

VILLAGE OF UPPER NYACK

Submission of Building Permit Applications for Planning Board Review

Checklist items 1-10 must be submitted and reviewed by Clerk and Building Inspector before application is placed on Planning Board agenda. Planning Board meets monthly; application deadline is 15 business days prior to public hearing.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

CHECKLIST FOR EXTERIOR RENOVATION/NEW CONSTRUCTION

1. _____ 2 copies of building permit application (in packet)
2. _____ 1 copy of deed
3. _____ 1 copy of survey in current owners' names
4. _____ 11 copies of Site Plan, signed and sealed by licensed professional
REFER TO SITE PLAN CHECKLIST FOR REQUIREMENTS (in packet)
5. _____ 11 copies of Landscaping Plan signed and sealed by licensed landscaping professional (if required)
6. _____ 3 copies of elevations and construction plans with details
7. _____ 1 copy of Short or Full Environmental Assessment Form (in packet)
8. _____ 1 copy of Architectural Review Board Exterior Finish Schedule (in packet)
9. _____ 1 copy of REScheck Inspection Checklist and Compliance Report for NYS Energy Conservation Construction Code (submitted by Architect/Engineer)
10. _____ Payment of Board Fees at time of submission

Requirements prior to appearance before Planning Board:

- _____ Postal receipts for certified letters of neighbor notification, accompanied by:
- _____ 1 copy of signed and notarized AFFIDAVIT submitted to clerk 5 days prior to Planning Board Meeting

Three Requirements from General Contractor BEFORE PERMIT IS ISSUED:

- _____ 1 copy of contractor's home improvement license
- _____ 1 copy of Workers' Compensation Insurance form. Submit ONE of the following:
 - Form U-26 for the State Insurance Fund
 - Form C105.2 Certificate of NYS Workers' Compensation Insurance Coverage (Obtained from insurance carrier)
 - Form CE-200 Affidavit that Workers Compensation and /or Disability Benefits Insurance is NOT Required
 - Form SI-12 Certificate of Workers Compensation Self-Insurance
 - Form GSI-105.2 Certificate of Group Workers' Compensation Self-Insurance
 - Form BP-1 Affidavit of Exemption, if work is to be done by homeowner acting as General Contractor

Please note: ACORD Forms are not acceptable proof of coverage

- _____ **SPEDES** Stormwater Management Inspection Forms. To be completed by General Contractor and kept on site for future inspections.

**VILLAGE OF UPPER NYACK
SITE PLAN CHECK LIST**

Project Name: _____

Name of Applicant: _____

The following information must be submitted and included on the proposed site plan at a **minimum scale of 1" = 20'** in a form having sufficient detail to insure a clear understanding of the work to be performed by the Owner or Applicant. A larger scale may be required to show extent of the work.

Information Required for All Applications:

- ____ Name and address of surveyor or engineer of record.
- ____ Name and address of Owner of Record.
- ____ Vicinity Map at a scale not over 1" = 1000'
- ____ Bulk Table requirements.
- ____ Zoning District identification.
- ____ North reference arrow.
- ____ Usage of all existing structures.
- ____ Indication of proposed staging during construction.
- ____ Location of proposed structures within limit lines.
- ____ Locate and identify trees that are 8" in diameter or larger
- ____ Reference 3- year life of approved Site Plan.
- ____ Adjacent property owners names and tax lot numbers
- ____ Architectural plans & elevations of any additions/proposed bldgs. @ 1/4" = 1'0"
- ____ Existing and proposed contours at 2 ft. intervals.
- ____ Proposed finished floor elevations.
- ____ Proposed final grade elevations at reference points.
- ____ Note reference to construction and utility standards.
- ____ Proposed treatment of ground water flow control.
- ____ Identify all proposed and existing utility lines and services.
- ____ Reference requirement for highway tree planting.
- ____ Outline designated wooded area to remain undisturbed.
- ____ Locate and describe all Rights of Way.
- ____ Locate and describe all easements, existing and proposed.
- ____ Reference all existing restrictive covenants.
- ____ Reference all proposed restrictive covenants.
- ____ Show treatment of outstanding geological features.

