

**Permit Fee will not be accepted without complete Building Permit Application**

**CHECKLIST FOR BUILDING PERMIT APPLICATIONS**

- 1 CULVERT PERMIT (Town , State or County)
- 1 STORM WATER CONTROL/ Ground Disturbance Permit – if required (Town of Lansing Planning Department)
- 1 WORKER'S COMPENSATION / LIABILITY INSURANCE
- 1 HEALTH DEPARTMENT APPROVAL or Highway Department for Municipal Sewer
- 1 STAMPED DRAWINGS ----- IF RESIDENCE IS OVER 1500 SQ. FT.
- 1 If stamped drawings are not required, we will still need a complete set of Drawings (Foundation Plans, Floor Plan, Cross Section, etc.).
- 1 PLOT PLAN ----- SHOWING WHERE BUILDING IS LOCATED with setbacks
- 1 ROOF STAMPED TRUSS SPECS ---- IF TRUSSES ARE USED(when delivered)
- 1 COMPLIANCE WITH THE MOST CURRENT ENERGY CODE (blower door test mandatory)
- 1 If Superior Wall Foundation is used, a stamped drawing of the Foundation is required.
- 1 Bolton Point Permit ---- If you are in the Consolidated Water District.
- 1 Elevation Certificate if in a Flood Zone.
- 1 ALL ELECTRICAL WORK WILL BE INSPECTED BY A Qualified ELECTRICAL INSPECTOR / Agency (See Attached list)
- 1 Town, Planning or ZBA approval if necessary.
- 1 New Wells tested for Bacteria before completion of job.

**BUILDING PERMITS ARE NOT REQUIRED FOR**

1. BUILDINGS WHICH ARE 100 SQ. FT. OR UNDER (detached buildings only)
2. RESIDING A BUILDING
3. INTERIOR WORK THAT DOES NOT INVOLVE ELECTRIC, PLUMBING, INSULATION , STRUCTURAL WORK, RECONFIGURING OR CHANGE OF USE  
(ex.- GARAGE TO LIVING SPACE- requires a permit)
4. Fences- As long as they're 6 feet or less in height
5. FARM BUILDINGS USED FOR AGRICULTURAL PURPOSES ONLY  
(NOT LANDSCAPING STORAGE / BUSINESS)

# Building Permit Fees

(Effective January 19, 2017)

Working without a Building Permit-The fees set forth shall be doubled if work is commenced prior to the issuance of a permit.

## Residential:

\$0.32 cents a square foot for – One & Two Family Residence, Modular Homes, Mobile Homes on Private Lots, Additions, finished off basements.

Fees for Mobile Homes on Rental Lots will have a charge of \$150.00

\* Note that basements are not included in Square footage Total if the basement is unfinished.

\$0.15 cents per Square Foot for: Garages, Storage Buildings, Workshops & Pole Barns.

\* Note any New Residence with an attached Garage will pay \$0.32 cents per Sq. Ft & .10 cents per Sq Ft.

## Remodeling:

\$3.00 per thousand of estimated construction cost- when the Square Foot Rule does not apply. (\$75.00 minimum)

## Commercial:

\$5.00 per thousand of estimated construction cost. (\$75.00 minimum)

## Pools:

\$50.00 – For storable / portable pools

\$50.00 – For all above Ground Pools.

\$75.00 – For all In-Ground Pools.

In & Above Ground Pool Permits will only be 180 day Permits, storable / portable pools will only be 90 day permits.

All swimming pools shall be completed within 12 months, complete means a Certificate of Compliance has been issued.

## Prefab Sheds:

\$40.00- For any Pre Assembled Shed.

101 Sq. Ft.-199 Sq. Ft. & less than 12' in height.

\$0.15 cents per Square Foot for any Pre Assembled Shed 200 Sq. Ft & OVER with a minimum fee of \$75.00.

