



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

Demolition Permit Checklist

Before a permit can be issued all of the following must be completed. If you have questions, call Inspection Services at (607) 737-5653. A permit can only be issued when the paperwork is **FULLY COMPLETE**.

- Complete questions 1-10 with the requested information
- Attach Asbestos Testing and Removal Reports if #11 applies to you.
For additional information on Asbestos, contact:

State of New York Department of Labor	Room 401
Asbestos Control Bureau	450 South Salina Street
	Syracuse, NY 13202
	(315) 479-3215

<http://www.labor.state.ny.us>
- If you are a contractor or a homeowner hiring a contractor, complete 12a.
- If you are a homeowner performing the work yourself, complete 12b with the cost of the value of the property, NOT the cost of demolishing the property.
- Attach a copy of Liability Insurance Certificate as directed by #13.
- Sign and Date the bottom of Page 1.
- Sign and Date the bottom of Page 2.
- Disconnection of Utilities. Before a building can be demolished all utilities must be properly disconnected. Use the checklist on Page 3 to confirm the proper disconnection of utilities. This checklist must be returned with the appropriate signatures and with the contractor's or homeowner's signature along with the Demolition Permit Application. Demolition Permits cannot be issued without this. If there are no utilities, write none on the checklist and sign it.
- If the structure is connected to the sewer system, the line must be properly capped off. Complete the Sewer Cap-Off Permit Application on page 4 and return to the Department of Public Works Office at City Yards at 840 Linden Place Ext. **DO NOT RETURN THIS APPLICATION TO INSPECTION SERVICES**. The Cap-Off must be completed **BEFORE** the Demolition Permit can be issued. When the Cap-Off has been properly completed, the City of Elmira Engineering Division will forward a copy of the Inspection Report to Inspection Services.
- Complete the top portion of Page 5 and sign. After the demolition, you **MUST** schedule an inspection **BEFORE** you backfill the property. Turn in the Inspection Request with the permit application.
- The Notification requirement must be met for the demolition of a principal structure. See pages 6, 7, and 8 for instructions and forms to complete the notification requirements.
- Proof of Workers' Compensation Insurance and Disability Insurance **OR** proof of exemption from these requirements must be submitted by all parties requesting a Demolition Permit. Proof can be provided by the following:
 1. Individuals living in an owner-occupied residence that is less than 4 families that **are eligible** for an exemption from having to obtain a NYS Workers' Compensation Insurance policy, must complete Form BP-1, Affidavit of Exemption... on Page 9 of the Demolition Permit Application. This form must be notarized.
 2. Contractors or Businesses with Workers' Compensation and Disability Insurance need to furnish a copy of Form C-105.2 (all private insurance carriers) or U-26.3 (State Insurance Fund) for Workers' Compensation Insurance and Form DB-120.1 for Disability Benefits Insurance. Self-Insureds need to furnish a copy of Form SI-12 for Workers' Compensation and Form DB-155 for Disability Benefits. Group Self-Insureds need to furnish a copy of Form GSI-105.2 for Workers' Compensation.
 3. (a) Contractors, (b) Businesses, and (c) Property owners (other than those eligible for the BP-1 form listed above) that are legally exempt from Workers' Compensation and/or Disability should complete

Workers' Compensation Board Form CE-200 available online at www.wcb.state.ny.us. Complete this form online, print your CE-200, sign and date it, and turn it in to Inspection Services when you apply for your Demolition Permit. A new form must now be completed for each and every new or renewed permit application.

WORKERS' COMPENSATION REQUIREMENTS UNDER SECTION §57

To comply with coverage provisions of the Workers' Compensation Law, businesses must:

- A) be legally exempt from obtaining workers' compensation insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer or participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing Section 57 of the Workers' Compensation Law, businesses requesting permits or seeking to enter into contracts **MUST** provide **ONE** of the following forms to the entity issuing the permit or entering into a contract:

- A) CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage

Form CE-200 can be filled out electronically online at www.wcb.state.ny.us by clicking the WC/DB Exemptions icon. Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract.

