

**VILLAGE OF HAMILTON  
MECHANICAL PERMIT APPLICATION**

PERMIT # \_\_\_\_\_

FEE: \$20.00

All applicable sections of this application must be completed – incomplete applications will not be considered.

Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Project Street Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Tax Map Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Type of use:     Residential             Commercial             Industrial             Other

Describe mechanical system being installed:

Boiler     Furnace     H/W Heater     Generator     Wood Stove     HVAC System  
 Other \_\_\_\_\_

**Owner/Installer: A copy of the Manufacturer's instructions must be provided, with this application, for inspection purposes.**

Description of the proposed project and its proposed use: \_\_\_\_\_  
\_\_\_\_\_

Indicate the manufacture(s) of all appliances being installed including each unit BTU's: \_\_\_\_\_  
\_\_\_\_\_

Indicate Type of piping used:     Steel (galvanized)     Steel (black pipe)     CSST     Cu type K or L

**CAST IRON PIPE NOT ACCEPTABLE      CSST PIPING REQUIRES ELECTRICAL BONDING**

**CSST INSTALLER's Must provide a current copy of their TRAINING CERTIFICATE/CARD with this application.**

**Must submit a Gas piping RISER diagram with the size of pipe being used plus the longest length of piping used.**

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Contractor must provide proof of WORKER'S COMPENSATION INSURANCE or  
CE-200 FORM before permit will be issued.**

**APPLICANT CERTIFICATION:** I hereby certify that I have read the instructions and examined this completed application and know the same to be true and correct. All work done under this permit will meet the requirements of the New York State Uniform Fire Prevention and Building Code and all ordinances and regulations of the Village of Hamilton. I also understand that the granting of this permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or land use or the performance of construction.

**INSPECTIONS REQUIRED:** I understand that I am responsible to ensure that all inspections are performed as construction progresses and that in no case shall construction proceed beyond any required inspection until approved by the Code Enforcement Officer. I understand that failing to have a required inspection performed would constitute a violation punishable by a fine not to exceed \$1,000 per day and imprisonment not to exceed one year.

**CONSENT TO ENTER PROPERTY:** I recognize that by signing this application I am giving consent to employees of the Village of Hamilton to enter the subject property for the purpose of obtaining information relevant to the processing of this application. I also understand that by acceptance of a Permit, I agree to allow representatives of the Village of Hamilton access to the properties covered by the Permit, at reasonable times, for the purpose of ascertaining compliance with the Permit.

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

The application of \_\_\_\_\_ dated \_\_\_\_\_, 20\_\_\_\_, is hereby approved (disapproved) and permission granted (refused) for the construction, reconstruction or alteration of a building and/or accessory structure as set forth above.

REASON FOR REFUSAL OF PERMIT: \_\_\_\_\_

Dated: \_\_\_\_\_

## **Contractor's Workers' Compensation Requirements for a Building Permit**

In order to obtain a building permit from the Village of Hamilton, the builder/contractor **MUST** provide proof of workers' compensation insurance.

### **Builder/Contractor with Employees:**

- Proof of insurance is required with the Building Permit Application before a permit can be issued. Please contact your insurance agency and have the form sent to village office. The Village of Hamilton must be named as Certificate Holder.  
Our fax # is: 315-824-0922  
The ACCORD form is no longer acceptable proof. Need to use NYSWMC form C-105.2.

### **Self-Employed Builder/Contractor with NO Employees:**

- If you are self-employed with no employees, you must fill out a CE-200 Form for each job site with a different physical address.
- Two options are available.
  1. Contact the nearest NYSWC District Office to request an application, fill it out, and mail it in. *Note: this method will take approx. 4-6 weeks to receive your CE-200 form.*
  2. Go to the NYSWC website fill out the application on the internet, this will take approx. 15 minutes and upon completion, be able to print out a hard copy of the CE-200.

### **Question? Need more information?**

NYS Workers' Compensation Website: [www.wcb.ny.gov](http://www.wcb.ny.gov)

Village of Hamilton's Website: [hamilton-ny.gov](http://hamilton-ny.gov)

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