

Village of Ravena
 Building Department
 15 Mountain Rd.
 Ravena, NY 12143
 Phone: (518) 756-8201
 Fax: (518) 756-8356
 buildingdept@villageofravena.com



Fence Permit Application Information
NOTE: Job is not to be started until permit is picked up and paid for.

The following must be completed before submitting your application to the building department:

1. **Application:** must be completely filled out on the computer or in ink. *All applicants must submit a copy of the deed to the parcel.*
2. **Plot plan:** A plot plan must be submitted to this department showing lot size, existing house location, and exact location of fence. Please show all existing structures (with dimensions) and driveways. The proposed fence must be indicated on the sketch with the distances to the various property lines and main structures shown. Please show any existing fencing. Sketch can be made on reverse side of the application. (See page 4 for an example.)
3. **Picture or Drawing of Proposed Fence:** Please show a picture or a drawing of the proposed fence. A brochure from the fencing store or a sketch of the fence will be acceptable. (See page 5 for an example.)
4. Fences cannot be placed on any utility easements.
5. Fences must be installed according to the Village of Ravena Code, Chapter 65: Fences. (see pages 6-8 of this application)
6. **Costs:** Costs for the work described in the Application for Building Permit include the cost of all of the construction, and other work done in connection therewith, exclusive of the cost of land. If the final cost shall exceed the estimated cost, an additional fee may be required.
7. **Changes:** Any deviation from the approved plans must be authorized by the approval of revised plans subject to the same procedure established for the examination of the original plans.
8. **Insurance:** If the permit is for work you are doing on your owner-occupied property you can complete the form found at the end of the application. If the work is being performed by someone else then a Certificate of Insurance providing proof of contractor's liability (Accord Form), Workers' Compensation, and Disability Benefits Coverage, naming the Village of Ravena as Certificate Holder, must be on file before any release of building permit. Accord forms are not acceptable proof of NYS Workers' Compensation or Disability Benefits coverage. Once the application is turned in, an average turn-around time for permit approval is seven to ten (7-10) business days, depending on the current workload. Incomplete applications will be returned thus prolonging the review process.

Inspections: Once the job is started, inspections should be requested **24 hours** in advance. To make appointments call the Village of Ravena Building Department Monday-Friday from 9am-2pm. There must be a final inspection once the work is completed.

NOTE: With the issuance of this permit the Building Inspector, his Assistant, or Code Enforcement Officer having jurisdiction under the Codes of The State of New York and The Energy Conservation

The Village of Ravena assumes no responsibility for any boundary information given in error by the applicant.

Signature of Applicant _____ Date _____

Is there an existing fence? Yes No If yes, show on plot plan and describe below:

Describe proposed installation: cement supports, depth of supports, etc.: _____
Corner Lot Yes No Material of Fencing _____ Height of Fencing _____

Phone _____ Cell _____
Phone _____ Cell _____

Address _____ Address _____

Owner's Name _____ Applicant's Name _____
(if different than owner:)

Address of proposed work: _____ Estimated Cost: \$ _____

Fence Permit Application
A PERMIT MUST BE OBTAINED BEFORE STARTING WORK
RESIDENTIAL PERMIT EXPIRES IN TWELVE (12) MONTHS
ALL PERMITS REQUIRE A FINAL INSPECTION

For Building Inspector Use:
Tax Map #: _____
Permit #: _____
Permit Fee: \$ _____
Insurance Cert: Liability Workman's Comp
GE-200 Date _____ or Owner Occupied 439
Permit: Approved Denied ZBA
CO or CC Date: _____

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(518) 756-8201
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Building Department

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Ravena, New York 12143
Phone: (518) 756-8201
Fax: (518) 756-8356
buildingdept@villageofravena.com
Joseph J. Burns, Travis Witbeck
Building and Fire Inspectors

CODE REQUIREMENTS:

65-10 Placement of posts and finished side.

Any fence, wood, stockade, chain link or other type of fence shall have the smooth side or finished side facing to the outside of the property owner installing the fence. Fence posts will be placed on the inside of the fence.

Signature: _____
Date: _____

For Building Inspector use:

This application is hereby approved disapproved and permission granted refused for the construction, reconstruction or alteration of a building and/or accessory structure as set forth above.

