

TOWN OF MINDEN
 CODE AND ZONING ENFORCEMENT
 134 STATE ROUTE 80 ❖ FORT PLAIN, NEW YORK 13339 ❖ TEL.: (518) 993 – 3443 / FAX: 993 – 3258
www.townofminden.org ❖ oneshotvic@yahoo.com

Permit Application: ☐ Building, ☐ Demolition, ☐ Septic, ☐ Other

Work covered by this application shall not commence before the issuance of a building permit. Upon approval of this application, a building permit will be issued to the applicant and owner as stated. Such permit shall be posted and available for public inspection throughout the progress of the work. The Code Officer shall be notified seventy-two (72) hours in advance to make the necessary inspections of progress.

Zoning: ☐ Approved ☐ Disapproved; ZEO Initials: _____ Date: _____ Application No.: _____
 Codes: ☐ Approved ☐ Disapproved; CEO Initials: _____ Date: _____ Permit No.: _____

S.B.L. No.: _____

Owner: _____ Phone: (____) _____

Applicant: _____ Phone: (____) _____

Mailing Address: _____

Site Location: _____

Project Type: _____

Instructions:

- A. ☐ Please type or print in ink all answers and submit to the Code Enforcement Official.
- B. ☐ Include a diagram showing location of any existing buildings and the proposed new building(s). Indicate all setback dimensions from property lines and highways or streets.
- C. ☐ Plan describing the nature of work to be performed in detail including: structural, mechanical, electrical and plumbing, septic.
 - a. Buildings under 1,500 sq.ft. or \$20,000 cost use page 3 or attach a separate sheet (8 ½ x 11").
 - b. Buildings over 1,500 sq.ft. or \$20,000 cost signed engineered plans must be submitted.
 - c. A New York State Licensed Engineer or Architect must design all Septic Systems.
 - d. An original stamped and signed copy of the septic system design must be submitted.
- D. ☐ Proof of Workers' Compensation Insurance, Disability Benefits Insurance, and General Liability Insurance as outlined in the table below:

	Exempt Forms			Have Coverage
See Appendix WC/DB for more information	Home Owner	NY or Non-NY Company without Employees	Non-NY or Foreign Company Coverage Not Required	Any one listed form
Workers' Compensation	BP-1	WC/DB-100	WC/DB-101	C-105.2; U-26.3; SI-12; GSI-105.2
Disability Benefits				DB-120.1; DB-820/829; DB-155
General Liability				ACORD Form from Insurance Company/Agent

**** Note: If you have Workers' Compensation and/or Disability Benefits Insurance coverage your insurance carrier will provide the proof of insurance on the appropriate form.**

- E. ☐ Copy of Home Owner's Insurance certificate.
- F. ☐ If applicable, well driller's log, percolation and water potability test result.
- G. ☐ If an area of one acre or more will be disturbed during construction, then a General Permit for Storm Water Discharge may be necessary. See Code Office for further information.

- A. State existing use and occupancy: _____
- B. State proposed use and occupancy: _____
- C. Nature of work (check which applies): ☐ new building, ☐ addition, ☐ alteration, ☐ repair, ☐ removal,
☐ demolition, ☐ other: _____.
- D. Describe the type of building project and state construction size: _____

- E. Estimated cost of construction: _____
- F. If business, commercial or mixed occupancy, specify nature of each type of use: _____

- G. Dimensions of existing structure: front _____, rear _____, depth _____, height _____, and No of Stories _____.
- H. Dimensions of new construction: front _____, rear _____, depth _____, height _____, and No of Stories _____.
- I. Size of lot: front _____, rear _____, depth _____, and acreage of parcel _____.
- J. Zoned (check which applies): ☐ Agricultural, ☐ Residential, ☐ Commercial, ☐ Planned Development District
- K. FEMA Flood Zone Community Panel and Map Number: _____.

I certify that all the statements contained in this application are true to the best of my knowledge.

(Signature of Applicant)

Date _____

(Printed name of Applicant)

(Signature of Owner)

Date _____

(Printed name of Owner)

DESCRIPTION

SKETCH

APPENDIX WC/DB

Workers' Compensation Law

§57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

Disability Benefits Law

§220 (8)

- (a) The head of state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.
- (b) The head of state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article.