## Sign Permits: \$40.00

Solar Panel, wind or similar alternative energy source permits for Residential use: \$75.00

Solar Panel, wind or similar energy source for Commercial use: \$500.00

Solid fuel burning appliances-wood, pellet, coal stoves.- \$25.00

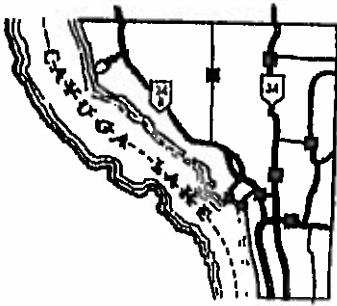
Demolition Permits: \$25.00

Plumbing Inspections: \$100.00-For any plumbing inspections that are not in the Consolidated Water District.

\*Note: Except for the Projects noted here, there will be a minimum Building Permit Fee of \$75.00

\*Note: Except for Pool Permits, any Building Permit that is not complete within one year will require a Renewal Fee of 50% of the original cost of the Building Permit per year until the Project is complete or a \$75.00 Minimum:

\*Exception- Any permit over \$300.00 will be charged a flat fee of \$150.00 for the first renewal, subsequent permit renewals to remain at 50% of the original fee paid.



# **TOWN of LANSING**

*"Home of Industry, Agriculture and Scenic Beauty"*

**ZONING, PLANNING AND CODE ENFORCEMENT**

**Box 186**

**Lansing, NY 14882**

**E-mail: [tolcodes@twcny.nyrr.com](mailto:tolcodes@twcny.nyrr.com)**

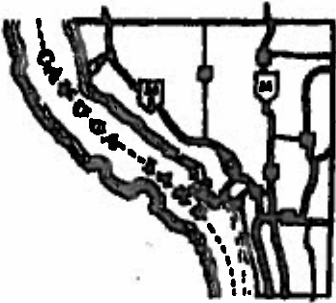
## **ELECTRICAL INSPECTIONS**

On October 21, 2009 The Town of Lansing Town Board passed a resolution eliminating the Electrical Inspector position. **After December 31, 2009 the Town of Lansing Planning & Zoning and Code enforcement Office will no longer issue electrical permits.**

Anyone requiring electrical inspections will have to show Certificates Of Compliance that show the inspection/s was/were performed by a NYS Certified Electrical Inspector. The term "NYS Certified Electrical Inspector" means a person who:

- Has passed the NYS Civil Service Examination and is eligible for appointment as an electrical Inspector according to the rules of civil service.
- As to one & two family dwellings, has been certified as a Residential Electrical inspector by the International Association of Electrical Inspectors.
- Has been certified as a Master Electrical Inspector by the International Association of Electrical Inspectors.
- Is otherwise qualified by law and has proper credentials to conduct electrical inspections and issue Certificates Of Compliance in accordance with applicable codes and requirements.

We have enclosed a list of Electrical Inspectors that have met these requirements. If you choose to use any other Electrical Inspector you will be required to show that the Electrical Inspector is NYS certified. If you have any questions please call our office at 533-7054 or stop by in person at 29 Auburn Rd. Thank you for your cooperation.



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**Phone: 533-7054**

**E-mail: [tolcodes@twcny.rr.com](mailto:tolcodes@twcny.rr.com)**

**Web: [www.lansingtown.com](http://www.lansingtown.com)**

The following is a list of NYS Certified Electrical Inspectors for the Town of Lansing. If you choose any other Electrical Inspector that is not on this list, you will be required to show proof that the Electrical Inspector is NYS Certified. If you have any further questions, please call us at; 533-7054 or stop by and see us in person at, The Lansing Town Hall, 29 Auburn Road, Lansing, NY.

## **Certified Electrical Inspectors**

- Chas Bruner - 539-6231
- Lou Closson - 753-7118
- Floyd Ferris - 592-5829
- Chris Fillinger - 272-5873
- Joe Pelligrino - 351-2334

**TOMPKINS COUNTY HEALTH DEPARTMENT**  
**LOT SIZE AND PERMIT REQUIREMENTS**

The following is not a complete representation of the Tompkins County Sanitary Code or of the specific Code sections cited. What is listed here is condensed and highlighted information from the Sanitary Code for unofficial reference purposed only. Lot size/dimension applies primarily to undeveloped lots or converted buildings and to lots where public sewer is not available.

