



BUILDING DEPARTMENT

2919 Delaware Avenue, Kenmore, NY 14217

Building Inspector Michael D. Berns

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PLUMBING AND ELECTRICAL PERMITS

Insurance Waiver for 1, 2, 3 or 4 Family Residences

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family residence listed on the permit that I am applying for, and I am not required to show proof of Workers' Compensation Insurance coverage or New York State Disability Insurance coverage for such residence because (please check appropriate box):

- ☐ I am performing all the work for which the 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 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 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 permit was issued.

I also agree to either:

Acquire appropriate Workers' Compensation and NYS Disability coverage and provide appropriate proof of that coverage on forms approved by the Chairman of the NYS Workers' Compensation Board to the government entity issuing the 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

Have the general contractor performing the work listed on the permit that I am applying for, provide appropriate proof of Workers' Compensation and NYS disability coverage or proof of exemption from that coverage on forms approved by the Chairman of the NYS Workers' Compensation Board to the government entity issuing the 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 permit

Address

Telephone Number

Homeowner's Name (print)

Homeowner's Signature