ACCORD FORMS ARE NOT ACCEPTABLE PROOF OF WORKERS' COMPENSATION AND/OR DISABILITY BENEFITS INSURANCE COVERAGE!

General Contractors and Business Owners

Businesses listed as the general contractors on building permits, must prove that they are in compliance with Section 57 of the Workers' Compensation Law and Section 220 (8) of the Disability Benefits Law by producing **ONE** of the following forms indicating that they are:

- ❑ Insured: **C-105.2 or U-26.3 – Certificate of Workers' Compensation; DB-120.1 – Certificate of Disability Benefits Insurance or DB-820/829 – Certificate/Cancellation of Insurance** (the business' insurance carrier will send this form to the Code Enforcement Office upon the business' request)
- ❑ Self-Insured: **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 Workers' Compensation Group Self-Insurance** (the business' Group Self-Insurance Administrator will send this form to the Code Enforcement Office upon the business' request); For

Disability Benefits Self-Insurance provide form **DB-155 – Certificate of Disability Benefits Self-**

Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247)

- ☐ Exempt: **WC/DB-100 – Affidavit for New York Entities and Any Out of State Entities with NO Employees, that New York State Workers' Compensation and/or Disability Benefits Insurance coverage is NOT required; OR**

WC/DB-101 – Affidavit that an Out of State or Foreign Employer working in New York State does NOT require specific New York State Workers' Compensation and/or Disability Benefits Insurance coverage

Owner-occupied Residences

Homeowners of a 1, 2, 3 or 4 Family, Owner-occupied Residence, must file form **BP-1 (3/99) – Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence** when they are:

Listed as the general contractor on the building permit, and the homeowner:

- ☐ Is performing all the work for which the building permit was issued
- ☐ 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 me perform such work.
- ☐ Has a homeowner's insurance policy that is currently in effect and covers the property listed on the attached building permit **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 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 (3/99)**, but must either:

- ☐ Acquire appropriate Workers' Compensation coverage and provide appropriate proof of that coverage on forms **C-105.2 or U-26.3 – Certificate of Workers' Compensation**, or
- ☐ Have the general contractor performing the work provide appropriate proof of Workers' Compensation coverage, or proof of exemption from that coverage, to the Code Enforcement Office.

Any residences that are 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.

Affidavit of Exemption to Show Specific Proof of Worker's Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

Under the 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 job site) for which the building permit was issued.

I also agreed 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 job site) for work indicated on the building permit; **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 job site) 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)

LAWS OF NEW YORK, 1998 -- CHAPTER 439

The general municipal law is amended by added 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 and Business Owners

For businesses 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 (C-105.21),

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** (3/99).

- Form **BP-1** (3/99) 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 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 job site) 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 job site) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" form, **BP-1** (3/99), 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.

NYS WCB WC/DB100/101 100 Broadway Menands ALBANY 12241 (866) 750-5157 Fax# (518) 473-9166	NYS WCB WC/DB100/101 State Office Building 44 Hawley Street BINGHAMTON 13901 (866) 802-3604 Fax# (607) 721-5464	NYS WCB WC/DB100/101 111 Livingston St. 22nd Floor BROOKLYN 11201 (800) 877-1373 Fax# (718) 802-6642	NYS WCB WC/DB100/101 107 Delaware Ave. BUFFALO 14202 (866) 211-0645 Fax# (716) 842-2132	NYS WCB WC/DB100/101 220 Rabro Drive Suite 100 HAUPPAUGE 11788 (866) 681-5354 Fax# (631) 952-7966	NYS WCB WC/DB100/101 175 Fulton Ave. HEMPSTEAD 11550 (866) 805-3630 Fax# (516) 560-7807	NYS WCB WC/DB100/101 215 W. 125th St. 3rd Floor NEW YORK 10027 (800) 877-1373 Fax# (212) 316-9183	NYS WCB WC/DB100/101 41 North Division St. PEEKSKILL 10566 (866) 746-0552 Fax# (914) 788-5793	NYS WCB WC/DB100/101 168-46 91st Ave. 3rd Floor QUEENS 11432 (800) 877-1373 Fax# (718) 291-7248	NYS WCB WC/DB100/101 130 Main St. ROCHESTER 14614 (866) 211-0644 Fax# (585) 238-8341	NYS WCB WC/DB100/101 935 James St. SYRACUSE 13203 (866) 802-3730 Fax# (315) 423-2938
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Affidavit For New York Entities And Any Out Of State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required
(Incomplete forms will be returned – Please contact an attorney if you have any questions regarding this form.)

