

# VILLAGE OF SHOREHAM

## Instructions for obtaining a building permit for installation of solar panels and/or solar hot water (with required forms)

The Solar Building Permit Application Package is online at:  
[www.shorehamvillage.org](http://www.shorehamvillage.org)

**Please read / review and print all documents herein. Thank you in advance.**

1. Application for a Building Permit filled out, signed and date with “Solar” checked off.
2. Inspection(s) Affidavit.
3. A Plumbing Affidavit when the installation includes plumbing work.
4. Copy of Certificate of Occupancy or Certificate of Existing Use for all structures on property.
5. Transaction Disclosure - complete and signed.
6. Six (6) sets of construction plans. Plans are required to include, but not limited to, the following:
  - a) **List location of installation including street address, Suffolk County Tax Map #, and property owner's name;**
  - b) **Be sealed and signed by a NYS Engineer (PE) or NYS Architect (RA);**
  - c) **State design professional's address and contact telephone numbers;**
  - d) **Include a structural roof plan;**
  - e) **State solar panel load and total load on roof. Indicate number of roof shingle layers;**
  - f) **Show layout of solar panels including a minimum 18" clear roof path along at least one side of the ridge and a minimum 18" path from eave to ridge;**
  - g) **Indicate mounting hardware and height above roof surface, (maximum of 6");**
  - h) **Statement that the design complies with at minimum the 110 m.p.h. wind requirement, Residential Code of NYS 2010, and ASCE 7-05.**
  - i) **Provide type, brand, and size and weight including manufacturer’s spec sheets for the Mounting System, Inverters, Solar Modules**
7. Proof of Workers Compensation & Disability Insurance & Liability Insurance.
8. Fee as determined by the Building Department.

**Completion:** You must provide an original Certificate of Electrical Compliance and an Engineer’s Statement (a sample is enclosed) for issuance of a Village Certificate of Compliance for the work performed.

**VILLAGE OF SHOREHAM**  
**Building Department**  
**Suffolk County, NY**  
**Building Permit Application**

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**OFFICIAL USE ONLY:**

Planning Department: (Required) Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Building Department: (Required) Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Design Review Board: (Required) Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Dept. of Public Wks: (Required) Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Coastal Erosion: (Required) Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Bd. of Zoning Appeals: (Required) Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
SCDH: (Required) Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Other: \_\_\_\_\_ (Required) Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Other: \_\_\_\_\_ (Required) Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

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**APPLICANT USE:** This application must be typewritten or printed. Applicable information must be supplied.

**APPLICATION** - is hereby made for a permit to do the following work, to be done in accordance with the description, survey/site plan, and building plans submitted pursuant to Section 57 of Worker's Compensation Law, Zoning Ordinances, Building Codes and all other applicable ordinances and laws.

**Nature of proposed work:** New Home \_\_\_\_ Addition \_\_\_\_ Renovation \_\_\_\_ Dormer \_\_\_\_  
Accessory Structure \_\_\_\_ Deck \_\_\_\_ Pool \_\_\_\_ Solar \_\_\_\_ Other \_\_\_\_\_ (specify)

**Property - Ownership:**

Suffolk County Tax Map Number: District 0207 Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Authorized Agent/Attorney Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Authorized Agent/Attorney Address: \_\_\_\_\_

**Applicant is:** Owner \_\_\_\_ Lessee \_\_\_\_ Agent \_\_\_\_ Architect \_\_\_\_ Contractor \_\_\_\_ Other \_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

**Architect:** Name \_\_\_\_\_ Address \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail \_\_\_\_\_

**Contractor:** Name \_\_\_\_\_ Address \_\_\_\_\_

Phone number: \_\_\_\_\_ E-Mail \_\_\_\_\_ HI License Number \_\_\_\_\_

**Plumber:** Name \_\_\_\_\_ Address \_\_\_\_\_

Phone number: \_\_\_\_\_ E-Mail \_\_\_\_\_ Registration Number \_\_\_\_\_

**Electrician:** Name \_\_\_\_\_ Address \_\_\_\_\_

Phone number: \_\_\_\_\_ E-Mail \_\_\_\_\_ Registration Number \_\_\_\_\_

**Description/request/use/size of proposed work:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Cost: \_\_\_\_\_ Date: \_\_\_\_\_

-----**Owner Certification**-----

STATE OF NEW YORK )

)ss :

COUNTY OF SUFFOLK)

\_\_\_\_\_, being duly sworn deposes and says that he/she/they is (are) the Owner of the property described in the within application and declares under the penalty of perjury that he/she/they personally filled in the above information and certifies its accuracy. (For corporate ownership please state corporate title)

Owner Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

Owner Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public

-----**OR**-----

-----**Agent Authorization**-----

\_\_\_\_\_, being duly sworn deposes and says that he/she/they is (are) the Owner of the property described in the within application and hereby authorizes \_\_\_\_\_, to act as agent(s) to apply for, sign and file the documents necessary to obtain a Building Permit for the project, as described above.

