: _____

If you are constructing a new dwelling, have you applied to the Town of Long Lake for a water hook-up: Yes _____ No _____

Are you installing a new septic system: Yes _____ No _____

Are you replacing/updating an existing septic system: Yes _____ No _____

If the answer is yes to either of the septic questions, a percolation test is necessary (it can be done by the contractor or owner but the building inspector MUST be notified of when the test will be performed and will need to be present) and a site plan giving details of the entire septic system with distances from water, wells, or wetlands as well as property lines and water pipes. The site plan and septic design details must be stamped by a licensed professional engineer or architect.

Principal Contractor Information

Name: _____

Address: _____

Cell phone number: _____ Business phone number: _____

Workman's compensation policy company and number: _____

Effective date: _____

If this a commercial project? Dwelling that you intend to rent or sell, or buildings that will be used as a place of business:

Yes _____ No _____

Architect/Engineer Information

Name: _____

Address: _____

Phone Number: _____

*Be aware that any **NEW BUILDING** projects of more than 1500 gross floor area that which includes decks, porches, unhabitable basements, attics or attached garages must have the seal or stamp of a **NEW YORK STATE Certified Architect or Engineer** on the blueprints or building plans.*

Name of mason: _____

Name of plumber: _____

Name of electrician: _____

Will you be installing a heating System: Yes _____ No _____

What type of heating system will be installed, or do you presently have:

Hot Air _____ Wood Burner _____ Natural Gas _____ Electric _____ Fuel Oil _____ Other _____

What type of foundation will you have and how deep (please describe): _____

Will you have electricity: Yes _____ No _____

If you install electricity or add to the present electrical system, you will need an approved Electrical Underwriter to inspect the finished product before being issued a Certificate of Occupancy.

What type and R-value insulation will you be using: Walls _____ Ceiling _____ Floor _____

ALONG WITH THIS APPLICATION, A SET OF PLANS OR BLUEPRINTS MUST BE SUBMITTED. THE PLANS SHOULD INCLUDE THE FOLLOWING IN EITHER DIAGRAM OR TEXT FORM:

- A. Building elevation
- B. Plumbing plan
- C. Window types and sizes
- D. Cross sections showing foundation details
- E. Location of primary and secondary heating systems, including chimney
- F. Interior and exterior wall construction
- G. Electrical layout
- H. Exterior wall elevations
- I. Door locations, types, and sizes
- J. Insulation Details

The codes enforcement officer has the right to request further and/or more detailed information.

_____ indicates that he/she is the applicant. He/she is the (circle one) owner, agent for the owner, contractor for the owner 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/her knowledge and belief, and that the work shall be performed in the manner set forth in the application and specifications filed therewith, and in compliance with the New York State Uniform Fire Prevention and Building Code.

Signature of Applicant: _____

Mail permit to: Owner _____ Agent _____ Contractor _____

Code Enforcement Official signature: _____

New Your State Building Permit Insurance Requirements

New York State Workers' Compensation Law §57 and §220[8] requires the Town of Long Lake to ensure that those applying for permits have appropriate workers' compensation and/or disability benefits insurance coverage.

1. For applications for a permit for 1, 2, 3 or 4 family **owner-occupied** residences where the applicant is the contractor AND the property owner, you may be exempt from the worker's compensation insurance requirements, please review Form BP-1 , available on-line at <https://bit.ly/WCB-BP-1> and submit if you meet the criteria. It must be notarized. If the applicant is hiring or paying individuals for a total of 40 or more hours per week, please continue to number 2.
2. For Contractors who are exempt, a Form CE-200 is required. Form CE-200 is available on-line at <https://on.ny.gov/35fTNeD>
3. For Contractors who are not exempt:
 - A. For proof of Worker's Compensation insurance we will need one of the following: Form C105.2 or Form U-26.3 or Form SI-12 or Form GSI-105.2; **AND**
 - B. For proof of Disability insurance, we need one of the following: Form DB120.1 or Form DB-155.

All proofs of insurance should have the Town of Long Lake listed as a Certificate Holder.

Please note that the State Workers Compensation Board has stated that ACORD forms are not acceptable proof of New York State Workers' Compensation or Disability Benefits insurance coverage. ACORD forms will not be accepted as proof of insurance.

FORM DEFINITIONS:

CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage.

C-105.2 or U-26.3 – Certificate of Workers' Compensation Insurance (the contractor's insurance carrier will send this form to the town upon request)

SI-12 – Certificate of Workers' Compensation Self-Insurance (the contractor calls the Board's Self-Insurance Office at 518-402-0247) OR

GSI-105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance (The contractor's Self- Insurance Administrator will send this form to the town upon request).

DB-120.1 – Certificate of Disability Benefits Insurance (the contractor's insurance carrier will send this form to the town upon request);

DB-155 – Certificate of Disability Benefits Self-Insurance (the contractor calls the Board's Self-Insurance Office).