

Zoning Law available on Village website

FENCE PERMIT APLICATION

VILLAGE OF BERGEN

11 North Lake Avenue, PO Box 100, Bergen, NY 14416 Phone: (585) 494-1513 Fax: (585) 494-1730

PLEASE COMPLETE ALL REQUIRED INFORMATION

(incomplete applications cannot be processed)

PROJECT LOCATION:	\$25 - Fence permit fee		
Street Address:	Date:		
Tax Map number:	· .		
Owner:	Phone:		
Mailing Address:	Email:		
Contractor:	Phone:		
Mailing Address:	Email:		
	Project Cost:		
**PLEASE READ IMPORTANT I	NFORMATION BELOW **		
 A plot diagram showing the location of the proposed fence Fences must be located completely within the subject property without going over the property line Maximum height allowed in the front yard is 3 feet for closed fencing and 4 feet for open fencing Maximum height allowed in the side and rear yeard is 6 feet Plantings in lieu of man made fence shall not exceed 3 feet The "good side" or "outside" must face towards nieghboring property Gates cannot swing over the right of way or across lot lines 			
A fence permit will be issued provided the fence is in compliance with fence regulations included in section §5-11 Fences in the Village oF Bergen Zoning Law and the fence permit fee has been paid			
	Office Use Only		
Signature:			
Printed Name:	· 		
Code Enforcement Officer: 585-331-6162 Village of Bergen website: www.villageofbergen.com			

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. **

(includi specific	penalty of perjury, I certify that I am the owner of the 1, ng condominiums) listed on the building permit that I am proof of workers' compensation insurance coverage for tate box):	applying for, and I am not required to show
	I am performing all the work for which the building permit	t was issued.
	I am not hiring, paying or compensating in any way, the in for which the building permit was issued or helping me per I have a homeowners insurance policy that is currently attached building permit AND am hiring or paying individ (aggregate hours for all paid individuals on the jobsite) for	dividual(s) that is(are) performing all the work rform such work in effect and covers the property listed on the uals a total of less than 40 hours per week
 ac fo the (ap fill) ha (in of the if 	gree to either: equire appropriate workers' compensation coverage and properties approved by the Chair of the NYS Workers' Compensate building permit if I need to hire or pay individuals a total of aggregate hours for all paid individuals on the jobsite) for workers a CE- 200 exemption form; OR ave the general contractor, performing the work on the 1, 2, 3 are luding condominiums) listed on the building permit that I are workers' compensation coverage or proof of exemption from the Chair of the NYS Workers' Compensation Board to the after the project takes a total of 40 hours or more per week (aggreen work indicated on the building permit.	or 4 family, owner-occupied residence m applying for, provide appropriate proof a that coverage on forms approved by government entity issuing
	(Signature of Homeowner)	(Date Signed)
	(Homeowner's Name Printed)	(Contact Phone Number)
	Property Address that requires the Zoning/Building Permit	Sworn to before me this day of (County Clerk or Notary Public)

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

PLOT DIAGRAM

Locate clearly and distinctly, whether existing or proposed and indicate all yard dimensionsfrom property lines.

