

N O T I C E

WORK UNDERTAKEN BY A CONTRACTOR WHICH AT ANY TIME INVOLVES ANY ASPECT OF THE REMOVAL, ENCAPSULATION, ENCLOSURE, OR DISTURBANCE OF FRIABLE ASBESTOS, OR ANY HANDLING OF ASBESTOS MATERIAL THAT MAY RESULT IN THE RELEASE OF ASBESTOS FIBER, EXCEPT WORK IN AN OWNER-OCCUPIED SINGLE FAMILY DWELLING PERFORMED BY THE OWNER OF SUCH DWELLING ARE SUBJECT TO THE RULES AND REGULATIONS OF NEW YORK STATE INDUSTRIAL CODE #56 (PART 56 OF TITLE 12 OF THE OFFICIAL COMPILATION OF CODES, RULES AND REGULATIONS OF THE STATE OF NEW YORK).

(Available online at <http://www.labor.state.ny.us>)

I have read the notice and agree to abide by these regulations:

Applicant's Signature

Date

FOR MORE INFORMATION

**State of New York Department of Labor
Asbestos Control Bureau**

<http://www.labor.state.ny.us>

Room 401
450 South Salina Street
Syracuse, NY 13202
(315) 479-3215



City of Elmira
Inspection Services Department
Phone: (607) 737-5653
<http://www.ci.elmira.ny.us>

101 W. Second St.
Elmira, NY 14901
Fax: (607) 733-5235

Abandonment of Utilities Checklist

Tentative Razing Date: _____

Address/Location of Demolition: _____

Contractor: _____

- This checklist must be returned to Inspection Services before a permit may be issued.
- The City of Elmira may inspect the site for verification of utility abandonment prior to the razing date.
- Inspection will take place between the hours of 8:30am and 4:00pm Monday through Friday.

Disconnection of Utilities:

UTILITY	DISCONNECT DATE	UTILITY SERVICES AUTHORIZED SIGNATURE
Electric		
Natural Gas		
Telephone		
Cable		
Water		

- I have verified that these utilities have been disconnected and the appropriate signatures have been obtained above.

Contractor/Permittee Signature



City of Elmira
 Department of Public Works
 Phone: (607) 737-5679
 http://www.cityofelmira.net

840 Linden Place Ext.
 Elmira, NY 14901
 Fax: (607) 737-5753

Application for a Sewer Cap-Off Permit

Complete and return to DPW Administration Office at 840 Linden Place Ext. during office hours on Monday – Friday from 8:00am to 4:00pm.

	Official Use Only
Cap-Off Permit Number:	
DPW Work Order Number:	

1. Today's Date:
2. Location of Cap-Off:
3. Anticipated Cap-Off Date:
4. Contractor/Permittee:
5. Contractor/Permittee Email Address:

- All Cap-off work shall comply with the requirements of the City of Elmira or its representatives.
- I understand the City of Elmira must inspect the sewer cap-off **BEFORE** I can apply for a demolition permit. Additionally, no demolition work shall proceed until a demolition permit is approved.
- The sewer cap-off inspection will take place between the hours of 7:25 a.m. and 3:25 p.m., Monday through Friday.
- **PRIOR NOTICE OF AT LEAST TWO (2) WORKING DAYS SHALL BE PROVIDED BY THE CONTRACTOR OR PERMITTEE BEFORE INSPECTION TAKES PLACE.**
- Attached is [] cash or [] check# _____ for _____ as required by City Ordinance.
Checks should be made payable to the City of Elmira in the exact amount of the fee.
- **THIS FORM IS YOUR RECEIPT**

- I have read the statements above and agree to their terms.

 Contractor/Permittee Signature

 Street Address

 Telephone Number

 City, State, Zip

- When you are ready to complete the cap-off, contact the Engineering Division at (607) 737-5750 two days prior to the cap-off.

Do not write below this line

TO: INSPECTION SERVICES

FROM: Engineering Division

DATE: _____

The sewer cap-off at the above location was inspected on _____ and found to be satisfactory. (Date)

 Engineering Division Signature



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Basement Slab Prior to Backfilling Inspection Request

Tentative Backfill Date: _____

Address/Location of Demolition: _____

Contractor: _____

- I understand the City of Elmira will inspect the basement slab **BEFORE** I begin backfilling.
- This request must be completed and returned before a Demolition Permit may be issued.
- Inspection will take place between the hours of 8:30am and 4:00pm Monday through Friday.

 Contractor/ Permittee Signature

Do not write below this line

Inspection Report

Date: _____

Address/Location of Demolition: _____

- The basement slab at the above location was inspected on _____
- Debris Cleared _____
- Appliances Removed _____
- Wood Removed _____
- Slab Shoveled Clean _____
- Slab Broken Up _____
- Additional Comments _____

 Inspector's Signature



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Notice of Demolition Instructions

The person or entity undertaking the demolition work of a principal structure shall send notice of the proposed demolition to all property owners within two hundred feet (200') from the boundaries of the lot or lots on which the demolition will occur (Form Letter Attached) and to a newspaper of general circulation within the city for publication once.

Such notice shall be by first class mail and shall be mailed at least sixteen calendar days prior to the date of commencement of the demolition. Publication shall occur at least fourteen days prior to the proposed demolition date.

The person or entity seeking a demolition permit must file with the superintendent of building construction proof of said mailing (Form Letter Attached) and publication in order to receive a demolition permit.

Failure to provide proper notification will constitute a violation of the Code of Ordinances of the City of Elmira, New York and subject the applicant to penalties or fines.

NOTICE OF DEMOLITION

(Date)

To Whom It May Concern:

This letter is to inform you that we will be demolishing the property at

_____, located in the City of Elmira, New York on
(Address)

_____ beginning at approximately _____.
(Date of Demolition) (Time)

If you have any questions regarding this notice, please contact

_____,
(Applicant's Name)

_____,
(Applicant's Address)

_____.
(Applicant's Phone)

(Applicant's Signature)

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>

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.