

VILLAGE OF UPPER NYACK

CHECKLIST FOR ABOVE GROUND POOLS

Additional forms available at the Village Hall

- _____ 2 copies of building permit application
- _____ 3 copies of pool manufacturer's specifications
- _____ 1 copy of deed
- _____ 1 copy of survey in current homeowner's name
- _____ 1 copy of Short Environmental Assessment Form
- _____ 1 copy of Architectural Review Board pool form
- _____ 1 copy of contractor's home improvement license
- _____ 1 copy of Workers' Compensation Form
Submit one of the following:
 - Form U-26 for the State Insurance Fund
 - Form C105.2 Certificate of NYS Workers' Compensation Insurance Coverage (Obtained from insurance carrier)
 - Form WC/DB-100 Affidavit that Workers Compensation and /or Disability Benefits Insurance is NOT Required
 - Form BP-1 Affidavit of Exemption, if work is to be done by homeowner

Please note: ACORD Forms are not acceptable proof of coverage

VILLAGE OF UPPER NYACK
328 NORTH BROADWAY
UPPER NYACK, NY 10960
INCORPORATED 1872

Tel. 845-358-0084 FAX. 845-358-0741
uppernyack@optonline.net www.uppernyack-ny.us

BUILDING PERMIT APPLICATION FOR

ABOVE GROUND POOL

TO BE TYPED OR PRINTED IN INK

Submit in **duplicate**, this application. In addition, **three copies of a plot plan**, drawn to scale, showing the location and size of the proposed above ground pool and all existing structures on the site, including distances from lot lines, location of pool equipment (ie: filtering systems) and any related deck or walkway construction. In addition, the applicant shall provide **three copies of the pool manufacturer's plans and/or installation instructions.**

Further information may be required by the office of the Building Inspector, as provided by the Zoning Ordinance of the Incorporated Village of Upper Nyack, if such is considered necessary for approval of this application.

Application is hereby made for a Building Permit in conformance with the Zoning Ordinance of the Incorporated Village of Upper Nyack.

Owner(s) _____ Phone # _____

Address _____

Property Address to which permit pertains: _____

Name _____ Phone # _____

Agent/Architect

Address _____

PLEASE COMPLETE THE FOLLOWING

Proposed Work: _____

Deck or patio to surround pool: _____

Total valuation of work: _____

Property location: On the _____ side of _____ and
_____ feet from the intersection of _____ and _____

County Tax ID Number: _____

Zoning District: _____ **Zoning Code:** _____

Plot size: Front in feet _____ Rear in feet: _____ Depth in feet: _____

Building Size: Front in feet _____ Rear in feet _____

Max depth in feet _____ Number of stories _____

Building Setbacks:

	Minimum distance in feet	Maximum distance in feet
From Street line to bldg.		
From Side lot line to bldg.		
From Rear lot line to bldg.		

Distance of building from nearest stream, river or waterway: _____

Sewage Disposal: Public Sewers _____ Septic System _____

Pool water discharge: Method and Location: _____

Is the owner or builder familiar with the Zoning Ordinance of Upper Nyack? _____

Electrical Contractor's License: _____

OFFICE OF THE BUILDING INSPECTOR
INCORPORATED VILLAGE OF UPPER NYACK

Inc. Village of Upper Nyack
County of Rockland
State of New York

Print or Type Name _____

certifies that he/she resides at _____

and that he/she is the owner or agent of all that certain lot, piece or parcel of land and/or

building located at _____

and proposed structure will be constructed in accordance with the New York State Building Code; in conformance with the Zoning Ordinance of the Incorporated Village of Upper Nyack; and in accordance with plans and specifications submitted herewith.

Signed _____

STATEMENT BELOW ONLY TO BE FILLED OUT IN THE EVENT THIS
APPLICATION IS MADE BY PERSON OTHER THAN OWNER OF PROPERTY

Inc. Village of Upper Nyack
County of Rockland
State of New York

_____ being duly
sworn deposes and says:

1. That _____ is the owner of the land that is the subject of this permit.
2. The deponent is duly authorized to make this application by said owner.
3. That the proposed work is authorized by said owner.

Signed _____
(Applicant)

Sworn to before me this _____ day of _____ 20_____

(Notary Public)

THIS PAGE FOR OFFICIAL USE

THE VILLAGE OF UPPER NYACK
OFFICE OF BUILDING INSPECTOR
BUILDING PERMIT

Permit # _____

Permit for: _____

Location _____

Zone _____

Owner _____

Agent _____

Fee _____

Date of Application _____ 20 _____

I have thoroughly examined the detailed statement within and plot plan relating thereto and find the same does _____ does not _____ conform to the Zoning Ordinance of the Village of Upper Nyack and do _____ do not _____ approve the same for issuance of a permit.

Building Inspector

Issue Date: _____

The issuance of this permit does not assure that the premises for which the permit issued has access or is located upon a State, County or Village Street.

Certificate of Occupancy Issued _____ 20 _____

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Further information may be required by the office of the Building Inspector, as provided by the Zoning Ordinance of the Incorporated Village of Upper Nyack, if such is considered necessary for approval of this application.

Application is hereby made for a Building Permit in conformance with the Zoning Ordinance of the Incorporated Village of Upper Nyack.

