

**CITY OF NEWBURGH
BUILDING INSPECTOR'S OFFICE**

123 Grand Street
Newburgh, New York 12550

Phone: 569-7400
Fax: 569-0096

PLEASE BE ADVISED, THE FOLLOWING INFORMATION IS REQUIRED UPON SUBMITTING A PERMIT TO THE BUILDING INSPECTOR' OFFICE: BUILDING PERMIT APPLICATIONS WILL NOT BE ACCEPTED IF THE ITEMS LISTED BELOW ARE NOT SUBMITTED

1. All questions to be filled out
2. Drawings and or plans to be submitted
3. For any type of structures, additions, or fences, a copy of survey is also required.
4. **Workman's Compensation Insurance Certificate to be submitted along with Disability Insurance for the contractor. (Please read letter regarding Workman's Compensation Insurance included in package)**
5. Certificate Holder is City of Newburgh
6. Application fee is as follows:
 - New Residential: \$250.00 plus \$.25 sq. ft. of floor area
 - Renovation of Residential: \$12.50 per thousand dollars of approx. cost of project. (With a \$50.00 minimum)
 - New Commercial: \$350.00 plus \$.25 sq. ft. of floor area
 - Renovation of Commercial: \$12.50 per thousand dollars of approx. cost of project. (With a \$50.00 minimum)
 - Curb Cut /Permit: \$75.00
 - Fence Permit: \$25.00
 - Scaffold Permit: \$50.00
 - Sidewalk: \$60.00
 - Sign Permit: \$120.00
 - Swimming Pool: \$50.00
 - Tank Removal (Per Tank): \$25.00
 - Re-inspection for building permit of the same site for the same purpose (residential) \$40.00
 - Re-inspection for building permit of the same site for the same purpose (commercial) \$75.00
 - Failure to obtain a permit prior to commencement of work is FIFTY (50%) PERCENT OF THE APPLICATION FEE FOR A RESIDENTIAL STRUCTURE OR \$200.00 FOR A COMMERCIAL STRUCTURE

Time frame for the issuance of permit is approximately 2 weeks, unless additional information is needed.

City of Newburgh
Building Inspector's Office
123 Grand Street
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SCAFFOLD PERMIT

APPLICANT: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S PHONE NUMBER: _____

WORKER'S COMPENSATION INFORMATION (ATTACH COPY)

INSURANCE COMPANY: _____

WORKERS COMPENSATION NO. _____

EXPIRATION DATE: _____

PLEASE NOTE: ALL SCAFFOLDING MUST CONFORM WITH OSHA REQUIREMENT.

PROPERTY ADDRESS OF SCAFFOLD: _____

TYPE OF SCAFFOLD: _____

DATES SCAFFOLD WIL BE ON PROPERTY: _____

SCAFFOLD ERECTED FOR: _____

OWNER OR PROPERTY: _____

OWNERS ADDRESS: _____

OWNERS PHONE NUMBER: _____

FEE: _____

RECEIPT NO. _____

APPROVED BY: _____

CODECOMPLIANCE SUPERVISOR

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 homeowner's 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 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:

Sworn to before me this _____ day of _____, _____.
_____ (County Clerk or Notary Public)

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

**CITY OF NEWBURGH
BUILDING INSPECTOR'S OFFICE**

22 Grand Street
Newburgh, New York 12550

Phone: 569-7400
Fax: 569-7435

**TO ALL GENERAL CONTRACTORS WITH REAGARDS TO WORKERS
COMPENSATION**

For businesses listed as the general contractors on building permits, proof that they are in compliance with Section 57 of the Workers Compensation Law is on one of the following forms that indicate that they are:

- Insured (C105.21 OR U26.3)
- Disability (DB120-1)

- Accord Insurance Form is no longer accepted

- Self Insured (S1-12)

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 on the of the above forms.

- **AS OF DECEMBER 1ST, PROCEDURES FOR EXEMPTION FROM WORKMANS COMPENSATION WILL BE AS FOLLOWS:**
- **NEW FORM (CE-200)**

This form will **ONLY** be available on line. The applicant is to fill out the CE-200 on line and upon completion, print out a copy so that you can submit to the municipality with the building application. Applicants without access to a computer may obtain a paper application by writing or visiting any Workers Compensation Board district office. (www.wcb.state.ny.us under the heading "Forms")

If you have any further questions, please contact:

Workers Compensation Office
41 North Division Street
Peekskill, New York 10566
(914) 788-5775

Form CE-200 (12/08)

Effective December 1, 2008, please use the following revised Form CE-200 as part of the enforcement of Section 57 and Section 220 of the New York State Workers' Compensation Law and Section 125 of the General Municipal Law (Form CE-200 replaces the old forms WC/DB-100, WC-DB-101 and C-105.21.):

Form CE-200, Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required

This certificate can ONLY be used to attest to a government entity that the applicant requesting a permit, license or contract from that government entity is not required to carry New York State specific workers' compensation and/or disability benefits insurance.