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Affidavit **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 either other businesses or those business' insurance carriers that such insurance is not required.

Applicant must either fax or mail this completed form to the closest New York State Workers' Compensation Board office at the fax number or address listed on the top of this form. Incomplete forms will be returned.

Please note: This statement must be notarized and also have been stamped by the New York State Workers' Compensation Board. This affidavit will not be accepted by government officials one year from the date received by the Workers' Compensation Board.

Upon receipt of a fully completed WC/DB 100 form, the Workers' Compensation Board will stamp this form as received and return it to you by either mail or fax. Please provide a copy (or the original, if required by the government entity) of this stamped form to the government entity from which you are requesting a permit, license or contract.

In the Application of (Business Name and Address)

for a _____ permit/license/contract

State of _____)
) ss.:
 County of _____)

_____ (applicant's name) being duly sworn, deposes and says:

1. I am the _____ (position) with _____ (business or trade name), a _____ (type of business). The telephone number of the business is (_____) _____. The Federal Employer Identification Number of the business (or the Social Security Number of the business owner) is _____. The New York State Unemployment Insurance Employer Registration Number (if any) of the business is _____. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this affidavit.

2. My personal address is _____ and my home telephone number is (_____) _____.

3. That the above named business is applying for a _____ (type of permit/ license/contract applying for) from _____ (governmental entity issuing the permit/ license/contract).

3a) {Optional -- Location of where work will be performed in New York State _____ from _____ to _____ (dates necessary to complete work associated with permit/license/contract). The estimated dollar amount of project is _____.

4. That the above named business is certifying that it is exempt from obtaining New York State specific workers' compensation insurance coverage for the following reason (to be eligible for exemption, applicant must be able to truthfully check **ONE** of the boxes from 4a. through 4h.):

- ☐ 4a.) the business is owned by one individual and is not a corporation. Other than the owner, there are no employees, leased employees, borrowed employees, part-time employees or unpaid volunteers (including family members).
- ☐ 4b.) the business is a partnership under the laws of New York State and is not a corporation. Other than the partners, there are no employees, leased employees, borrowed employees, part-time employees or unpaid volunteers (including family members). **(Must attach separate sheet with a list of all the partners names and also with the signatures of all the partners.)**
- ☐ 4c.) the business is a one person owned corporation, with that individual owning all of the stock and holding all offices of the corporation. Other than the corporate owner, there are no employees, leased employees, borrowed employees, part-time employees or unpaid volunteers (including family members).

- ☐ 4d.) the business is a two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (each individual must own at least one share of stock). Other than the corporate owners, there are no employees, leased employees, borrowed employees, part-time employees or unpaid volunteers (including family members). *(Must attach separate sheet with a list of the names of both owners, and also with both owners' signatures.)*
- ☐ 4e.) the applicant is a nonprofit entity (under IRS rules). With the exception of clergy or teachers, the nonprofit has no compensated individuals providing any services.
- ☐ 4f.) the business is a farm with less than \$1,200 in payroll the preceding calendar year.
- ☐ 4g.) the applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. **Only** uncompensated friends/family are helping to build this structure.
- ☐ 4h.) other than the business owner(s) and individuals obtained from a registered temporary service agency, there are no employees, leased employees, borrowed employees, part-time employees or unpaid volunteers (including family members). Other than the business owner(s), all individuals providing services to the business are obtained from a registered temporary service agency and that agency has covered these individuals for New York State workers' compensation insurance. In addition, the business is owned by one individual or is a partnership 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.

5. That the above named business is certifying that it is exempt from obtaining New York State disability benefits insurance coverage for the following reason (to be eligible for exemption, applicant must be able to truthfully check **ONE** of the boxes from 5a. through 5f.):

- ☐ 5a.) the business is owned by one individual or is a partnership 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 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.)*
- ☐ 5b.) the applicant is a political subdivision that is legally exempt from providing statutory disability benefits coverage.
- ☐ 5c.) the applicant is a nonprofit religious, charitable or educational institution. With the exception of executive officers, clergy, sextons, teachers or professionals, the nonprofit has no compensated individuals providing services.
- ☐ 5d.) the business is a farm and all employees are farm laborers.
- ☐ 5e.) the applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. **Only** uncompensated friends/family are helping to build this structure.
- ☐ 5f.) other than the business owner(s) and individuals obtained from the temporary service agency, there are no other employees. Other than the business owner(s), all individuals providing services to the business are obtained from a registered temporary service agency and that agency has covered these individuals for New York State disability benefits insurance. In addition, the business is owned by one individual or is a partnership 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.