1. **LOT SIZE**

- a) Lots must have enough useable area to furnish adequate separation distances between such features as wells and sewage systems and to allow enough room for a replacement sewage system.
- b) Minimum lot size for each new or converted building (including a mobile home park) is 40,000 sq. ft. of useable area if the total sewage effluent volume is less than 1,000 gallons per day (gpd.) Minimum lot size must be met by a single piece. see lot dimensions below.
- c) The building or sewage system must be located within the useable area.
- d) Construction permits for lots of 30,000 square feet or more created prior to August 17, 1977 will be considered if all other Code requirements can be met.
- e) Minimum lot size may be halved if the property is serviced by a public water supply operated by a municipality or an approved water company.
- f) **Useable Area**: is land available for siting a building, its water and sewage; useable area excludes such areas as Department of Environmental Conservation wet lands, swamps, bogs, flood plains, highways, right-of-ways and other features.
- g) **Converted Building**: means any building is altered resulting in a change in the volume or characteristics of the liquid wastes. Conversion can include changing from non-residential to residential and adding bedrooms to existing homes.

2. **LOT DIMENSIONS:**

- a) Lots must be shaped such that, as a minimum, a circle of 150 feet diameter can inscribed entirely within the confines of the useable area.
- b) For lot with public water and those which can be halved, a circle of 100 feet diameter is required.

3. **CONSTRUCTION PERMIT:**

- a) A Health Department construction permit is required before: construction of a Building which requires a sewage system, or conversion of a building.
- b) Construction permits are valid for one year and are not transferable.

4. **CERTIFICATE OF COMPLETION:**

- a) Sewage systems may not be covered until inspected and approved by the Health Department.
- b) The sewage system may not be used nor shall any building be occupied until a Certificate of Completion is issued by the Health Department.

**NOTE**

A survey map should be submitted with all applications for new or converted building construction so conformance to minimum lot size requirements can be evaluated and confirmed.

Prior to issuing a Building Permit, the Code Enforcement Officer must review the plans and specifications for your project to conform compliance with the New York State Uniform Fire Prevention and Building Code and the Town of Lansing Use Ordinance.

If the project is over 1500 square feet, or the alteration costs more than \$20,000.00 you will need stamped drawings, otherwise a sketch plan will be acceptable and should indicate the following:

- A. Foundation detail and drainage.
- B. Framing material sizes for floors, studding and roof rafters or trusses. A certified truss design must be presented when trusses are used.
- C. Window and door sizes.
- D. Insulation proposals.  
( Compliance with New Energy Code effective July,3,2002)
- E. Dimensions of rooms.
- F. Heating proposals.
- G. Location of new buildings in relation to the building lot and to other buildings on the site.

**We will also need the following information:**

- A. Approval for septic system for number of bedrooms from the Tompkins County Health Department.
- B. Culvert Permit (State, County, Town)
- C. If your are an area served by the SCLIWC (Bolton Point) water system, you will need to obtain a Permit application from them at 1042 E. Shore Drive.
- D. Workers Compensation or Liability Insurance.

When the above information is submitted with the Building Permit Application, the permit can be issued without undue delay.

## **INSTRUCTIONS FOR BUILDING PERMIT APPLICATION**

A. This packet contains two forms to be completed before your application can be processed. These are as follows:

1. **Application form:** Complete all information above the dotted lines and sign where indicated. Please note that this form also contains permission for the Code Enforcement Office (or his delegate) to enter your premises to conduct the necessary inspections.

**Provide a sketch of the lot and appropriate dimensions.** We will also need plans of the proposed construction in sufficient detail to permit evaluation for conformance with the State Uniform fire Prevention & Building Code, plus the Energy Conservation Code. This may range from a complete set of plans (including plumbing and electrical) for a new home to a simple cross section for a barn or residential garage.

2. **Insurance Form:** It is necessary for you or your contractor, as appropriate, to submit proof of Workers' Compensation Insurance or submit proof of Workers' Compensation Board (Binghamton Office) for authorization to waive this requirement. This form must be returned to the Code Enforcement Officer at the above address.

