TOWN OF EASTCHESTER
BUILDING DEPARTMENT

40 Mill Road
Eastchester, NY 10709

Phone: (914) 771-3317
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www.eastchester.gov

BUILDING PERMIT APPLICATION PACKAGE

TABLE OF CONTENTS

1. **Submission Requirements for Building Permits**
2. **Building Permit Application**
3. **Affidavit of Ownership**
4. **Notice of Utilization of Truss Type Construction, Pre-Engineered Wood And/Or Timber Construction in Residential Structures**
5. **Zoning Compliance Table for One- and Two-Family Residences**
6. **Zoning Compliance Table for Multi-Family Residences**
7. **Zoning Compliance Table for Commercial Applications**
8. **Drawing Specifications**
9. **Insurance Requirements**

Regarding One- and Two-Family Residences:

New Construction of a One- and Two Family Residences: All applications for new construction require ARB and Planning Board approval prior to the submission of a Building Permit application. (Refer to the ARB and Planning Board Application Packages for detailed instructions).

Additions and Alterations to One- and Two-Family Residences: All applications to construct additions or alterations to any elevation that fronts on a street to the extent that said addition or alteration exceeds 30% of the square footage of that existing structure's front elevation, not including the roof, require review and approval by both the ARB and the Planning Board. These approvals must be obtained prior to the submission of a Building Permit Application. (Refer to the ARB and Planning Board Application Packages for detailed instructions). Any questions as to whether or not an application meets this threshold should be referred to the Building Inspector. Note: If an application does not meet this threshold, then ARB and Planning Board approval is not required.

Regarding Commercial and Multi-Family Structures:

New Construction of, and Exterior Additions and Alterations to, Commercial and Multi-Family Structures: All applications for new construction of, or exterior additions and alterations to, commercial and multi-family structures require ARB and Planning Board approval prior to the submission of a Building Permit Application. Significant site plan modifications require ARB and Planning Board approval as well. (Refer to the ARB and Planning Board Application Packages for detailed instructions).

NOTE:

When submitting an application, please only include those pages relevant to your application. Do not include instruction sheets or blank zoning compliance tables.

Permitted Hours of Construction: 8:00 am–6:00 pm, Monday–Friday
Construction is prohibited on certain holidays as noted on the Building Permits

SUBMISSION REQUIREMENTS FOR BUILDING PERMITS

ONE- AND TWO- FAMILY RESIDENCES AND INDIVIDUAL UNITS IN A MULTI-FAMILY BUILDING

The following information is required to begin the plan review process:

- ❑ Building Permit Application
- ❑ Affidavit of Ownership
- ❑ Zoning Compliance Table (required only if site plan changes are proposed)
- ❑ If the unit is in a co-op, a letter of approval from the co-op board is required
- ❑ Application fee: Additions, alterations and repairs: $150
  New Construction: $250
- ❑ **One** set of sealed and signed drawings prepared by an architect or engineer licensed in the State of New York (see drawing specifications below)

Notes:

1. Once all the items noted above have been submitted, the Building Permit review process will begin.
2. Each time revised drawings are necessary in response to the plan review, a resubmission fee of $50 is required. Revised plans will not be accepted without the $50 fee.
3. Once the plan review is complete, the Building Permit cannot be issued until the Building & Planning Department has received the following:
   - ❑ Contractor's information
     - Westchester County contractor's license
     - Liability insurance
     - Workers' compensation insurance (not permitted on the Accord form; see requirements attached)
     - Disability insurance (not permitted on the Accord form; see requirements below)
   - ❑ A copy of the permit obtained from the Highway Department for all work proposed within the Town right-of-way, if applicable. Contact the Highway Department for additional information: (914) 961-8540.
   - ❑ Building permit fee: $100 for the first $1000 of estimated construction costs plus $15 for each additional $1000 of estimated construction costs up to $3,000,000, $5 each additional $1000 estimated construction cost in excess of $3,000,000.
   - ❑ **Two** additional sets of the approved stamped and signed architectural drawings (to supplement the one set previously submitted). All three sets of drawings must have original seals and signatures.
   - ❑ Once the permit has been issued, construction is complete and has passed all inspections, applicants must apply for a Certificate of Occupancy (CO) or Certificate of Compliance (CC) which involve an additional fee.