STATE OF NEW YORK )

)ss:

COUNTY OF SUFFOLK)

Owner Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public

**VILLAGE OF SHOREHAM**  
**Building Department**  
Suffolk County, NY

**INSPECTION(S) AFFIDAVIT**

PROPERTY DESCRIPTION: SCTM

DISTRICT \_\_\_\_\_ SECTION \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

TYPE OF APPLICATION \_\_\_\_\_

OWNER \_\_\_\_\_ AGENT FOR OWNER \_\_\_\_\_

ADDRESS OF PROPERTY \_\_\_\_\_

STATE OF NEW YORK )

) s s:

COUNTY OF SUFFOLK )

\_\_\_\_\_, being duly sworn deposes and says that he/she/they is (are) the Owner or Agent for the Owner of the property described within and declares under the penalty of perjury that the Owner will allow, permit and consents to the Village Building Commissioner, and/or Building Inspector and/or any officer or employee of the Village Building Department to enter upon the subject premises without a search warrant for the purpose of inspecting the work being performed under a building permit issued by the Village.

Owner Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_

Agent (Printed) \_\_\_\_\_ Signature \_\_\_\_\_

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

**VILLAGE OF SHOREHAM**  
**Building Department**  
Suffolk County, NY

**PLUMBING - HVAC AFFIDAVIT**

PROPERTY DESCRIPTION: SCTM

DISTRICT \_\_\_\_\_ SECTION \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

TYPE OF APPLICATION \_\_\_\_\_

OWNER \_\_\_\_\_ AGENT FOR OWNER \_\_\_\_\_

ADDRESS OF PROPERTY \_\_\_\_\_

STATE OF NEW YORK )

) s s:

COUNTY OF SUFFOLK )

\_\_\_\_\_, being duly sworn deposes and says that he/she/they is (are) the Owner or Agent for the Owner of the property described within and declares under the penalty of perjury that the Owner will comply with all State and local laws pertaining ALL plumbing, heating, air conditioning, air handlers, solar hot water heaters and drainage as may be proposed or required for new construction and/or modified for existing construction.

Owner Name (Printed) \_\_\_\_\_

Signature \_\_\_\_\_

Agent (Printed) \_\_\_\_\_ Signature

\_\_\_\_\_

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

**VILLAGE OF SHOREHAM**  
**TRANSACTIONAL DISCLOSURE FORM**  
(Conflict of Interest Disclosure)

This Transactional Disclosure form is required to be submitted by an applicant for certain applications submitted to the Village of Shoreham. The purpose of the disclosure is to alert the Village if a party of influence has an interest in this application, or if someone within the Village who will participate in any decision making process has an interest in the application.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

This form is for: ( ) An Individual ( ) A Corporation ( ) A Partnership ( ) Other

Nature of Application:

( ) Building Permit ( ) Demolition ( ) Variance ( ) Tax Grievance ( ) Change of Zoning

( ) Platt Approval ( ) C of EU ( ) Amendment ( ) Exemption ( ) Bidding

Affected parcel (address) \_\_\_\_\_

Does any elected officer, appointed official or employee of the Village of Shoreham or his/her spouse, brother, sister, parent, child, grandchild or spouse of any of them, have an interest in this application by virtue of being the actual applicant, being the owner of the actual property or having an interest in the corporation, partnership or association making such application? **Yes** ( ) **No** ( )

**If NO, Please go to Section 4, sign and date.**

**If YES, Please complete the appropriate section below.**

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**Section 1- For an Individual:**

Interested Party:

Name \_\_\_\_\_

Address \_\_\_\_\_

**Section 2 - For a Corporation:**

Interested Party:

Name \_\_\_\_\_

Address \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

Relationship to elected officer, appointed official or employee, if other than Self: \_\_\_\_\_

Yes ( ) No ( ) Is the owner of greater than five percent (5%) of the corporate stock of the application when the applicant is a corporation whose stock is publicly traded?

Yes ( ) No ( ) The actual applicant,

Yes ( ) No ( ) An Officer, Director, Partner, or Employee of the applicant, or

Yes ( ) No ( ) Legally or beneficially owns or controls any stock of a non-publicly traded corporate applicant or is a member of a partnership or association of the applicant.

**Section 3 - For a Partnership or Association:**

Interested Party:

Name \_\_\_\_\_

Address \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

Relationship to elected officer, appointed official or employee, if other than Self: \_\_\_\_\_

Yes ( ) No ( ) Does the owner hold five percent (5%) interest of publicly traded shares?

Yes ( ) No ( ) The actual applicant,

Yes ( ) No ( ) An Officer, Director, Partner, or Employee of the applicant, or

Yes ( ) No ( ) Legally or beneficially owns or controls any stock of a non-publicly traded corporate applicant or is a member of a partnership or association of the applicant.