B. Following is a list of some of the items for which a building permit is required:

1. The construction, moving, or demolition of any structure in excess of 100 SF in plan dimension, including portable sheds.
2. The establishment or installation of a site of a mobile home or other factory manufactured or modular construction. This shall include replacement mobile homes on existing sites.
3. Any addition to an existing structure. This includes porches, decks.
4. Any remodeling which constitutes a change in Structure – Electrical – Plumbing – Energy Status- Fire & Safety- egress and reconfiguration of a space.
5. Revisions to the electrical or plumbing system of any structure.
6. A swimming pool, except one less than 24 inches deep. (Includes portable pools)
7. The installation or construction of any facility for the commercial handling or storage of flammable liquids or gases (residential and agricultural being specifically excluded).
8. The installation or construction of alternate energy devices (windmills, solar panels, etc.), or structures for receiving radio signals (such as radio antennas or satellite receivers) which have a height in excess of 12 feet.
9. Any site grading undertaken in preparation for any activity requiring a building permit.
10. Installation of solid fuel burning devices or chimneys to be used with such equipment.

- C. Each application for a building permit shall be accompanied by plans and specifications, including a plot plan showing the location and size of all proposed new construction and all existing structures on the site, the nature and character of work to be performed, the materials to be incorporated, the distance from lot lines, and the relationship of structures on adjoining property.
- D. Upon filing of an application for a building permit, the following fees shall be payable:

**BUILDING PERMIT FEES / INCLUDING RENOVATIONS ---- See Attached Sheet**

- E. All work performed under the authorization of a building permit (except for agricultural Buildings) must conform to the NYS Fire Prevention and Building Codes.
- F. The following additional information will help us process your applications quickly.
  - 1. You will need a Culvert Permit from the Highway Department (County, State, Town).
  - 2. If you are in an area served by the SCLIWC (Bolton Point) water system, you will need to obtain a Permit Application from them at 1402 E. Shore Drive.
  - 3. We will need copies of the Health Departments approval of your sewage disposal System before issuing a permit.
  - 4. If roof trusses are to be used, we need copies of the design from the manufacturer (these are readily available from the dealer).
  - 5. All electrical work in the Town must be inspected by a qualified Electrical Inspector/agency. **(See attached list)**
  - 6. The New York State energy Conservation Code, effective July 3, 2002 contains new requirements. It is therefore necessary for all building permit applications to include documentation (such as manufacturer's literature for doors and windows).
  - 7. Plans prepared by a registered architect or licensed engineer (registered or licensed in New York State) must be submitted as requested as requested by the State Education law. This is as follows: New York State Education Law (7200 through 7307 regulating professional licensing requires that: "...no official of this State, or any county, city, town or village therein, charged with the enforcement laws, ordinances, structures, shall accept or approve any plans or specifications that are not stamped by a licensed engineer or registered architect. These are three exceptions to this law:
    - 1. Farm building used directly and solely for agricultural purposes.
    - 2. New residential construction of 1500 gross square feet or less.
    - 3. Alterations, costing 20,000 or less, to any building or structure which do not involve structural changes or affect public safety.



Summary of  
**Energy Conservation Construction Code of New York State**  
**Effective October 3, 2016**

For  
One & Two family dwellings & Townhouses (prescriptive method)

Note  
You may also demonstrate compliance for residential or commercial projects  
By downloading free software available at [www.energycodes.gov](http://www.energycodes.gov)

From Table N1102.1.2  
Insulation and fenestration requirements by component

Roof / ceiling	R-49
Floors over unheated space Or crawlspace	R-30/R19
Exterior walls above grade	R-20+R5 or R13+R10
Glazing/ patio Doors	(U-factor -0.32)
Opaque doors	(U- factor-0.32)
Slab edge	R-10 (4 Ft.)
Basement wall	R-15/19
Crawlspace wall	R-15/19
Mass wall	R-15/20
Skylight	(U-factor- 0.55)

**\*Lansing in Tompkins County is in New York State Climate Zone 6A**

**N1102.2.1 Ceilings.** The required “ceiling R- value” in Table N1102.1.2 assumes standard Truss or rafter construction and shall apply to all roof/ ceiling portions of the building thermal envelope, including cathedral ceilings. Where the construction technique allows the required R- value of ceiling insulation to be obtained over the wall top plate, R-30 shall be permitted to be used where R-38 is required and R-38 shall be permitted where R-49 is required.