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COMMERCIAL AND MULTI-FAMILY BUILDINGS

The following information is required to begin the plan review process:

- ❑ Building Permit Application
- ❑ Affidavit of Ownership
- ❑ Zoning Compliance Table (required only if site plan changes are proposed)
- ❑ Application fee: Commercial & Multi-Family Buildings: additions, alterations and repairs: $300
  Commercial & Multi-Family Buildings: new construction: $500
- ❑ **Two** sets of sealed and signed architectural drawings (see drawing specifications below)

Notes:

1. Once all the items noted above have been submitted, the Building Permit review process will begin.
2. Each time revised drawings are necessary in response to the plan review, a resubmission fee of $50 is required. Revised plans will not be accepted without the $50 fee.
3. Once the plan review is complete, the Building Permit cannot be issued until the Building & Planning Department has received the following information from the contractor:
   - ❑ Contractor's information
     - Liability insurance
     - Workers' compensation insurance (not permitted on the Accord form; see requirements attached)
     - Disability insurance (not permitted on the Accord form; see requirements below)
   - ❑ Building permit fee: $200 for the first $1000 of estimated construction costs plus $30 for each additional $1000 of estimated construction costs up to $3,000,000, $5 each additional $1000 estimated construction costs in excess of $3,000,000.
   - ❑ **Two** additional set of the approved stamped and signed architectural drawings (to supplement the two sets previously submitted). All three sets of drawings must have original seals and signatures.
   - ❑ Once the permit has been issued, construction is complete and has passed all inspections, applicants must apply for a Certificate of Occupancy (CO) or Certificate of Compliance (CC) which involve an additional fee.

BUILDING PERMIT APPLICATION

Application Fee: $_____

Building Permit Fee: $_____

Legalization Fee: $_____

Total Fees: $_____

Date Received: _____

Project Street Address: _____

Section:_____ **Block:**_____ **Lot(s):**_____ **Zone:**_____

Property Owner: _____

Address: _____

Phone #:_____ **Email:**_____

Lessee (if any): _____

Address: _____

Phone #:_____ **Email:**_____

Architect (if any): _____

Address: _____

Phone #:_____ **Email:**_____

Professional Engineer (if any) : _____

Address: _____

Phone #:_____ **Email:**_____

Builder or Contractor: _____

Address: _____

Office Phone #:_____ **Email:**_____

Cell Phone #: _____

Description of Proposed Project (Please be as specific as possible): _____

_____

_____

_____

_____

Estimated Cost of Construction: $_____

Note: The estimated cost of construction shall include all costs related to the above described project and shall include design, excavation, foundation, framing, insulation, sheetrock/plaster, roofing, siding, plumbing, electrical, cabinets, and any and all other materials and labor that is utilized, whether donated or contracted, including that of the property owner. If a reasonable estimate for construction is not provided, the amount shall be determined by the Building Inspector. Before a CO can be issued, a signed and notarized Affidavit of Final Construction Costs must be submitted to the Building Department. If the actual cost of construction is greater than the estimated cost of construction, additional fees will be required.

Clearly Print Name: _____ **Sign Name:** _____

Planning Board Approvals

- Did the application require Planning Board approval? _____ Yes _____ No

Zoning Board of Appeals (ZBA) Approvals

- Did the application require ZBA Approval? _____ Yes _____ No

AFFIDAVIT OF OWNERSHIP

State of New York)
County of Westchester) SS:

I, _____, being duly sworn, deposes and says:
(clearly print first and last name of property owner)

(check appropriate box)

☐ I am the owner of the property for which this application is being submitted.
☐ I am an officer of the corporation that owns the property for which this application is being submitted.

Further (check applicable box):

☐ I am submitting this application on my own behalf.
☐ I am authorizing the following individual to submit this application on my behalf:

_____
(clearly print name of individual authorized to submit this application)

Further:
To the best of my knowledge, information and belief, all statements contained in this application are true, complete and correct, and all work will be performed in the manner set forth in the application and in the plans and specifications filed therewith, and in accordance will all applicable laws, ordinances and regulations.

