



VILLAGE OF BROCKPORT
 127 Main St Brockport, NY 14420
 Tel: (585) 637-5300x114 Fax: (585) 637-1045
 Web Site: www.brockportny.org

PERMIT NUMBER

 for office use only

Building Permit Application

PRINT OR TYPE APPLICATION

New Structure* Res <input type="checkbox"/> Comm <input type="checkbox"/>	Addition* Res <input type="checkbox"/> Comm <input type="checkbox"/>	Date Submitted: _____ Plans Submitted (2 sets): _____ Survey Map Submitted: _____ Worker's Comp Ins: _____
Alteration* Res <input type="checkbox"/> Comm <input type="checkbox"/>	Demolition* Res <input type="checkbox"/> Comm <input type="checkbox"/>	
Conversion* Res <input type="checkbox"/> Comm <input type="checkbox"/>	Relocation* <input type="checkbox"/>	
<input type="checkbox"/> Pool - Ab/Gr (\$65 fee)	<input type="checkbox"/> Deck (\$65 fee) <input type="checkbox"/> Chickens(\$15 fee)	
<input type="checkbox"/> Pool - In/Gr (\$65 fee)	<input type="checkbox"/> Shed - 144sf+ (\$65 fee)	
<input type="checkbox"/> Residential Sign (\$30/sign)	<input type="checkbox"/> Commercial Sign (\$10 / sq. foot)	
<input type="checkbox"/> Gas Appliance/fireplace/generator (\$65 fee)	<input type="checkbox"/> Other*: _____	
<i>*Refer to current Fee Schedule on web site</i>		

PROPERTY / PROJECT INFORMATION:

Property Address: _____

Subdivision Name (if applicable): _____ Lot Number: _____

If this is a residential structure, is it pre-1978 construction? Yes No Does project require lead remediation? Yes No

Tax Map Parcel Number(s): _____ Parcel width: _____ Parcel depth: _____

Property Zoning District: _____ Property Class: _____

Occupancy Class: _____ Construction Type: _____

Description of Proposal: _____

Dimensions of Project: _____ x _____ Area: _____ square feet

Value of Construction: \$ _____

CALL BEFORE YOU DIG
UFPO
1-800-962-7962 or dial 811
for utility stakeout locations

NOTICE TO BUILDING PERMIT APPLICANTS
An asbestos survey is required for all renovation, remodeling, repair and demolition of all interior and exterior building materials per NYS Industrial Code Rule 56. For further information, please see the NYS website at www.labor.ny.gov

COMPLETE APPLICATION ON REVERSE SIDE

CONTRACTOR INFORMATION:

Contractor/Company: _____
Contact Name: _____ Phone Number: _____
Contractor Address: _____ City: _____ State: _____ Zip: _____
Contractor E-mail Address: _____ Alternate Phone Number: _____
Liability Insurance Certificate: attached n/a
Workers' Comp Ins. Certificate: attached n/a waiver (CE-200)
Lead Certification: attached n/a
Architect Name: _____ Phone Number: _____
Architect Address: _____ City: _____ State: _____ Zip: _____
Architect E-mail Address: _____ Alternate Phone Number: _____

Certification of Statements:

NOTE: Commencement of construction shall not begin until this application is approved and signed by the Building Inspector.

The applicant(s) hereby affirm that the above information is accurate and complete to the best their knowledge and he/she/they is/are the title owner(s) of the property or has/have been authorized by the title owner(s) to make this application.

I/We hereby certify that I/we are title owner(s) of the property identified in the above application and that the applicant(s) named is/are authorized to make the application described herein.

Applicant Signature

Applicant Name Printed/Typed

Mailing Address

City / State / Zip

Phone _____ Fax _____

Cell Phone

E-Mail

Owner Signature

Owner Name Printed/Typed

Mailing Address

City / State / Zip

Phone _____ Fax _____

Cell Phone

E-Mail

FOR OFFICE USE ONLY:

Is the parcel in a flood plain? Yes No Map # _____ Map Date _____

Approvals:

Planning Board Date: _____
 Zoning Board of Appeals Date: _____
 Historic Preservation Board Date: _____

Building Inspector:

Approved Disapproved

Signature: _____ Date: _____

Fees for this permit:

Building: _____
C of O, C of C: _____
Plumbing: _____
Water Meter (BOWC): _____
Sewer (\$250 PW + \$125 V if applicable): _____
Other: _____
TOTAL: _____

ORIGINAL: Property File COPY: Applicant Village Clerk Town of Sweden Assessor

Certificate of Exemption



Workers'
Compensation
Board

Instructions for obtaining and filing a Certificate of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits (CE-200) through New York Business Express

Follow these steps:

1. Go to businessexpress.ny.gov.
2. Select **Log-in/Register** in the top right hand corner.
3. If you do not have an NY.gov account, go to [step 4](#) to set up your account.
If you have an NY.gov log-in and password, go to [step 16](#).
4. Select **Register with NY.gov** under New Users.
5. Select **Proceed**.
6. Enter the following:
 - First and Last Name
 - Email
 - Confirm Email
 - Preferred Username (check if username is available)
7. Select **I'm not a robot**.
 - You may have to complete a Captcha Verification before proceeding.
8. Select **Create Account**.
 - If you already have an NY.gov account, the screen will display your existing accounts, either Individual or Business.
 - Do one of the following:
 - If the account(s) shown is an NY.gov Individual account, select **Continue**.
 - If the account(s) shown is an NY.gov Business account, select **Email Me the Username(s)**.
9. Verify that the account information is correct.
 - Select **Continue**.
10. An activation email will be sent.
 - If you do not receive an email, see the **No Email Received During Account Creation** page.
11. Open your activation email and select **Click Here**.
 - Specify three security questions.
12. Select **Continue**.
13. Create a password (must contain at least eight characters).
14. Select **Set Password**.
 - You have successfully activated your NY.gov ID.
15. Select **Go to MyNy**.
 - At the top of the screen select **Services**.
 - Select **Business**.
 - Select **New York Business Express**.
 - Select **Login/Register**.
16. On the New York Business Express Home Page:
 - Scroll down to Top Requests and select **Certificate of Attestation, or**
 - Search Index A-Z for **CE-200**.
17. Select **How to Apply**:
 - Select **Apply as a Business**, or
 - Select **Apply as a Homeowner** (applies to those obtaining permits to work on their residence).
18. Complete application screens.
19. Review Application Summary.
20. Attest and submit.

You will receive an email when your application has been Issued/Approved.

To view your certificate:

- Click **Access Recent Activity** from your email, or
- Access businessexpress.ny.gov, and then access your **Dashboard** (under your Log-In name on right).

Print and **sign** the **Exemption Certificate**.

Submit your **CE-200** for your license, permit or contract to the issuing Agency.

wcb.ny.gov