**N1102.3.4 Opaque doors.** Opaque doors separating conditioned and unconditioned space shall have a maximum U-factor of 0.32. One opaque door up to 24 sq ft. shall be permitted to be exempt from this U- factor requirement.

**N1103.1 Controls.** Each dwelling shall have at least one thermostat provided for each separate heating & cooling systems.

**Exception: Radiant floor heating systems.**

**N1102.4.1.2 Testing.** The building or dwelling unit shall be tested and verified (Blower door test) as having an air leakage rate not exceeding the three (3) air changes per hour. A written report of the results of the test shall be signed by the party conducting the test and provided to the code official.

**N1103.3.1 Duct insulation.** Supply ducts in attics shall be insulated to a minimum of R-8. all other ducts shall be insulated to a minimum of R-6.

**Exceptions :**

1. Ducts located completely inside the building thermal envelope.

**N1103.3.2 Sealing (Mandatory).** All ducts, air handlers, filter boxes and building cavities used as ducts shall be sealed. Ducts shall be sealed by one of the following means- tapes, mastics, gasketing or other approved closure systems.

**N1103.3.3 – Duct testing (Mandatory)** Ducts shall be pressure tested to determine air leakage.

**Exception:**

A duct air leakage test shall not be required when the ducts and air handlers are located entirely within the building thermal envelope.

**N1103.6 – Mechanical ventilation (Mandatory).** The buildings shall be provided with ventilation that meets the requirements of Section M1507 of this code or the International Mechanical Code.

**The following items are needed to confirm energy compliance:**

- A. A clear set of prints showing details of walls, floors, and ceiling/ roof, including insulation.
- B. A complete list of windows and door sizes, types and literature describing R- values and filtration rates.
- C. A copy of the energy compliance form if software is used (Rescheck/Comcheck).

TOWN OF LANSING

607-533-7054

Box 186, 29 Auburn Road  
Lansing, New York 14882

TAX MAP # \_\_\_\_\_

DATE: \_\_\_\_\_

PERMIT APPLICATION

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone#: ( \_\_\_\_\_ ) \_\_\_\_\_

Property Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Address of Project: \_\_\_\_\_

Work to be undertaken: \_\_\_\_\_

Estimated Construction Cost: \_\_\_\_\_

Builder: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Type of Heat: \_\_\_\_\_

Number of Family Units: \_\_\_\_\_ 1st Floor Area: \_\_\_\_\_ SF

Number of Bedrooms: \_\_\_\_\_ 2nd Floor Area: \_\_\_\_\_ SF

Number of Baths: \_\_\_\_\_ Total Floor Area: \_\_\_\_\_ SF

Attached Garage/carport sq ft.: \_\_\_\_\_ Basement: \_\_\_\_\_ SF

Type of Foundation: \_\_\_\_\_

The undersigned applies for a permit for the construction as described, in accordance with all provisions of all Laws or Regulations of the Town of Lansing, New York, or others having jurisdiction, and affirms that all statements and information given above are correct to the best of his knowledge and belief, and hereby authorizes the Code Enforcement Officer of the Town Lansing, or his designee, to conduct on site inspections to ensure that work is carried out in accordance with all applicable codes.

Owner's Signature: \_\_\_\_\_

\*SEE REVERSE SIDE

(Office Use Only- Do Not Fill Out Below Dotted Line)

Occupancy Class: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Hazard: \_\_\_\_\_

CONDITIONS & PERMITS	VERIFIED OR ISSUED
Town Zoning	_____
Flood Hazard Zoning	_____
Fresh Water Wetlands	_____
Sewage (TCHD) (Town San. Dist.)	_____
Water	_____
SEQR	_____
Workers' Compensation	_____
Highway Supt (Driveway Culvert	_____

Building Permit: ( ) Approved Received Permit Fee of: \$ \_\_\_\_\_

( ) Denied Building Permit # \_\_\_\_\_

Reason: \_\_\_\_\_

Appeal Action: Variance ( ) Granted

( ) Denied

Reason: \_\_\_\_\_

Draw sketch map & building plan  
Showing distance between buildings and lot lines

A large area of dotted lines for drawing a sketch map and building plan. The lines are arranged in a regular grid pattern, providing a guide for drawing buildings and their placement relative to lot lines.