_____
(Signature of Owner)

_____
(Print Name of Owner)

Sworn to before me this _____ day of_____, 20____

_____
(Signature of Notary Public)

NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION, PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER CONSTRUCTION IN RESIDENTIAL STRUCTURES

(In accordance with Title 19 of the New York Codes, Rules and Regulations (NYCRR), Part 1265)

Town of Eastchester Building and Planning Department

Property Address: _____

Section: _____ **Block:** _____ **Lot(s):** _____

Property Owner Name: _____

Property Owner Address: _____

Phone #: _____ **Email #:** _____

PLEASE TAKE NOTICE THAT THE (check applicable line):

_____ new residential structure

_____ addition to existing residential structure

_____ rehabilitation to existing residential structure

TO BE CONSTRUCTED OR PERFORMED AT THE SUBJECT PROPERTY REFERENCED ABOVE, WILL UTILIZE (check each applicable line):

_____ truss type construction (TT)

_____ pre-engineered wood construction (PW)

_____ timber construction (TC)

IN THE FOLLOWING LOCATION(S) (check each applicable line):

_____ floor framing, including girders and beams (F)

_____ roof framing (R)

_____ floor framing and roof framing (FR)

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

CAPACITY: _____ **Owner** _____ **Owner's Representative**

ZONING COMPLIANCE TABLE
ONE- AND TWO-FAMILY RESIDENCES
(New Construction and Additions)

ZONE: _____

Notes: Information must be based on definitions in the current Zoning Law of the Town of Eastchester. If not applicable, leave box blank. Check box in far right column if variance is required (even if already approved by the ZBA).

	Existing	Required/ Permitted	Proposed	Variance Required
LOT INFORMATION				
Lot Area (sf)				
Lot Frontage (ft)				
Yard Setbacks (ft):				
Front Yard				
Rear Yard				
First Side Yard				
Second Side Yard				
Side Yard Adjoining Street				
PRINCIPAL BUILDING INFORMATION				
Gross Floor Area (sf)				
Building Height:				
Stories				
Height to Principal Eave (ft)				
Height to Highest Roof Ridge (ft)				
ACCESSORY STRUCTURES				
Detached Garage				
Setbacks:				
To Principal Building				
To Side Lot Line				
To Rear Lot Line				
Building Height:				
Height to Principal Eave (ft)				
Height to Highest Ridge (ft)				
Other Accessory Structure (indicate type of structure – shed, pool, etc.)				
Type of Structure				
Setbacks:				
To Principal Building				
To Side Lot Line				
To Rear Lot Line				
Building Height:				
Height to Principal Eave (ft)				
Height to Highest Ridge (ft)				
BUILDING COVERAGE				
Principal Building Coverage (sf)				
Principal Building Coverage (%)				
Accessory Building Coverage (sf)				
Accessory Building Coverage (%)				
IMPERVIOUS SURFACE COVERAGE				
Impervious Surface Coverage (sf)				
Impervious Surface Coverage both (%)				

Note: See Section 13 of the Zoning Law for requirements related to driveways (e.g., pavement width, curb cuts, setbacks grades; requirements for circular driveways, etc.). See Section 8 of the Zoning Law for requirements related to fences and walls.

Are any variances required (or were any variances approved by the ZBA) that are not listed on the table above?
_____Yes _____No

If yes, describe all additional variances:: _____

_____

_____

ZONING COMPLIANCE TABLE
MULTI-FAMILY RESIDENTIAL APPLICATIONS
(New Construction and Additions)

ZONE: _____

LOT AREA (SF):_____

TOTAL NUMBER OF UNITS: _____**, Including:**

- **1-BEDROOM UNITS:** _____
- **2-BEDROOM UNITS:** _____
- **3-BEDROOM UNITS:** _____
- **4-BEDROOM UNITS:** _____

Notes: Information must be based on definitions in the current Zoning Law of the Town of Eastchester. If not applicable, leave box blank. Check box in far right column if variance is required (even if already approved by the ZBA).

	Existing	Required/Permitted	Proposed	Variance Required
Lot Size				
Yard Setbacks:				
Front Yard				
Rear Yard (from principal building)*				
Rear Yard (from parking area)*				
First Side Yard				
Second Side Yard				
Principal Building Coverage (sf)				
Principal Building Coverage (%)				
Principal Building Height (stories)*				
Principal Building Height (ft)*				
Accessory Building Height (stories)				
Accessory Building Height (ft)				
Total Parking Spaces				
HC Accessible Parking Spaces				
Impervious Surface Coverage (sf)				
Impervious Surface Coverage (%)				

Note: See Section 13 of the Zoning Law for additional requirements related to landscaping, loading, parking, and driveways. See Section 8 of the Zoning Law for requirements related to fences and walls.

*Is the Site within 150 feet of a One- or Two-Family Residence District? _____No _____Yes

If yes, see Section 7.C of the Town of Eastchester Zoning Law and provide zoning compliance information accordingly.