Additional Information Required for Subdivision Plat Applications Only:

- ____ Show name of all proposed roads.
- ____ Provide plans and profiles of sanitary sewers.
- ____ Provide plans and profiles of storm drainage system.
- ____ Reference installation of proposed fire hydrants.
- ____ Reference installation of proposed street lighting.
- ____ Provide a tabulation of estimated public improvement costs.
- ____ Submit an Environmental Assessment Form identifying the project impact on the community

**VILLAGE OF UPPER NYACK
328 NORTH BROADWAY
UPPER NYACK, NY 10960**

INCORPORATED 1872

Tel. 845-358-0084 FAX. 845-358-0741

uppernyack@optonline.net www.uppernyack-ny.us

BUILDING PERMIT APPLICATION FOR
EXTERIOR RENOVATION / NEW CONSTRUCTION

SHEDS OVER 120 SQUARE FEET

DECKS OVER 200 SQUARE FEET

INGROUND POOLS

TO BE TYPED OR PRINTED IN INK

Submit in **duplicate**, this application. In addition, **eleven copies of the site plans** and specifications including a plot plan, drawn to scale, showing the location and size of all proposed new construction and all existing structures on the site, including distances from lot lines and **three copies of the building plans** are required.

Plans and specifications shall bear the stamp, seal, and signature of the person responsible for the design and drawings. Further information may be required by the office of the Building Inspector, as provided by the Zoning Ordinance of the Incorporated Village of Upper Nyack, if such is considered necessary for approval of this application.

Application is hereby made for a Building Permit in conformance with the Zoning Ordinance of the Incorporated Village of Upper Nyack.

Owner(s) _____ Phone # _____

Address: _____

Property Address to which permit pertains: _____

Name _____ Phone # _____

Agent/Architect

Address _____

PLEASE COMPLETE THE FOLLOWING

Proposed work: _____

Total valuation of work: _____

Property Location: On the _____ side of _____ and _____ feet from the intersection of _____ and _____

County Tax ID Number: _____

Zoning District: _____ **Zoning Code:** _____

Plot Size: Front in feet _____ Rear in Feet _____ Depth in feet _____

Building Size:

	Present	Addition	Completed
Front in Feet			
Rear in Feet			
Max depth in feet			
Number of stories			

Building Setbacks:

	Minimum Distance in feet	Maximum distance in feet
From Street line to Bldg		
From Side lot line to Bldg		
From Rear lot line to Bldg		

New building _____ **Altered Building** _____ **Demolition Required** _____

Distance of building from nearest stream, river or waterway: _____

Sewage Disposal: Public Sewers _____ Septic System _____

Is the owner or builder familiar with the Zoning Ordinance of Upper Nyack? _____

Location of proposed new building:

Village Street _____ Proposed Village Street _____ Private Street _____

Rockland County Licenses:

Home Improvement Contractor _____

Plumbing, Heating & Cooling Contractor: _____

Electrical Contractor: _____

OFFICE OF BUILDING INSPECTOR
INCORPORATED VILLAGE OF UPPER NYACK

Inc. Village of Upper Nyack
County of Rockland
State of New York

Print or Type Name _____

certifies that he/she resides at _____

and that he/she is the owner or agent of all that certain lot, piece or parcel of land and/ or

building located at _____

and structure proposed will be constructed in accordance with the New York State Building code and in conformance with the Zoning Ordinance of the Incorporated Village of Upper Nyack and in accordance with plans and specifications submitted herewith.

Signed _____

STATEMENT BELOW ONLY TO BE FILLED OUT IN THE EVENT THIS APPLICATION IS MADE BY PERSON OTHER THAN OWNER OF PROPERTY

Inc. Village of Upper Nyack
County of Rockland
State of New York

_____ being duly sworn deposes and says:

1. That _____ is the owner of the land that is the subject of this permit.
2. The deponent is duly authorized to make this application by said owner.
3. That the proposed work is authorized by said owner.

Signed _____
(Applicant)

Sworn to before me this _____

Day of _____ 20 ____

(Notary Public)

THIS PAGE FOR OFFICIAL USE

THE VILLAGE OF UPPER NYACK
OFFICE OF BUILDING INSPECTOR
BUILDING PERMIT

Permit # _____

Permit for:

Location _____

Zone _____

Owner _____

Agent _____

Fee _____

Date of Application _____ 20 _____

I have thoroughly examined the detailed statement within and plot plan relating thereto and find the same does ____ does not ____ conform to the Zoning Ordinance of the Village of Upper Nyack and do ____ do not ____ approve the same for issuance of a permit.

