

Village of Chaumont

Building/ Zoning Permit Application

Location: _____

Tax Map Number: _____

Owner: _____

Mailing Address: _____ Zip: _____ Phone: _____

Contractor: _____

Mailing Address: _____ Zip: _____ Phone: _____

Architect or Engineer: _____

Mailing Address: _____ Zip: _____ Phone: _____

Type of Work: New Structure____, Addition____, Alteration____,
Renovation____, Solid Burning Device____, Move____, Remove____,
Pool____, Porch____, Shed____, Fence____, Driveway____, Other please
list _____

Estimated Cost of Work:____. Permit Fee:_____

You will need to enclose the following plans or materials as needed:

- 1 Site Plan
- 2 Construction drawing
- 3 Description of project
- 4 Description of proposed use
- 5 Complete set of Stamped drawings for any commercial construction, by an Architect or Engineer
- 6 A list of materials for proposed project
- 7 A Affidavit of exemption for worker compensation or a certificate of insurance issued by the carrier.
8. Fee for permit

Signature of Applicant or authorized agent

Date

Annuaire 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>
--

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