Are any variances required (or were any variances approved by the ZBA) that are not listed on the table above?

_____Yes _____No

If yes, describe all additional variances:_____

_____

_____

_____

ZONING COMPLIANCE TABLE
COMMERCIAL APPLICATIONS
(New Construction and Additions)

ZONE: _____

TOTAL LOT AREA (SF): _____

TOTAL GROSS FLOOR AREA (GFA): _____, **INCLUDING:**

- **EXISTING GFA:** _____
- **PROPOSED GFA:** _____

Notes: Information must be based on definitions in the current Zoning Law of the Town of Eastchester. If not applicable, leave box blank. Check box in far right column if variance is required (even if already approved by the ZBA).

	Existing	Required/Permitted	Proposed	Variance Required
Yard Setbacks:				
Front Yard				
Rear Yard (from principal building)*				
Rear Yard (from parking area)*				
First Side Yard				
Second Side Yard				
Side Yard Adjoining a Street				
Principal Building Coverage (sf)				
Principal Building Coverage (%)				
Principal Building Height (stories)*				
Principal Building Height (ft)*				
Accessory Building Height (stories)				
Accessory Building Height (ft)				
Total Parking Spaces				
HC Accessible Parking Spaces				
Loading Spaces				

Note: See Section 13 of the Zoning Law for additional requirements related to landscaping, loading, parking, and driveways. See Section 8 of the Zoning Law for requirements related to fences and walls.

*Is the Site within 150 feet of a One- or Two-Family Residence District? _____No _____Yes

If yes, see Section 7.C of the Town of Eastchester Zoning Law and provide zoning compliance information accordingly.

Are any variances required (or were any variances approved by the ZBA) that are not listed on the table above?

_____Yes _____No

If yes, describe all additional variances: _____

DRAWING SPECIFICATIONS

- ☐ All drawings must be a minimum of 24" x 36"
- ☐ Site location map, showing the general location of the property within the Town of Eastchester (required for all applications)
- ☐ Current property survey, prepared and certified by a Land Surveyor licensed in the State of New York (required for all applications involving a change to the site plan -- e.g., increase/decrease in building footprint, increase in paved surfaces, addition of accessory structure, etc.)
- ☐ Proposed site plan drawing(s), based on and citing the certified property survey, showing:
  - required, existing and proposed zoning setbacks
  - existing and proposed structures
  - dimensions
  - existing and proposed contours at maximum 2-foot intervals, extended at least 10 feet into adjoining properties and to the center line of any adjacent street
  - elevation of the existing grade at the four or more principal building corners
  - elevation of the proposed grade at the four or more principal building corners
  - proposed storm water management plan including drainage calculations. Stormwater facilities must be provided to accommodate any net increase in impervious surfaces on the site based on zero increase in the rate of discharge for the site and designed for a 50-year storm event (7.5 inches of rainfall)
  - proposed sediment and erosion control plan
- ☐ Proposed floor plans
- ☐ Gross floor area (GFA) plan clearly showing the gross floor area of each story of the building. (required for both new construction and additions)
- ☐ Proposed building elevations, including:
  - proposed materials and finishes
  - dimensions
  - elevation of the principal eave, based on a surveyed bench mark
  - elevation of the highest ridge line, based on a surveyed bench mark
- ☐ Construction details, including all retaining walls over 2 feet high
- ☐ All plans for applications for construction of commercial structures must include a certification that the structure meets the requirements of the New York State Energy Conservation Construction Code.
- ☐ Electrical, plumbing, HVAC and fire suppression/alarm system schematics (hard-wired fire alarm systems must be installed in accordance with the New York State Building Code).

Note: Certain items noted above may be waived depending on the scope of proposed work.

INSURANCE REQUIREMENTS

In accordance with Workers' Compensation Law §57 and §220(8)

CONTRACTORS MUST PROVIDE THREE (3) SEPARATE INSURANCE CERTIFICATES:

1. **LIABILITY INSURANCE:** ONLY Liability Insurance is permitted on the **ACORD** form.
2. **WORKERS' COMPENSATION INSURANCE,** ONLY the following forms are accepted:
   - **CE-200:** Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage. (Instructions on how to create Exemption form are attached)
   - **C-105.2:** Certificate of Workers' Compensation Insurance
     Note: The State Insurance Fund provides its own version of the form, the **U-26.3**
   - **SI-12:** Certificate of Workers' Compensation Self-Insurance
   - **GSI-105.2:** Certificate of Participation in Workers' Compensation Group Self-Insurance
3. **DISABILITY INSURANCE,** ONLY the following forms are acceptable:
   - **CE-200:** Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage. (Instructions on how to create Exemption form are attached)
   - **DB-120.1:** Certificate of Disability Benefits Insurance
   - **DB-155:** Certificate of Disability Benefits Self-Insurance