OR

- B) C-105.2 – Certificate of Workers' Compensation Insurance (the business' insurance carrier will send this form to the government entity upon request) **PLEASE NOTE:** The State Insurance Fund provides its own version of this form, the U-26.3; **OR**
- C) 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 government entity upon request).

DISABILITY BENEFITS REQUIREMENT UNDER SECTION §220 SUBD 8

To comply with coverage provisions for the Disability Benefits Law, businesses may:

- A) be legally exempt from obtaining disability benefits insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing Section 220 Subd. 8 of the Disability Benefits Law, businesses requesting permits or seeking to enter into contracts **MUST** provide **ONE** of the following forms to the entity issuing the permit or entering into a contract:

- A) CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage

Form CE-200 can be filled out electronically online at www.wcb.state.ny.us by clicking the WC/DB Exemptions icon. Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract.

OR

- B) DB-120.1 – Certificate of Disability Benefits Insurance (the business's insurance carrier will send this form to the government entity upon request); **OR**
- C) DB-155 – Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at (518) 402-0247).

Have cash, check, or money order available for the permit fee. Make checks payable to City of Elmira. Fees are listed online at <http://www.cityofelmira.net/permits> or are available from Inspection Services.

Mail or bring in your completed application and payment to:

Elmira Fire Department Inspection Services
101 W. Second Street
Elmira, NY 14901

Do not send cash through mail. Incomplete applications will be returned.



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Application for a Demolition Permit

Before a permit may be issued, this application must be **FULLY COMPLETE** with Sewer Cap Off Permit signed by the City of Elmira Department of Public Works and the signed abandonment of utilities checklist. Refer to the *Demolition Permit Checklist* available online at 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 Contractor:
2. Name of Property Owner:	6. Address of Contractor:
3. Address of Property Owner:	7. Telephone Number of Contractor:
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"/> Double Family Residence <input type="checkbox"/> Other: Explain: _____ <input type="checkbox"/> Multiple Family Residence with _____ Apartment Units <input type="checkbox"/> Commercial Operation with _____ type of business	
10. Having complied with the provisions of Section 8-24(a) of the City of Elmira Code of Ordinances with regard to the filing of necessary plans and specifications, I hereby apply for a permit to: <p style="text-align: center;">(Description of the work to be performed)</p>	
11. EVERYONE BUT HOMEOWNERS LIVING IN A SINGLE FAMILY OWNER OCCUPIED RESIDENCE MUST ATTACH ASBESTOS TESTING AND REMOVAL REPORTS TO THIS APPLICATION IN ORDER FOR A DEMOLITION PERMIT TO BE ISSUED.	
12. The total verified estimated cost of the work to be performed is: a. Contractor's price of work is: _____	b. If work is to be performed by the homeowner without a contractor, the cost of the <u>value</u> of the property to be demolished is: _____
13. ACCORDING TO NEW YORK STATE LAW, ALL APPLICANTS MUST ATTACH A COPY OF THEIR LIABILITY INSURANCE CERTIFICATE TO THIS APPLICATION IN ORDER FOR A DEMOLITION PERMIT TO BE ISSUED. THE CERTIFICATE MUST LIST THE CITY OF ELMIRA AS ADDITIONAL INSURED AND THE SPECIFIC JOB LOCATION.	

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

Applicant's Signature

Date

Fire Marshal or Designee's Signature

NOTE: THE DEMOLITION PERMIT CARD SHALL BE DISPLAYED SO AS TO BE VISIBLE FROM THE STREET

FOR OFFICE USE ONLY

Permit # _____ Expiration Date: _____

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



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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

APPLICATION FOR SANITARY WASTE PERMIT

The County of Chemung
Chemung County Sewer Districts
600 Milton Street 607-733-2887 ext 1
Elmira, New York 14904

Connection___ Cap-off___
Repair___

Tax Map Parcel No.
Swis code
Permit No.
Date:

Application is hereby made to connect, to the sanitary sewers, a building on :

Lot No. House Number Street
Owned by In the Village of
Owner's Legal Address In the Town of
In the City of
Owner's Telephone No.