6. That if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, such as the hiring of employees, the above-named business 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 in item 3 on the front of this form.

7. That based on the facts presented, I certify that the above-named business does not require (check box 7a. and/or 7b.):

- ☐ 7a.) workers' compensation insurance. (applicant must have checked **ONE** of the boxes from 4a. through 4h.)
- ☐ 7b.) disability benefits insurance. (applicant must have checked **ONE** of the boxes from 5a. through 5f.)

8. By signing my name below, **I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this affidavit 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.

Sworn to before me this _____
Day of _____, 20____

Notary Public

(Applicant's Signature – first and last name)



NYS Workers' Compensation Board Received Stamp

Because this is a sworn affidavit, employees of the Workers' Compensation Board cannot assist applicants in answering questions about this form.

NYS WCB WC/DB100/101 100 Broadway Menands ALBANY 12241 (866) 750- 5157 Fax# (518) 473-9166	NYS WCB WC/DB100/101 State Office Building 44 Hawley Street BINGHAMTON 13901 (866) 802-3604 Fax# (607) 721-8464	NYS WCB WC/DB100/101 111 Livingston St. 22nd Floor BROOKLYN 11201 (800) 877-1373 Fax# (718) 802-6642	NYS WCB WC/DB100/101 107 Delaware Ave. BUFFALO 14202 (866) 211- 0645 Fax# (716) 842-2132	NYS WCB WC/DB100/101 220 Rabro Drive Suite 100 HAUPPAUGE 11788 (866) 681-5354 Fax# (631) 952-7966	NYS WCB WC/DB100/101 175 Fulton Ave. HEMPSTEAD 11550 (866) 805-3630 Fax# (516) 560-7807	NYS WCB WC/DB100/101 215 W. 129th St. 3rd Floor NEW YORK 10027 (800) 877-1373 Fax# (212) 316-9183	NYS WCB WC/DB100/101 41 North Division St. PEEKSKILL 10566 (866) 746- 0552 Fax# (914) 788-5793	NYS WCB WC/DB100/101 168-46 91st Ave. 3rd Floor QUEENS 11432 (800) 877- 1373 Fax# (718) 291-7248	NYS WCB WC/DB100/101 130 Main St. ROCHESTER 14614 (866) 211- 0644 Fax# (585) 238-8341	NYS WCB WC/DB100/101 935 James St. SYRACUSE 13203 (866) 802-3730 Fax# (315) 423- 2938
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Affidavit That An OUT-OF-STATE OR FOREIGN EMPLOYER Working In New York State Does Not Require Specific New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage
(Incomplete forms will be returned – Please contact an attorney if you have any questions regarding this form.)

****This form cannot be used to waive the workers' compensation rights or obligations of any party:****

The applicant may use this Affidavit 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 either other businesses or those business' insurance carriers that such insurance is not required.

Applicant must either fax or mail this completed form to the closest New York State Workers' Compensation Board office at the fax number or address listed on the top of this form. Incomplete forms will be returned.

Please note: This statement must be notarized and also have been stamped by the New York State Workers' Compensation Board. This affidavit will not be accepted by government officials one year from the date received by the Workers' Compensation Board.

Upon receipt of a fully completed WC/DB-101 form, the Workers' Compensation Board will stamp this form as received and return it to you by either mail or fax. Please provide a copy (or the original, if required by the government entity) of this stamped form to the government entity from which you are requesting a permit, license or contract.

In the Application of (Business Name and Address)

for a _____ permit/license/contract

State of _____)

) ss.:

County of _____)

_____ (applicant's name) being duly sworn, deposes and says:

1. I am the _____ (position) with _____ (business or trade name), a _____ (type of business). The telephone number of the business is _____ (_____) _____. The Federal Employer Identification Number of the business (or the Social Security Number of the business owner) is _____. The New York State Unemployment Insurance Employer Registration Number (if any) of the business is _____. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this affidavit.