HOME OWNERS:
For Building Permits only, home owners may apply to work on their residences.
The application for a Certificate of Attestation of Exemption, Form **CE-200**, from Workers' Compensation and/or Disability and Paid Family Leave Benefits coverage may only be completed by entities with no employees and/or out-of-state entities obtaining a contract or license in which all the work is being performed outside of New York State. (Instructions on how to create Exemption form are attached)

Note: On all insurance certificates, the **CERTIFICATE HOLDER** must be listed as:

Town of Eastchester
40 Mill Road
Eastchester, NY 10709

Certificate of Attestation of Exemption

NEW YORK STATE OF OPPORTUNITY. Workers' Compensation Board

Instructions for obtaining and filing a Certificate of Attestation 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. A NY.gov Business account is required.
3. If you do not have a NY.gov business account, go to **step 4** to set up your account.
   If you have a 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 a 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 a NY.gov Individual account, select **Continue**.
     - If the account(s) shown is a 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.
    - Select **Continue**.
12. Create a password (must contain at least eight characters).
13. Select **Set Password**. You have successfully activated your NY.gov ID.
14. Select **Go to MyNy**.
    - At the top of the screen select **Services**.
    - Select **Business**.
    - Select **New York Business Express**.
    - Select **Log in/Register**.
15. On the New York Business Express home page, do one of the following:
    - Scroll down to Top Requests and select **Certificate of Attestation of Exemption**, or
    - Search Index A-Z for *CE-200*.
16. Under **How to Apply**:
    - Select **Apply as a Business**, or
    - Select **Apply as a Homeowner** (applies to those obtaining permits to work on their residence).
17. Complete application screens.
18. Review Application Summary.
19. Attest and submit.

You will receive an email when your certificate has been issued.

To view your certificate:
- Select **Access Recent Activity** from your email, or
- Access **businessexpress.ny.gov**, and then access your **Dashboard** (under your login name on right).

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

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

NEW YORK STATE | Workers' Compensation Board

Certificate of Attestation of Exemption
from New York State Workers' Compensation and/or Disability and Paid Family Leave Benefits Insurance Coverage

This form cannot be used to waive the workers' compensation rights or obligations of any party.

The applicant may use this Certificate of Attestation of Exemption ONLY to show a government entity that New York State specific workers' compensation and/or disability and paid family leave benefits insurance is not required. The applicant may NOT use this form to show another business or that business's insurance carrier that such insurance is not required.

Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

In the Application of
(Legal Entity Name and Address):
John Smith Electric Corp
123 Main Street
Eastchester, NY 10709
PHONE: 111-111-1111 FEIN: XXXXX7718

Business Applying For:
Electrical Permit

From: Town of Eastchester

The location of where work will be performed is
999 Main Street, Eastchester, NY 10709

Estimated dates necessary to complete work associated with the building permit are from September 12, 2022 to December 31, 2022.
The estimated dollar amount of project is $0 - $10,000

Workers' Compensation Exemption Statement:

The above named business is certifying that it is NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE for the following reason:
The business is a one person owned corporation, with that individual owning all of the stock and holding all offices of the corporation. Other than the corporate owner, there are no employees, day laborers, leased employees, borrowed employees, part-time employees, other stockholders, unpaid volunteers (including family members) or subcontractors.

Disability and Paid Family Leave Benefits Exemption Statement:

The above named business is certifying that it is NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY AND PAID FAMILY LEAVE BENEFITS INSURANCE COVERAGE for the following reason:
The business MUST be either: 1) owned by one individual; OR 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; OR 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation each individual must be an officer and own at least one share of stock); OR 4) is a business with no NYS location. In addition, the business does not require disability and paid family leave benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability and Paid Family Leave Benefits Law)

I, Robert C. Chilelli, am the President with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability and paid family leave benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability and paid family leave benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

SIGN HERE | **Signature:** John Smith | **Date:** September 9, 2022

Exemption Certificate Number
2022-062483

Received
September 9, 2022
NYS Workers' Compensation Board

CE-200 01/2018