# 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>Sworn to before me this _____ day of _____, _____.</p> <p>_____ (County Clerk or Notary Public)</p>
--

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.

- ◆ 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(11/04), 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.



STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD  
BUREAU OF COMPLIANCE  
100 BROADWAY  
ALBANY, NY 12241-0005

THIS AGENCY EMPLOYS AND SERVES  
PEOPLE WITH DISABILITIES WITHOUT  
DISCRIMINATION.

Attached is an application for a certificate of attestation of exemption from New York State Workers' Compensation and/or Disability Benefits insurance coverage.

A certificate of attestation of exemption 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 workers' compensation and/or disability benefits insurance.

Please carefully review the instructions before completing the application.

**Exemption Application Instructions:**

This application must be completed in its entirety and submitted to the Workers' Compensation Board by mail or fax. The application will be processed in the order received and a certificate of attestation of exemption will be mailed to the applicant. This process may take up to four weeks to complete.

For those who require an exemption immediately, please access the *on-line application* that can be found on the Board's website, [www.wcb.ny.gov](http://www.wcb.ny.gov). Click the "WC/DB Exemption" button on the Board's main webpage and then click on "Request for WC/DB Exemption (Form CE-200)." You will be able to immediately print the certificate of attestation of exemption after completing the on-line application.

**Instructions:**

1. **Applicant Personal Information:** Enter the name (first and last), address and phone number. The applicant must have the knowledge, information and legal authority to file the application. An accountant or lawyer may not file the application on behalf of a client. The applicant will also be required to sign the certificate of attestation of exemption prior to filing it with the government entity.
2. **Your title:** Title refers to the position held by the applicant. Example: Sole Proprietor, Partner, Member, President, Secretary, Treasurer.
3. **Legal Entity Information:** Enter Federal ID number used for tax purposes. If the entity does not have a Federal ID number, enter your social security number. Legal Entity is the business's legally filed name with the Department of State or County Clerk. Example: Corporation (ABC, Inc.) or LLC name (XYZ, LLC). If this does not apply, enter the applicant's name. Doing business as refers to trade name or the name the business is known by.
4. **Permit/License/Contract Information:** Nature of business refers to what type of work is being performed. Enter the type of permit, license or contract for which you are applying. Examples: Building permit, health permit, liquor license. Issuing Government Agency is the agency to which you will give the certificate. Examples: City of Albany,

Orange County Health Department, New York State Department of Transportation.

5. Job Site Location Information: If applying for a building permit, this section must be completed or form will be rejected. Certificates are job specific and must list the physical location where the work will be performed. The dates and estimated dollar amount of the project must also be completed. If applying for a license or contract, leave this section blank.

6. Partners/ Members /Corporate Officers: Must be completed with names and titles of all principals of business. *Limited Partnerships must ONLY list General Partners.* Sole proprietors can skip this section.

7. Truthfully select one reason for a Workers' Compensation Exemption from box A-J. If none apply, coverage is almost always required. If box I is checked, you must enter the name and telephone number of the temporary service agency. If box J is checked, you must enter the carrier and policy information.

8. Truthfully select one reason for a Disability Benefits Exemption from box A-G. If none apply, coverage is almost always required.

9. Application must be signed and dated by the applicant.

10. Mail or fax application to:

New York State Workers' Compensation Board  
Bureau of Compliance - CE-200  
100 Broadway  
Albany, NY 12241-0005  
Fax: 518-486-7145

11. A certificate of attestation of exemption will be mailed upon processing. Applications that are incomplete, illegible or those applicants having outstanding penalties, no-insurance claims or other issues with the NYS Workers' Compensation Board will be rejected and returned to the applicant.

12. Certificates of attestation of exemption contain a unique certificate number used by government officials to verify the validity of the certificate. Certificates are only valid for the specific license, permit or contract and the period for which it is issued. Certificates for building permits are job-specific and a separate certificate will be required for each building permit.