IMPORTANT: *These certificates cannot be used to waive the workers' compensation rights or obligations of any party.* The applicant may **NOT** use this certificate to show either another business or that business's insurance carrier that such insurance is not required.

If appropriate, the applicant requesting a permit, license or contract from a government entity must complete Form CE-200, print a copy of it and give it to the **government entity** issuing the permit, license or contract.

The Board may investigate entities using this certificate to claim exemption from the coverage requirements of the Law. Any false statement, misrepresentation or concealment will subject business owners to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws.

Form CE-200 reflects a totally new process for granting exemptions from workers' compensation and disability benefits insurance coverage requirements. Historically, the WC/DB-100 exemption forms were: 1) valid for multiple permits, licenses or contracts for which the applicant applied, 2) had to be notarized, and 3) had to be stamped by the New York State Workers' Compensation Board.

Effective December 1, 2008, this process radically changes. **Exemptions** will no longer be valid for multiple permits, licenses or contracts for which the applicant applied. Further, exemptions no longer have to be notarized; nor do they have to be stamped by the NYS Workers' Compensation Board. (Please note that government agencies may continue to use insurance and Self-Insurance certificates for multiple permits, licenses or contracts issued to a specific legal entity during the coverage period listed on insurance/self-insurance related certificates).

Starting December 1, 2008, ONLY applicants eligible for exemptions must file a new CE-200 for each and every new or renewed permit, license or contract issued by a government agency. Each CE-200 will specifically list the issuing government agency and the specific type of permit, license or contract requested by the applicant. Applicants for building permits will also need to supply additional information including identifying the specific job location and the estimated cost of the project.

Please ensure that the legal entity name on Form CE-200 exactly matches the legal entity name applying for the permit, license or contract that you are issuing. Please also ensure that Form CE-200 is signed and dated by the applicant.

Each CE-200 will have a certificate number printed on it. You can verify if the CE-200 provided to you by the applicant was actually issued by the Workers' Compensation Board by checking on the Board's website at www.wcb.state.ny.us.

The applicant is attesting under penalty of perjury that the information contained in the CE-200 is accurate – the Board does not initially verify this information. However, Board staff may investigate applicants filing Form CE-200.

Accordingly, please also verify that the business is eligible for the workers' compensation and/or disability benefits exemption reason described on the CE-200 and notify the Board's investigative staff if there are discrepancies (Board Enforcement Unit phone numbers are listed on page 11 of the instruction manual). For example, if you are licensing a 150 seat restaurant and the applicant indicates on the CE-200 exemption form that he/she is a sole proprietor with no employees, this may indicate a problem.

To make this process as easy and as efficient as possible for business owners, the vast majority of these forms will be processed electronically on-line. Applicants having access to the internet will be able to fill out the CE-200 on the internet and immediately upon completion, be able to print out a hard copy of the CE-200 that they will then submit to the government agency issuing the permit, license or contract. Computers with internet access will also be available for CE-200 electronic application processing at Customer Service Centers located in Workers' Compensation Board District Offices.

Filling out the electronic Form CE-200 on the internet is very similar to filling out a hotel reservation request on the internet for frequent travelers. Applicants will be issued a pin number and a password so that they can easily access their information. Once an applicant enters his/her basic information on the Board's website, it can be retrieved by that applicant in the future by using that pin number and password when the applicant is applying for another permit, license or contract.

Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract. This delay results from Workers' Compensation Board staff having to manually enter information from the applicant's paper application into the web based application. Accordingly, to avoid delays, all applicants for exemptions are strongly encouraged to use the on-line Form CE-200 on the Board's website, www.wcb.state.ny.us, under the heading "Forms."



**Certificate of Attestation of Exemption
From New York State Workers' Compensation
and/or Disability 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 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.

<p align="center">In the Application of (Legal Entity Name and Address):</p> <p>JOHN SMITH 123 MAIN STREET ALBANY, NY 12207 111-111-1111 Federal ID Number: XXXXX6789</p>	<p align="center">Business Applying For: BUILDING PERMIT</p> <p>From: CITY OF ALBANY, DEPT OF BUILDING AND CODES</p> <p>The location of where work will be performed is 123 ACME AVENUE, ALBANY, NY 12203.</p> <p>Estimated dates necessary to complete work associated with the building permit are from October 14, 2008 to March 31, 2009.</p> <p>The estimated dollar amount of project is \$25,001 - \$50,000</p>
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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 owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

Disability Benefits Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason:

The business is owned by one individual or is a partnership (LLC, LLP, PLLP or a RLLP) under the laws of New York State and is not a corporation; or 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 is a business with no NYS location. In addition, the business does not require disability 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 Benefits Law.)

I JOHN SMITH, am the Sole Proprietor 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 benefits coverage is required, the above named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability 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:	Date:
Exemption Certificate Number 2008-00197		Received October 2, 2008 NYS Workers' Compensation Board