Owner(s) _____ Phone # _____

Address _____

Property Address to which permit pertains: _____

Name _____ Phone # _____

Agent/Architect

Address _____

PLEASE COMPLETE THE FOLLOWING

Proposed Work: _____

Deck or patio to surround pool: _____

Total valuation of work: _____

Property location: On the _____ side of _____ and
_____ feet from the intersection of _____ and _____

County Tax ID Number: _____

Zoning District: _____ **Zoning Code:** _____

Plot size: Front in feet _____ Rear in feet: _____ Depth in feet: _____

Building Size: Front in feet _____ Rear in feet _____

Max depth in feet _____ Number of stories _____

Building Setbacks:

	Minimum distance in feet	Maximum distance in feet
From Street line to bldg.		
From Side lot line to bldg.		
From Rear lot line to bldg.		

Distance of building from nearest stream, river or waterway: _____

Sewage Disposal: Public Sewers _____ Septic System _____

Pool water discharge: Method and Location: _____

Is the owner or builder familiar with the Zoning Ordinance of Upper Nyack? _____

Electrical Contractor's License: _____

OFFICE OF THE BUILDING INSPECTOR
INCORPORATED VILLAGE OF UPPER NYACK

Inc. Village of Upper Nyack
County of Rockland
State of New York

Print or Type Name _____

certifies that he/she resides at _____

and that he/she is the owner or agent of all that certain lot, piece or parcel of land and/or

building located at _____

and proposed structure will be constructed in accordance with the New York State Building Code; in conformance with the Zoning Ordinance of the Incorporated Village of Upper Nyack; and in accordance with plans and specifications submitted herewith.

Signed _____

STATEMENT BELOW ONLY TO BE FILLED OUT IN THE EVENT THIS APPLICATION IS MADE BY PERSON OTHER THAN OWNER OF PROPERTY

Inc. Village of Upper Nyack
County of Rockland
State of New York

_____ being duly sworn deposes and says:

1. That _____ is the owner of the land that is the subject of this permit.
2. The deponent is duly authorized to make this application by said owner.
3. That the proposed work is authorized by said owner.

Signed _____
(Applicant)

Sworn to before me this _____ day of _____ 20_____

(Notary Public)

THIS PAGE FOR OFFICIAL USE

THE VILLAGE OF UPPER NYACK
OFFICE OF BUILDING INSPECTOR
BUILDING PERMIT

Permit # _____

Permit for: _____

Location _____

Zone _____

Owner _____

Agent _____

Fee _____

Date of Application _____ 20 _____

I have thoroughly examined the detailed statement within and plot plan relating thereto and find the same does _____ does not _____ conform to the Zoning Ordinance of the Village of Upper Nyack and do _____ do not _____ approve the same for issuance of a permit.

Building Inspector

Issue Date: _____

The issuance of this permit does not assure that the premises for which the permit issued has access or is located upon a State, County or Village Street.

Certificate of Occupancy Issued _____ 20 _____

VILLAGE OF UPPER NYACK
ARCHITECTURAL REVIEW BOARD
POOL REQUIREMENTS

Provide a copy of the pool brochure for review by the board.

Describe the existing or proposed pool screening: _____

Appendix C
State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
For UNLISTED ACTIONS Only

PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: _____ Date: _____ Signature: _____	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment



PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF. <input type="checkbox"/> Yes <input type="checkbox"/> No	
B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency. <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)	
C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:	
C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:	
C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:	
C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:	
C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:	
C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:	
C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:	
D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	
E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	

PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

<input type="checkbox"/> Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.	
<input type="checkbox"/> Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide, on attachments as necessary, the reasons supporting this determination.	
_____	_____
Name of Lead Agency	Date
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (If different from responsible officer)



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)

Home Telephone Number _____

Property Address that requires the building permit:

<p><i>Sworn to before me this _____ day of</i> _____, _____.</p> <p>_____ <i>(County Clerk or Notary Public)</i></p>
--

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

LAWS OF NEW YORK, 1998
CHAPTER 439

The **general municipal law is amended by adding a new section 125** to read as follows:

125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

Implementing Section 125 of the General Municipal Law

1. General Contractors -- Business Owners and Certain Homeowners

For **businesses and certain homeowners listed as the general contractors on building permits**, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is **ONE** of the following forms that indicate that they are:

- ◆ insured (C-105.2 or U-26.3),
- ◆ self-insured (SI-12), or
- ◆ are exempt (CE-200),

under the mandatory coverage provisions of the WCL. Any residence that is not a **1, 2, 3 or 4 Family, Owner-occupied Residence** is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

2. Owner-occupied Residences

For homeowners of a **1, 2, 3 or 4 Family, Owner-occupied Residence**, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file form BP-1.

- ◆ Form BP-1 shall be filed if the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is listed as the general contractor on the building permit, and the homeowner:
 - ◇ is performing all the work for which the building permit was issued him/herself,
 - ◇ is 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 the homeowner perform such work, or
 - ◇ has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
- ◆ If the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is hiring or paying individuals a total of **40 hours or MORE** in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" form, BP-1(11/04), but shall 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 (the C-105.2 or U-26.3 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) 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.