13. The Board may investigate the entity claiming exemption from coverage. Any false statement, representation, or concealment will subject the applicant to felony criminal prosecution including jail, and civil liability in accordance with the Workers' Compensation Law and all other New York State laws.

If you have questions regarding coverage requirements for Workers' Compensation and/or Disability Benefits Insurance, please call the Workers' Compensation Board Bureau of Compliance at 1-866-546-9322.



**New York State Workers' Compensation Board**  
**Application for Certificate of Attestation of Exemption**  
**from New York State Workers' Compensation and/or Disability Benefits Insurance Coverage.**

For NYS workers' compensation exemption, this application may only be completed by entities with no employees or out-of-state entities obtaining contracts for which ALL work is performed outside of NYS. For NYS disability benefits exemption, it may only be completed by entities without employees or those with employees, as defined by the NYS Disability Benefits Law, working in NYS for less than thirty days in a calendar year.

A certificate of attestation of exemption 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 workers' compensation and/or disability benefits insurance.

The application must be completed in its entirety and submitted to the Workers' Compensation Board by fax or mail. The application will be processed in the order received and a certificate of attestation of exemption will be mailed to the applicant. This process may take up to four weeks.

To obtain a certificate immediately, please use the *on-line application* at [www.wcb.ny.gov](http://www.wcb.ny.gov). Once the application is completed on-line, you can immediately print the certificate on your printer.

Please review the separate instructions (form CE-200 instructions) prior to completing this application. Please print clearly.

**1. Applicant Personal Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country (If other than U.S.) \_\_\_\_\_

Personal Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

**2. Your Title (check only one)**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Sole Proprietor                    | <input type="checkbox"/> Treasurer    |
| <input type="checkbox"/> President                          | <input type="checkbox"/> Partner      |
| <input type="checkbox"/> Vice President                     | <input type="checkbox"/> Member       |
| <input type="checkbox"/> Secretary                          | <input type="checkbox"/> Trustee      |
| <input type="checkbox"/> Homeowner                          | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Other (please provide title) _____ |                                       |

**3. Legal Entity Information:**

Business Federal ID (If none, enter social security number): \_\_\_\_\_

Legal Entity Name: \_\_\_\_\_

Doing Business As Name \_\_\_\_\_

Business Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

Check here if business address is the same as the applicant's personal address. If different, enter business address below.

Business Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country (If other than U.S.) \_\_\_\_\_

**4. Permit/License/Contract Information:**

A. Nature of Business:(please check only one)

- |   |  |
|---|--|
| <input type="checkbox"/> Construction/Carpentry       | <input type="checkbox"/> Electrical          |
| <input type="checkbox"/> Demolition                   | <input type="checkbox"/> Landscaping         |
| <input type="checkbox"/> Plumbing                     | <input type="checkbox"/> Farm                |
| <input type="checkbox"/> Restaurant / Food Service    | <input type="checkbox"/> Trucking / Hauling  |
| <input type="checkbox"/> Food Cart/Vendor             | <input type="checkbox"/> Horse Trainer/Owner |
| <input type="checkbox"/> Homeowner                    | <input type="checkbox"/> Hotel / Motel       |
| <input type="checkbox"/> Bar / Tavern                 | <input type="checkbox"/> Mobile - Home Park  |
| <input type="checkbox"/> Other (please explain) _____ |  |

B. Applying for:

- License (list type) \_\_\_\_\_
- Permit (list type) \_\_\_\_\_
- Contract with Government Agency

Issuing Government Agency: \_\_\_\_\_  
(e.g. New York City Building Department, Ulster County Health Department, New York State Department of Labor, etc.)

