

Town of Dover Building /Zoning/Code Enforcement Department

126 East Duncan Hill Road

Dover Plains, NY 12522

(845) 832-3188 - fax

Building Inspector - 845.832.6111 x102 (BuildingCEO@TownOfDoverNY.us)

Clerk -845.832.6111 x103 (Building@TownOfDoverNY.us)

Building Permit Application for

Roofs, Windows, Doors, Skylights

(New or Replacing)

Please read entire packet BEFORE submitting application

Required Documents:

- ☐ Cash or Check payable to: Town of Dover (fee for building without a permit is double the permit fee)
Residential Fees: \$80.00 (repair of existing roof/shingles 50' sq. ft. or less, NO FEE)
Commercial Fees: *Fee is based on cost of construction; please call the Building Department for fee.
- ☐ Copy of Homeowner's Insurance (**Declaration page only**) with **valid waiver** or
Proof of Workers' Compensation and Disability Insurance
(see attached letter and call (518) 486-6307 or visit www.wcb.state.ny.us for more
information; **ACORD** forms are **NOT** acceptable proof of NYS workers' compensation or
disability benefits insurance coverage)
- ☐ Specifications or plans showing material and dimensions. Plans must show that the proposed project will
meet all NYS Building Codes (must be stamped & signed by a NYS licensed design professional if cost of
construction is over \$20,000 or at the discretion of the Building Inspector)

Required Inspections:

- Water & Ice Shields
- Final Completion to obtain a Certificate of Occupancy

Applicants are responsible for scheduling all required inspections. The Building Department requires advance notice for all inspections; any additional inspections will be \$50 per hour with a minimum one hour charge

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General Information for All Building Permit Applications

Please read the following and have application complete BEFORE submittal

The applicant/homeowner is responsible for supplying sufficient information to determine that the project complies with and adheres to all Town of Dover Zoning Laws and all NYS Building Codes.

The Town of Dover Zoning Law may be obtained from the Zoning Law book available at the Town Clerk's office for a fee or on the internet at www.TownOfDoverNY.us (Links, Town Code, Chapter 145).
NYS Building Codes are available at www.dos.state.ny.us.

Start of construction without a permit will mandate a penalty of 200% of permit fee, PLUS the permit fee, PLUS all legal fees (if necessary)

If a permit is denied or withdrawn, 50% of the fee will be refunded if requested in writing provided that no work has commenced.

Applications will not be considered until **ALL** required documents and copies are submitted **by the applicant**. A list of required documents for each project is listed on the coversheet; submitting required documents in "bits & pieces" will result in a delay.
INCOMPLETE APPLICATIONS WILL BE RETURNED.

Please note: **applications are not reviewed at the time of submittal...** they are reviewed in the order in which they are received and may require approximately 1-4 weeks to process depending on the complexity of the project. Due to the volume of applications received, requests to expedite an application cannot be honored.

Section 125 of the General Municipal Law requires that ALL APPLICANTS provide proof of Workers' Compensation and Disability compliance or a valid exemption when applying for a permit. For more information, visit www.wcb.state.ny.us or call (518) 486-6307.

After the application is reviewed and approved, you will be notified and will be given a Construction Permit. If the application is denied, you will receive written notice with an explanation. Construction may not start until the permit is issued.

Permits expire one year after issuance and may be renewed at full price. By law, a building permit is not closed out until the project is finished and a Certificate of Occupancy/Compliance (C/O, C/C) has been issued; it is the applicant's/homeowner's responsibility to call this department to obtain a Certificate of Occupancy/Compliance. If the project has not been started and you wish to close out the permit, it is the applicant's/homeowner's responsibility to send a written notice stating that project has not been started and give this department permission to verify.

The Construction Permit and your 911 address must be clearly displayed on a place visible from the road.

[F] 303.3 Premises identification. Buildings shall have approved address numbers placed in a position to be plainly legible and visible from the street or road fronting the property. These numbers shall contrast with their background. Address numbers shall be Arabic numerals or alphabet letters. Numbers shall be a minimum of 4 inches (102 mm) high with a minimum stroke width of 0.5 inch (12.7 mm).



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Building Department

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845.832.6111 x102 - Building Inspector

845.832.6111 x103 - Clerk

845.832.3188 - Fax

For Office Uses Only NEW _____ RENEWAL _____

Permit #: _____ Zone: _____

Grid #: _____

Fee: \$ _____ Date Paid: _____

Check #: _____ Receipt #: _____

Building Permit Application

(Must be filled out **IN FULL WITH PAYMENT** before review. Incomplete applications will be returned.)

Application is hereby submitted to the Building Inspector/Code Enforcement Officer of the Town of Dover for the approval of plans and detailed statement of the specifications of work to be performed.

Please describe work to be performed: _____.

Owner of Property: _____ Phone #: _____

Mailing Address: _____ Cellular #: _____

Applicant's Name: _____ Phone #: _____

Mailing Address: _____ Cellular #: _____

Builder/Contractor: _____ Phone #: _____

Mailing Address: _____ Cellular #: _____

Address of Proposed Project: _____ Lot #: _____

☐ **Residential** ☐ **Commercial**

_____ New Roof _____ New Window(s) _____ New Door(s) _____ New Skylight(s)
_____ Replacing Roof _____ Replacing Window(s) _____ Replacing Door(s) _____ Replacing Skylight(s)

Estimated cost of construction: \$ _____ **Estimated date of completion:** _____

I confirm that I understand that building permits expire one year after issuance and it is my responsibility to call the Town of Dover Building Department for all required inspections during construction and to obtain a Certificate of Occupancy/Compliance upon completion thereof in compliance herewith. I also understand my responsibilities of all provisions of Town of Dover Zoning Laws, New York State Uniform Fire Prevention & Building Code and State of New York Department of Labor requirements whether specified herein or not. The Town of Dover Zoning Law can be researched at www.townofdoveryny.us (click: Links, Town Code).

Signature of Applicant _____ DATE _____

Signature of Owner _____ DATE _____

For Office Uses Only

Pre-Inspection: _____

Application is: APPROVED / DENIED

Application requires: ☐ Planning Board Approval ☐ Zoning Board Approval

Building Inspector/CEO _____ Date Issued _____

Permits expire one year after issuance

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 of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:

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

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