



City of Elmira
 Inspection Services Department
 Phone: (607) 737-5653
<http://www.cityofelmira.net>

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

Application for a Plumbing Permit

Before a permit may be issued, this application must be **FULLY COMPLETE** with finished Plumbing Worksheet and appropriate documents signed and notarized. Refer to the *Plumbing Permit Checklist* available online at <http://www.cityofelmira.net/permits> or from Inspection Services to complete each section accurately. If you have questions, call Inspection Services at (607) 737-5653.

1. Today's Date:	5. Name of Registered Plumber:
2. Name of Property Owner:	6. Address of Registered Plumber:
3. Address of Property Owner:	7. Telephone Number of Registered Plumber:
4. Telephone Number of Property Owner:	8. Property Address to which this application is to be applied:
9. Current use of the property in Question 8: <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Multiple Family Residence with _____ Apartment Units <input type="checkbox"/> Double Family Residence <input type="checkbox"/> Commercial Operation with _____ type of business <input type="checkbox"/> Other: Explain _____ **All work must be performed by a homeowner or contractor, who is registered with the City of Elmira except for single family residences with the homeowner performing the work.	
10. Any additional work to be performed that is not indicated on this application will require this application to be amended.	
11. IF THERE ARE EMPLOYEES PERFORMING THIS JOB, IN ACCORDANCE WITH NEW YORK STATE LAW, APPLICANTS MUST ATTACH COPIES OF THEIR WORKERS' COMPENSATION AND DISABILITY INSURANCE CERTIFICATES IF APPLICABLE TO THE ATTACHED COMPLETED APPLICATION PRIOR TO A PLUMBING PERMIT BEING ISSUED. THE STATE OF NEW YORK WORKERS' COMPENSATION BOARD WILL ONLY ACCEPT WORKERS' COMPENSATION CERTIFICATES ISSUED BY THE STATE INSURANCE FUND OR C105.2 AND DB120.1 FORMS FOR DISABILITY ISSUED BY AN INSURANCE CARRIER.	
12. The following plan is submitted for approval and the undersigned does hereby agree to do all drainage and plumbing in the building specified according to this plan and in accordance with the regulations of the State of New York.	

I affirm under penalty of perjury that all statements made on this application are true.

 Applicant's Signature _____
Date

 Fire Marshall or Designee's Signature

Complete either:

Page 3, *AFFIDAVIT OF EXEMPTION... Form BP-1* if you are a homeowner that is not hiring a contractor to complete the project. This form must be signed and notarized.

Or

STATE OF NEW YORK WORKERS' COMPENSATION BOARD FORM CE-200, if you are a contractor or business that is exempt from Workers' Compensation and Disability Benefits Insurance Coverage. See the Plumbing Permit Checklist for additional information.

Or

Submit certificates C105.2 for workers' compensation and DB120.1 for disability insurance.

 FOR OFFICE USE ONLY

Permit # _____ Expiration Date: _____

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.