2. My personal address is _____ and my home telephone number is _____ (_____) _____.

3. That the above named business is applying for a _____ (type of permit/ license/contract applying for) from _____ (governmental entity issuing the permit/ license/contract).

3a) {Optional -- Location of where work will be performed in New York State _____ from _____ to _____ (dates necessary to complete work associated with permit/license/contract). The estimated dollar amount of project is _____.

4. That the above named business is certifying that it is exempt from obtaining New York State specific workers' compensation insurance coverage for the following reason (to be eligible for exemption, applicant must be able to truthfully check either box 4a or 4b):

- ☐ 4a) the business is from outside of New York State, and wishes to use its foreign or other state's workers' compensation insurance policy to cover its employees while they are working in New York State. *To check this box, the applicant **MUST** have New York (NY) specifically listed on Item 3C on the Information Page of its workers' compensation insurance policy (Exception-3C coverage not required for contracts where **ALL** work is done outside of New York State), and **MUST** attach a certificate of insurance from its foreign or other State's workers' compensation insurance policy to this Affidavit (and listed the governmental entity issuing the permit/ license/contract as the Certificate Holder). Further, by checking box "4a" on this form, the applicant **CERTIFIES** that for the period covered by this exemption form the above business **DOES NOT** or **WILL NOT** meet any of the following four criteria (4aa. – 4ad.).*

4aa. has a physical location within New York State, nor

4ab. has more than \$50,000 in labor costs in a calendar year for employees working in New York State, nor

4ac. has one or more employees with a primary work location or hired within New York State, nor

4ad. has an employee or employees working in New York State more than 90 days in a calendar year.

Applicants that meet any of the above four criteria (4aa. – 4ad.), CANNOT check "box 4a" on this form and CANNOT file this form for a workers' compensation exemption. **PLEASE NOTE:** Applicants that meet any of the above four criteria (4aa. – 4ad.), are **REQUIRED** to have a full New York State workers' compensation policy (NY listed under Item 3A on the Information Page of the insurance policy) and must file either a C-105.2 – Certificate of Workers' Compensation Insurance OR a U-26.3, the State Insurance Fund's version of this form (the business' insurance carrier will send these forms to the government entity issuing the permit, license or contract upon the business' request) as proof of this coverage. [Applicants that **DO NOT** meet any of the above four criteria (4aa. – 4ad.) are **NOT** required to have NY listed under Item 3A on the Information Page of the insurance policy. Instead, the out-of-state employer's employees will be covered when working in New York by having NY listed in Item 3C on the Information Page of the workers' compensation insurance policy (the other-states section).]

- ☐ 4b) All employees from the entity applying for the permit, license or contract are direct employees of a government entity outside of New York State and such employees are outside the jurisdiction of New York State workers' compensation coverage. (Applicant **MUST** attach a certificate of insurance from its foreign or other State's workers' compensation insurance policy to this Affidavit)

5. That the above named business is certifying that it is exempt from obtaining New York State disability benefits insurance coverage for the following reason (to be eligible for exemption, applicant must be able to truthfully check **ONE** of the boxes from 5a. through 5b.):

- ☐ 5a.) 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.)

- ☐ 5b.) All employees from the entity applying for the permit, license or contract are direct employees of a government entity outside of New York State and such employees are outside the jurisdiction of New York disability benefits coverage.

6. That if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named business 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 in item 3 on the front of this form.

7. That based on the facts presented, I certify that the above-named business does not require (check box 7a. and/or 7b.):

- ☐ 7a.) workers' compensation insurance. (applicant must have checked box 4a or 4b and attached a certificate of insurance from its foreign or other State's workers' compensation insurance policy to this Affidavit)

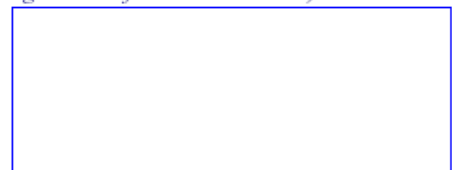
- ☐ 7b.) disability benefits insurance. (applicant must have checked either box 5a. or 5b.)

8. By signing my name below, **I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this affidavit 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.

Sworn to before me this _____
Day of _____, 20____

Notary Public

(Applicant's Signature – first and last name)



NYS Workers' Compensation Board Received Stamp

Because this is a sworn affidavit, employees of the Workers' Compensation Board cannot assist applicants in answering questions about this form.