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**SECTION 4 - ALL APPLICANTS, PLEASE FILL OUT BELOW, SIGN AND DATE:**

Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**Incorporated Village of Shoreham  
80 Woodville Road, Box 389  
Shoreham NY 11786  
[www.shorehamvillage.org](http://www.shorehamvillage.org)**

# VILLAGE OF SHOREHAM

**RE: SECTION 125 OF NEW YORK STATE GENERAL MUNICIPAL LAW ...**

**For all building permits in the Village of Shoreham, an applicant is required to either:**

1. PROVIDE 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. PROVIDE AN AFFIDAVIT THAT SUCH BUILDING 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.

## **Implementation of Section 125 of the General Municipal Law**

**1. General Contractors and Business Owners:** For businesses 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 (WC/DB-100 or WC/DB-101),

under the mandatory 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 **Single 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 VS-2 (07/14).

- ◆ Form VS-1 (07/14) shall be filed if the homeowner of a **Single 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 work for which a 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 **Single Family, owner-occupied residence** is hiring or paying individuals a total of **40 hours or MORE** in any week (aggregate hours of all paid individuals on the jobsite) for work performed under the permit, then the homeowner may not file the "Affidavit of Exemption" 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, if appropriate, file a WC/DB-100 exemption form, **OR**
  - \* have the general contractor, (performing the work on a single family, **owner-occupied residence**, 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.

**VS-1(07/14)**

# VILLAGE OF SHOREHAM

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage  
And Disability Benefits for a Single Family, Owner-occupied Residence.

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

**STATE OF NEW YORK**

**COUNTY OF SUFFOLK ss:**

\_\_\_\_\_ *being duly sworn, deposes and says as follows:*

Under penalty of perjury, I certify that I am the owner of the single family, **owner-occupied** residence listed on the building permit application 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 WC/DB-100 exemption form; OR
- ◆ have the general contractor, performing the work on the single family, **owner-occupied** residence 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.

**Hold Harmless:** I also agree to hold the Incorporated Village of Shoreham harmless for any claim and/or cause of action that may arise from the work performed by any individual(s) under a building permit issued by the Village of Shoreham to which this Affidavit of Exemption is applicable.

Property Address: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

VS-2 (07/14)

# VILLAGE OF SHOREHAM

## LIABILITY INSURANCE REQUIREMENTS FOR BUILDING PERMIT

In addition to requirements of New York State General Municipal Law Section 125 regarding workers' compensation and disability insurance coverage the Village of Shoreham requires that an applicant provide proof of liability insurance, prior to the issuance of a building permit.

When a general contractor is performing all the work under a building permit, an insurance certificate evidencing general liability insurance coverage from the general contractor's insurance carrier MUST be provided to the Village of Shoreham. The certificate of insurance MUST:

- a) state the location of where work is being performed
- b) name the Incorporated Village of Shoreham as "Certificate Holder"
- c) name the Incorporated Village of Shoreham as "Additional Insured"
- d) state the time frame for notice of cancellation.

When an applicant submits an Affidavit of Exemption from the requirements of GML Section 125, the applicant must provide the Village of Shoreham with proof of homeowner's insurance for the address where work is being performed under a building permit. An insurance certificate evidencing homeowner's liability insurance must be submitted to the Village of Shoreham and must name the Incorporated Village of Shoreham as "Certificate Holder".

**Note - Demolition Permit:** For issuance of a Demolition Permit by the Village of Shoreham, the compensation and liability insurance certificate must not disclaim "demolition" from coverage under the insurance policy.

Incorporated Village of Shoreham  
80 Woodville Road, Box 389  
Shoreham NY 11786  
[www.shorehamvillage.org](http://www.shorehamvillage.org)

**SAMPLE.....Engineer (PE) or Architect (RA).....**

**ABC Engineering Services P.C.  
P.O. Box X - Any Town – New York 11111**

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Date...

Incorporated Village of Shoreham  
P.O. Box 389  
Shoreham, NY 11786

Re: Engineer Statement of Compliance for Solar Roof Installation  
Smith Residence – 123 Any St. Shoreham NY 11786  
Permit No.

I have verified the adequacy and structural integrity of the existing roof rafters for mounting the solar collector panels and their installation satisfies the structural roof framing design load requirements of the Residential Code of New York State.

I have reviewed and certify that the manufacturer’s guidelines and equipment for the photovoltaic equipment for the above residence meet the requirements for wind and snow load and that the roof structure is adequate to carry the new loads imposed by the system.

For the installation of the solar mounting, the rails are securely anchored to the rafters utilizing lag screws that have been designed for wind speed criteria of 120 mph Exposure C and snow ground criteria of 20 psf. Wind loads will exceed seismic loads. Other climate and geo design criteria are not applicable to this solar installation.

The solar collector system and the mounting assemblies comply with the applicable sections of the Residential Code of New York State- “Solar Systems” and loading requirements of roof-mounted collectors and the minimum requirements for buildings and structures of ASCE 7-05.

This system has been installed properly at the above residence. The installation is in accordance with the minimum requirements certified by this letter.

Sincerely,

(SEAL of PE or RA)

XXXXXXXXXX

Licensed Professional Engineer

VS-30 (08/14)