DEPARTMENT OF CODE ENFORCEMENT

Hudson Falls, New York 12839
Phone: (518) 747-5426 EXT 207 Fax: (518) 747-5597

HEATING EQUIPMENT AND CHIMNEY PERMIT APPLICATION

FOR OFFICE USE ONLY

APPLICATION NO. _____
DATE RECEIVED: _____
DATE EXAMINED: _____
AMOUNT OF FEE RECEIVED: _____

☐ APPROVED
☐ APPROVED WITH CORRECTIONS
☐ DISAPPROVED

PERMIT NO. _____
REASONS: _____
EXAMINED BY: _____

Project Location:

_____ STREET / ADDRESS _____ TOWN / VILLAGE

TAX MAP SECTION _____ BLOCK _____ LOT _____

APPLICANT:

NAME: _____
MAILING ADDRESS: _____
_____
_____
TELEPHONE # _____
TELEPHONE # _____
E-MAIL: _____

APPLICANT IS:

☐ OWNER
☐ LESSEE
☐ AGENT
☐ ARCHITECT / ENGINEER
☐ BUILDER / CONTRACTOR
☐ INSTALLER

NAME AND ADDRESS OF OWNER AND INSTALLER IF DIFFERENT THAN APPLICANT:

OWNER

NAME: _____
MAILING ADDRESS: _____
_____
_____
TELEPHONE # _____
TELEPHONE # _____
E-MAIL: _____

INSTALLER

NAME: _____
MAILING ADDRESS: _____
_____
_____
TELEPHONE # _____
TELEPHONE # _____
E-MAIL: _____

OCCUPANCY TYPE: (CHECK APPROPRIATE BOX)

			DESCRIBE	
☐ SINGLE FAMILY HOME		☐ BUSINESS	_____	GROUP B
☐ ONE - FAMILY DWELLING	R3	☐ MERCANTILE	_____	GROUP M
☐ TWO - FAMILY DWELLING	R3	☐ FACTORY	_____	GROUP F
MULTIPLE DWELLING:		☐ STORAGE	_____	GROUP S
☐ PERMANENT OCCUPANCY	R2	☐ ASSEMBLY	_____	GROUP A
☐ TRANSIENT OCCUPANCY	R1	☐ INSTITUTIONAL	_____	GROUP I
☐ ADULT RESIDENTIAL CARE (NOT MORE THAN 16 OCCUPANTS)	R4	☐ MISCELLANEOUS	_____	GROUP U
		☐ OTHER	_____	GROUP __

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Building Information: (Complete all that apply)

Building Construction Type:
☐ Concrete ☐ Steel ☐ Brick ☐ Stone ☐ Wood ☐ Other: _____

Building Exterior:
☐ Wood ☐ Stone ☐ Brick ☐ Metal ☐ Shingles ☐ Vinyl ☐ Concrete ☐ Composition
☐ Stucco ☐ Other: _____

Building Roof:
☐ Wood ☐ Stone ☐ Metal ☐ Shingles ☐ Rubber ☐ Other: _____

Building Heating & Cooling:
☐ Hot Air ☐ Hot Water ☐ Electric ☐ Oil ☐ Gas ☐ Radiant ☐ Solar ☐ Wood
☐ Geothermal ☐ Central Air ☐ Other: _____

Proposed Equipment Information: (Complete all that apply)

Type of Equipment:
☐ Room Heater ☐ Furnace ☐ Stove ☐ Fireplace ☐ Other: _____

Type of Fuel:
☐ Wood ☐ Pellet Wood ☐ Coal ☐ Pellet Coal ☐ Propane Gas ☐ Natural Gas
☐ Fuel Oil ☐ Kerosene ☐ Other: _____

Manufacturer Information:
Name: _____
Model Number: _____
BTU Rating: _____
UL Listed: ☐ Yes ☐ No (All new equipment installations **MUST** be UL listed)

Primary Source of Heat? ☐ Yes ☐ No

Equipment Location: ☐ New Location ☐ Existing Location
☐ Basement ☐ Living Space Floor ☐ Attic ☐ Garage (Contact code office) ☐ Other _____

Chimney Information: ☐ New ☐ Existing
Chimney Location: ☐ Interior ☐ Exterior ☐ Other _____
Chimney Type: ☐ Masonry ☐ Factory Built ☐ Other _____

_____ _____
APPLICANT'S SIGNATURE DATE

Revised February 2018

*Please note the ACORD forms are **NOT** acceptable proof of New York State workers' compensation or disability benefits insurance coverage.*

May, 2010

Workers' Compensation Requirements under Workers' Compensation Law §57

To comply with coverage provisions of the Workers' Compensation Law (WCL), 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
d) participate in an authorized group self-insurance plan.

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

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

Form CE-200 can be filled out electronically on the Board's website, www.wcb.ny.gov. Click on the button entitled "WC/DB Exemptions Form CE-200" (In bright yellow letters). 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) Form C-105.2, *Certificate of Workers' Compensation Insurance* (the business's 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) Form 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 Worker's Compensation Group Self-Insurance* (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

Disability Benefits Requirements under Workers' Compensation Law §220(8)

To comply with coverage provisions of the WCL regarding disability benefits, 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 WCL Section 220(8), businesses requesting permits or licenses, 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* (see above);

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).
NYS Agencies Acceptable Proof: Letter from the NYS Department of Civil Service indicating the applicant is a New York State government agency covered for workers' compensation under Section 88-c of the Workers' Compensation Law and exempt from NYS disability benefits.

Please note that **for building permits only**, certain homeowners of 1, 2, 3 or 4 family owner-occupied residences serving as their own General Contractor may be eligible to file Form BP-1 (The homeowner obtains this form from either the Building Department or on the Board's website, http://www.wcb.ny.gov/content/main/forms/bp-1.pdf)

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 (12/08).

- Form BP-1shall 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(12/08), 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.

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)

_____ Home Telephone Number _____

(Homeowner's Name Printed)

Property Address that requires the building permit:

_____

_____

_____

_____

Sworn to before me this _____ day of

_____, _____.

_____

(County Clerk or Notary Public)

Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.