Building Inspector

Issue Date: _____

The issuance of this permit does not assure that the premises for which the permit issued has access or is located upon a State, County or Village Street.

Certificate of Occupancy Issued _____ 20 _____

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Name _____ Phone # _____

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Building Size:

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New building _____ **Altered Building** _____ **Demolition Required** _____

Distance of building from nearest stream, river or waterway: _____

Sewage Disposal: Public Sewers _____ Septic System _____

Is the owner or builder familiar with the Zoning Ordinance of Upper Nyack? _____

Location of proposed new building:

Village Street _____ Proposed Village Street _____ Private Street _____

Rockland County Licenses:

Home Improvement Contractor _____

Plumbing, Heating & Cooling Contractor: _____

Electrical Contractor: _____

OFFICE OF BUILDING INSPECTOR
INCORPORATED VILLAGE OF UPPER NYACK

Inc. Village of Upper Nyack
County of Rockland
State of New York

Print or Type Name _____

certifies that he/she resides at _____

and that he/she is the owner or agent of all that certain lot, piece or parcel of land and/ or

building located at _____

and structure proposed will be constructed in accordance with the New York State Building code and in conformance with the Zoning Ordinance of the Incorporated Village of Upper Nyack and in accordance with plans and specifications submitted herewith.

Signed _____

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Inc. Village of Upper Nyack
County of Rockland
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Signed _____
(Applicant)

Sworn to before me this _____

Day of _____ 20 ____

(Notary Public)

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THE VILLAGE OF UPPER NYACK
OFFICE OF BUILDING INSPECTOR
BUILDING PERMIT

Permit # _____

Permit for:

Location _____

Zone _____

Owner _____

Agent _____

Fee _____

Date of Application _____ 20 _____

I have thoroughly examined the detailed statement within and plot plan relating thereto and find the same does ____ does not ____ conform to the Zoning Ordinance of the Village of Upper Nyack and do ____ do not ____ approve the same for issuance of a permit.

Building Inspector

Issue Date: _____

The issuance of this permit does not assure that the premises for which the permit issued has access or is located upon a State, County or Village Street.

Certificate of Occupancy Issued _____ 20 _____

VILLAGE OF UPPER NYACK
 ARCHITECTURAL REVIEW BOARD
 EXTERIOR FINISH SCHEDULE

Project: _____

Date: _____

<i>Element</i>	<i>Material</i>	<i>Finish</i>
Foundation		
Front Porch		
Railing		
Siding		
Windows		
Shutters		
Trim		
Decking		
Garage Door		
Fascia		
Gutters		
Louvers		
Roofing		
Chimney		
Stack Vents		
Retaining Walls		

Note: Refer to Article VI, Section 23.1 of the Zoning Ordinance of the Village of Upper Nyack for additional requirements.

VILLAGE OF UPPER NYACK
ARCHITECTURAL REVIEW BOARD
REQUIRED DRAWINGS AND MATERIALS

1. Site Plan, as required by the Planning Board for new buildings, additions and renovations. Show the proposed landscaping.
2. Floor Plan, usually at a scale of 1/4" = 1' 0", the same plans as required by the Building Inspector.
3. Roof Plan, if necessary to explain the design.
4. Elevation views of all four sides, usually at a scale of 1/4" = 1' 0" showing all features and having all materials labeled. Show any chimneys, fans vents, meters, or other visible equipment.
5. Samples of all exterior materials and colors.
6. Colored perspective rendering or model of any building except a single family residence and buildings accessory to a single family residence. Renderings or models are helpful, but not required, for single family residences.
7. Section drawings if necessary to explain the design.
8. Photographs of existing and neighboring buildings, if requested by the Board.

NOTE: For additions, drawings should show both the addition and the entire existing building as they will appear when the addition is complete.

Appendix C
State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
For UNLISTED ACTIONS Only

PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: _____ Date: _____ Signature: _____	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF. <input type="checkbox"/> Yes <input type="checkbox"/> No	
B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency. <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible) C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly: C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly: C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly: C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly: C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly: C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly: C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:	
D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	
E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	

PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

<input type="checkbox"/> Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.	
<input type="checkbox"/> Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide, on attachments as necessary, the reasons supporting this determination.	
_____	_____
Name of Lead Agency	Date
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (If different from responsible officer)

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.