Subject to the rules, regulations and specifications of the Sewer District.

The work is to be done by Phone
whose address is Email
Kind and size of pipe to be used is Water Source

I agree to follow all Local Laws, and Rules and Regulations for the operation of the Sewer District as established by the Sewer District and approved by The Chemung County Legislature, and as such may be from time to time, amended.

I also agree to absolve the Sewer District from any responsibility for future damage or maintenance of this building sewer. I further agree that the Sewer District is not responsible for any damages that I may incur relative to the location of the sewer or it's connection. I assume full and complete responsibility to locate said sewer for any house connection without the reliance upon any information that may have been supplied to me by the Sewer District and do further hold that said Sewer District free from any damages for the information that I have requested from them.

I further agree that if a septic tank is abandoned, provision must be made with the appropriate regulatory agencies for the same to be pumped clear and backfilled with suitable material.

Highway permit
Fee Property Owner sign here
Insurance Contractor sign here

Before a sewer connection, repair or cap-off permit will be issued, the following criteria must be met,

INSURANCE REQUIREMENTS

A certificate of insurance must be on file with the Chemung County Sewer Districts. A minimum of \$1,000,000.00 liability insurance per occurrence is required.

The certificate MUST state the following and name all 3 entities: (all on one certificate please)

"The County of Chemung, Chemung County Sewer District #1 and Chemung County Elmira Sewer District are named as additional insured under this policy".

The certificate holder will be: Chemung County Sewer Districts, 600 Milton Street, Elmira, NY 14904

-Proof of NYS Worker's Compensation and Disability benefits are required by New York State Law before any municipality can enter into any contract or issue any permit, therefore, proof of NYS Worker's comp and disability benefits coverage must be on file with this office.

-A highway permit from the appropriate municipality should be submitted with the sewer permit application.

-The charges for regulating, permitting, and connecting to a public sanitary sewer within the District are based on average costs incurred by the District for such new connections. The fee schedule for new connections is as follows:

- \$200 per connection - 1 - 2 residential dwelling units
-\$350 per connection - more than 2 residential dwelling units
-\$500 per connection - non-residential



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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)



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Notice of Demolition Affidavit

I, _____, certify that a true copy of the attached letter was mailed to the persons whose names appear below, and I further certify that they are all the owners of real property within two hundred (200) feet from the boundaries of the lot or lots known as: _____.

Signed: _____

Sworn to before me this _____ day of _____, _____

 (Notary Public)

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

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

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- I am performing all the work for which the building permit was issued.
- I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ◆ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; OR
- ◆ have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:

<p><i>Sworn to before me this _____ day of</i> _____, _____.</p> <p>_____ <i>(County Clerk or Notary Public)</i></p>
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Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.

LAWS OF NEW YORK, 1998
CHAPTER 439

The general municipal law is amended by adding a new section 125 to read as follows:

125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

Implementing Section 125 of the General Municipal Law

1. General Contractors -- Business Owners and Certain Homeowners

For businesses and certain homeowners listed as the general contractors on building permits, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is ONE of the following forms that indicate that they are:

- ◆ insured (C-105.2 or U-26.3),
- ◆ self-insured (SI-12), or
- ◆ are exempt (CE-200),

under the mandatory coverage provisions of the WCL. Any residence that is not a 1, 2, 3 or 4 Family, Owner-occupied Residence is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

2. Owner-occupied Residences

For homeowners of a 1, 2, 3 or 4 Family, Owner-occupied Residence, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file form BP-1.

- ◆ 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.