

Incorporated Village of Malverne

Building Department

99 Church Street, Malverne New York 11565-1726

Phone: (516) 599-1200 • Fax: (516) 823-0767

HOMEOWNER’S AFFIDAVIT FOR PERFORMING OWN WORK

Please note that it is under the discretion of the Superintendent of the Building Department to approve the homeowner as a contractor performing their own work. Please note this form cannot be used to do any plumbing and electrical work. Only a Malverne licensed plumber and electrician can perform those services. A contractor working under a permit without workers compensation and disability insurance with no registered CE-200 exemption with the project is against NYS law.

STATE OF NEW YORK

COUNTY OF NASSAU

Date: _____

Application # _____

I, _____, being duly sworn, deposes and says that I reside at _____, Malverne, New York

THAT I am this day making an application to the Building Department of the Incorporated Village of Malverne for a permit to _____

At premises owned by me located at _____, Malverne, New York, also known as Section _____ Block _____ Lot(s) _____ on the Nassau County Tax Map.

THAT the work contemplated under such application is to be done solely by me and that I employ no help. Therefore, I am exempt from the provision of the Worker’s Compensation Law and hereby agree to submit the required Affidavit of Exemption from the Worker’s Compensation Board. If, during the course of construction, it shall become necessary to employ any persons or subcontractors, I, or they, will notify the building department and amend the permits accordingly, secure the necessary insurance under Workman’s Compensation Law and comply in all respects with the applicable laws of the Incorporated Village of Malverne and New York State Building Codes.

THAT I am aware that there are Federal guidelines with respect to lead abatement and other environmental concerns as it pertains to residential structures.

THAT I shall indemnify and hold the Municipality, its elected and appointed officials, employees and volunteers, harmless against any claim of liability or loss including the cost of defense for personal injury or property damage resulting from or arising directly or indirectly out of or resulting from the permits holders/Licensee operations within the Municipality including losses arising out of the negligent acts or omissions of the contractor, its servants or agents, and any subcontractors, its servants or agents.

THAT I make this affidavit with the full knowledge that the Building Department is relying upon the truth of the statements herein contained and in relying thereon will issue a permit called for in this application.

Print Name: _____

Sworn to before me this ____ day

Signature: _____

of _____ 20



Notary Public stamp / seal

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.

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.

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**INSURANCE REQUIREMENTS FOR OBTAINING A PERMIT AND/OR TO REGISTER LICENSED
CONTRACTOR TO WORK WITHIN THE MUNICIPALITY**

UMBRELLA LIABILITY – RECOMMENDED

Coverage	Umbrella Form or Excess following form of primary General Liability
Suggested Limit	\$2,000,000.00
Additional Insured	Municipality and all appointed and elected officials, employees and volunteers

HOLD HARMLESS/INDEMNIFICATION AGREEMENT

The contractor shall indemnify and hold the Municipality harmless against any claim of liability or loss including the cost of defense for personal injury or property damage resulting from or arising directly or indirectly out of or resulting from the permit holders/Licensee operations within the Municipality including losses arising out of the negligent acts or omissions of the contractor, its servants or agents, and any subcontractors its servants or agents.

SPECIAL NOTATIONS:

1. Per the Workers Compensation Law, all municipal and State entities are to ensure that all applicants applying for permits, licenses or contracts have appropriate works compensation and disability benefits insurance coverage. Businesses must provide evidence of proper coverage by using:
Workers Compensation: C105.2 OR (State Insurance Fund Form) SI-26.3
NYS Disability DB120.1

2. If you do not maintain Workers Compensation and NYS Disability due to a valid exemption the following form must be submitted to the Municipality.
CE-200 – Certificate of Attestation of Exemption from NYS Workers Compensation and/or Disability Benefits Insurance Coverage. *

*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. You can obtain this form from the Workers Compensation Board's website: www.wcb.stat.ny.us or by calling (518) 486-6307.

3. If Applicant is a HOMEOWNER serving as the General Contractor for his/her primary Residence, the applicant must provide the following:
 - Affidavit of Exemption to Show Specific Proof of Workers Compensation Insurance Coverage for a 1,2,3, or 4 Family Owner-Occupied Resident- Form BP-1 OR If after reviewing this form, you do not qualify for a Workers Compensation Exemption, you must acquire appropriate Workers Compensation Coverage and provide appropriate proof as mentioned above.
 - Provide copy of Homeowners Insurance that is currently in effect and covers the property listed on the Building Permit.