**5. Job Site Location Information: (Required if applying for a building, plumbing, or electrical permit)**

A. Job Site Address

Street address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

B. Dates of project: (mm/dd/yyyy) \_\_\_\_\_ to:(mm/dd/yyyy) \_\_\_\_\_

Estimated Dollar amount of project:

- |  |   |
|--|---|
| <input type="checkbox"/> \$0 - \$10,000      | <input type="checkbox"/> \$50,001 - \$100,000 |
| <input type="checkbox"/> 10,001- \$25,000    | <input type="checkbox"/> Over \$100,000       |
| <input type="checkbox"/> \$25,001 - \$50,000 |   |

**6. Partners/Members/Corporate Officers -must list all with titles except for limited partnerships which must include only general partners. Sole proprietors can skip this section.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

(Attach additional sheet if necessary)

**Employees of the Workers' Compensation Board cannot assist applicants in answering questions in the following two sections. Please contact an attorney if you have any questions regarding these sections.**

**7. Please select the reason that the legal entity is NOT required to obtain New York State Specific Workers' Compensation Insurance Coverage:**

- A. The applicant is NOT applying for a workers' compensation certificate of attestation of exemption and will show a separate certificate of NYS workers' compensation insurance coverage.
- B. 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.
- C. The business is a LLC, LLP, PLLP or a RLLP; OR is a partnership under the laws of New York State and is not a corporation. Other than the partners or members, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.
- D. 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, day labor, leased employees, borrowed employees, part-time employees, other stockholders, unpaid volunteers (including family members) or subcontractors.
- E. 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 hold an office and own at least one share of stock). Other than the two corporate officers/owners, there are no employees, day labor, leased employees, borrowed employees, part-time employees, other stockholders, unpaid volunteers (including family members) or subcontractors.
- F. The applicant is a nonprofit (under IRS rules) with NO compensated individuals providing services except for clergy; or is a religious, charitable or educational nonprofit (Section 501(c)(3) under the IRS tax code) with no compensated individuals providing services except for clergy providing ministerial services; and persons performing teaching or nonmanual labor. [Manual labor includes but is not limited to such tasks as filing; carrying materials such as pamphlets, binders, or books; cleaning such as dusting or vacuuming; playing musical instruments; moving furniture; shoveling snow; mowing lawns; and construction of any sort.]
- G. The business is a farm with less than \$1,200 in payroll the preceding calendar year.
- H. The applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has no employees, day labor, leased employees, borrowed employees, part-time employees or subcontractors. The homeowner ONLY has uncompensated friends and family working on his/her residence.
- I. Other than the business owner(s) and individuals obtained from a temporary service agency, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. Other than the business owner(s), all individuals providing services to the business are obtained from a 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 (in a two person owned corporation, each individual must be an officer and own at least one share of stock). A Temporary Service Agency is a business that is classified as a temporary service agency under the business's North American Industrial Classification System (NAICS) code.  
Temporary Service Agency

Name \_\_\_\_\_ Phone # \_\_\_\_\_

- J. The out-of-state entity has no NYS employees and/or NYS subcontractors AND ALL work related to the permit, license or contract is done outside of NYS; OR ALL employees are direct employees of a government entity outside of New York. Please provide coverage information.

Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Policy start date \_\_\_\_\_ Policy expiration date \_\_\_\_\_

**8. Please select the reason that the legal entity is NOT required to obtain New York State Statutory Disability Benefits Insurance Coverage:**

- A. The applicant is NOT applying for a disability benefits exemption and will show a separate certificate of NYS statutory disability benefits insurance coverage.
- B. The business MUST be either: 1) owned by one individual; OR 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; OR 3) 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 4) 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.)
- C. The applicant is a political subdivision that is legally exempt from providing statutory disability benefits coverage.
- D. The applicant is a nonprofit (under IRS rules) with NO compensated individuals providing services except for clergy; or is a religious, charitable or educational nonprofit (Section 501(c)(3) under the IRS tax code) with no compensated individuals providing services except for executive officers, clergy, sextons, teachers or professionals.
- E. The business is a farm and all employees are farm laborers.
- F. The applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner 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.)
- G. 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 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 (in a two person owned corporation, each individual must be an officer and own at least one share of stock). A Temporary Service Agency is a business that is classified as a temporary service agency under the business's North American Industrial Classification System (NAICS) code.

**9. I affirm that due to my position with the above-named business I have the knowledge, information and legal authority to make this Application for Certificate of Attestation of Exemption. I hereby affirm that the information provided above is true and that I have not submitted any materially false statements and I make this application for a 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 prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State Laws.**

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Signature Title Date