

DEPARTMENT OF CODE ENFORCEMENT

Hudson Falls, New York 12839

Phone: (518) 747-5426 EXT 207 Fax: (518) 747-5597

HEATING EQUIPMENT AND CHIMNEY PERMIT APPLICATION

FOR OFFICE USE ONLY		
APPLICATION NO. _____	<input type="checkbox"/> APPROVED	PERMIT NO. _____
DATE RECEIVED: _____	<input type="checkbox"/> APPROVED WITH CORRECTIONS	REASONS: _____
DATE EXAMINED: _____	<input type="checkbox"/> DISAPPROVED	EXAMINED BY: _____
AMOUNT OF FEE RECEIVED: _____		

Project Location:

	STREET / ADDRESS		TOWN / VILLAGE
	BLOCK		LOT

APPLICANT:

NAME: _____

MAILING ADDRESS: _____

TELEPHONE # _____

TELEPHONE # _____

E-MAIL: _____

APPLICANT IS:

- OWNER
- LESSEE
- AGENT
- ARCHITECT / ENGINEER
- BUILDER / CONTRACTOR
- INSTALLER

NAME AND ADDRESS OF OWNER AND INSTALLER IF DIFFERENT THAN APPLICANT:

<p>OWNER</p> <p>NAME: _____</p> <p>MAILING ADDRESS: _____</p> <p>TELEPHONE # _____</p> <p>TELEPHONE # _____</p> <p>E-MAIL: _____</p>	<p>INSTALLER</p> <p>NAME: _____</p> <p>MAILING ADDRESS: _____</p> <p>TELEPHONE # _____</p> <p>TELEPHONE # _____</p> <p>E-MAIL: _____</p>
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OCCUPANCY TYPE:

(CHECK APPROPRIATE BOX)

- | | | | | |
|--|--------------------------------|---|---|---|
| <input type="checkbox"/> SINGLE FAMILY HOME
<input type="checkbox"/> ONE - FAMILY DWELLING
<input type="checkbox"/> TWO - FAMILY DWELLING
MULTIPLE DWELLING:
<input type="checkbox"/> PERMANENT OCCUPANCY
<input type="checkbox"/> TRANSIENT OCCUPANCY
<input type="checkbox"/> ADULT RESIDENTIAL CARE
(NOT MORE THAN 16 OCCUPANTS) | R3
R3

R2
R1
R4 | <input type="checkbox"/> BUSINESS
<input type="checkbox"/> MERCANTILE
<input type="checkbox"/> FACTORY
<input type="checkbox"/> STORAGE
<input type="checkbox"/> ASSEMBLY
<input type="checkbox"/> INSTITUTIONAL
<input type="checkbox"/> MISCELLANEOUS
<input type="checkbox"/> OTHER | DESCRIBE

_____ | GROUP B
GROUP M
GROUP F
GROUP S
GROUP A
GROUP I
GROUP U
GROUP __ |
|--|--------------------------------|---|---|---|

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Building Information: (Complete all that apply)

Building Construction Type:
 Concrete Steel Brick Stone Wood Other: _____

Building Exterior:
 Wood Stone Brick Metal Shingles Vinyl Concrete Composition
 Stucco Other: _____

Building Roof:
 Wood Stone Metal Shingles Rubber Other: _____

Building Heating & Cooling:
 Hot Air Hot Water Electric Oil Gas Radiant Solar Wood
 Geothermal Central Air Other: _____

Proposed Equipment Information: (Complete all that apply)

Type of Equipment:
 Room Heater Furnace Stove Fireplace Other: _____

Type of Fuel:
 Wood Pellet Wood Coal Pellet Coal Propane Gas Natural Gas
 Fuel Oil Kerosene Other: _____

Manufacturer Information:
Name: _____
Model Number: _____
BTU Rating: _____
UL Listed: Yes No (All new equipment installations **MUST** be UL listed)

Primary Source of Heat? Yes No

Equipment Location: New Location Existing Location
 Basement Living Space Floor Attic Garage (Contact code office) Other _____

Chimney Information: New Existing

Chimney Location: Interior Exterior Other _____

Chimney Type: Masonry Factory Built Other _____

APPLICANT'S SIGNATURE

DATE

Please note the ACORD forms are NOT acceptable proof of New York State workers' compensation or disability benefits insurance coverage.

Prove It to Move It

May, 2010

Workers' Compensation Requirements under Workers' Compensation Law §57

To comply with coverage provisions of the Workers' Compensation Law (WCL), businesses must:

- a) be legally exempt from obtaining workers' compensation insurance coverage; or
- b) obtain such coverage from insurance carriers; or
- c) be a Board-approved self-insured employer; or
- d) participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or licenses, or seeking to enter into contracts **MUST provide ONE** of the following forms to the government entity issuing the permit or entering into a contract:

A) Form CE-200, *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage*;

Form CE-200 can be filled out electronically on the Board's website, www.wcb.ny.gov. Click on the button entitled "WC/DB Exemptions Form CE-200" (In bright yellow letters). Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. 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; or

B) Form C-105.2, *Certificate of Workers' Compensation Insurance* (the business's insurance carrier will send this form to the government entity upon request). **Please Note:** The State Insurance Fund provides its own version of this form, the U-26.3; or

C) Form SI-12, *Certificate of Workers' Compensation Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247), or GSI-105.2, *Certificate of Participation in Worker's Compensation Group Self-Insurance* (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

Disability Benefits Requirements under Workers' Compensation Law §220(8)

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- a) be legally exempt from obtaining disability benefits insurance coverage; or
- b) obtain such coverage from insurance carriers; or
- c) be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or licenses, or seeking to enter into contracts **must** provide one of the following forms to the entity issuing the permit or entering into a contract:

A) CE-200, *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage* (see above);

B) DB-120.1, *Certificate of Disability Benefits Insurance* (the business's insurance carrier will send this form to the government entity upon request); or

C) DB-155, *Certificate of Disability Benefits Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247).

NYS Agencies Acceptable Proof: Letter from the NYS Department of Civil Service indicating the applicant is a New York State government agency covered for workers' compensation under Section 88-c of the Workers' Compensation Law and exempt from NYS disability benefits.

Please note that for **building permits only**, certain homeowners of 1, 2, 3 or 4 family owner-occupied residences serving as their own General Contractor may be eligible to file Form BP-1 (The homeowner obtains this form from either the Building Department or on the Board's website, <http://www.wcb.ny.gov/content/main/forms/bp-1.pdf>)

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 (12/08).

- ◆ 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(12/08), 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.

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