Reason for refusal of permit: _____

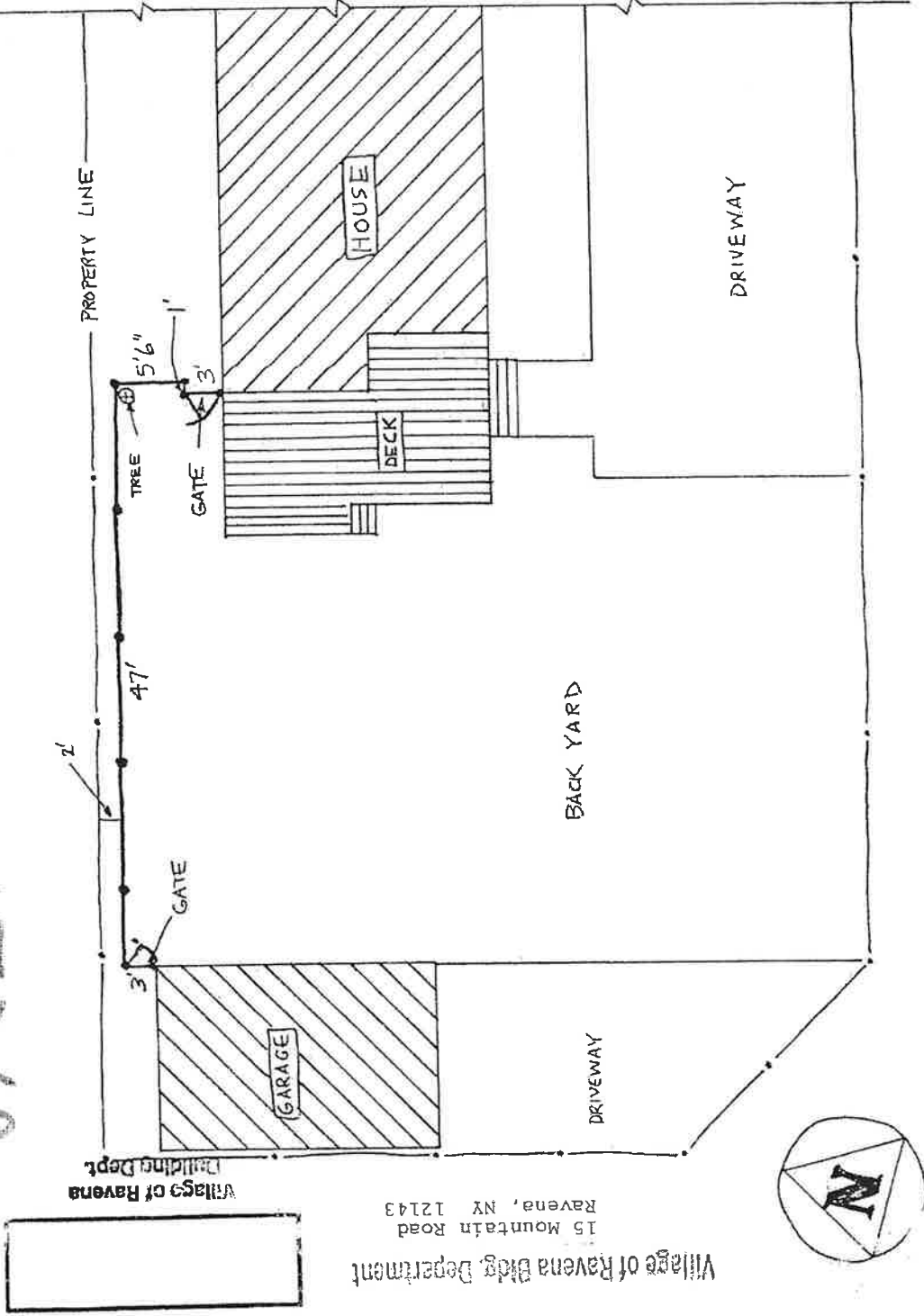
Dated _____ Building Inspector _____

Construction Code of The State of New York has permission of the owners and or the contractors upon the showing of proper credentials and in the discharge of their duties may enter upon any building, structure or premise covered by this permit at any reasonable hour and no person shall thus interfere with the performance of their duties. All applicable inspections as required by the Building Inspector or his Assistants shall be completed according to the schedule attached at the time of issuance of the permit.

Please submit the following with your application:

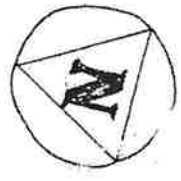
- Copy of Deed
- Plot Plans showing buildings, existing and proposed fence
- Picture or drawing of proposed fence
- Required Insurance Papers

0430-111



Village of Ravena Bldg. Department

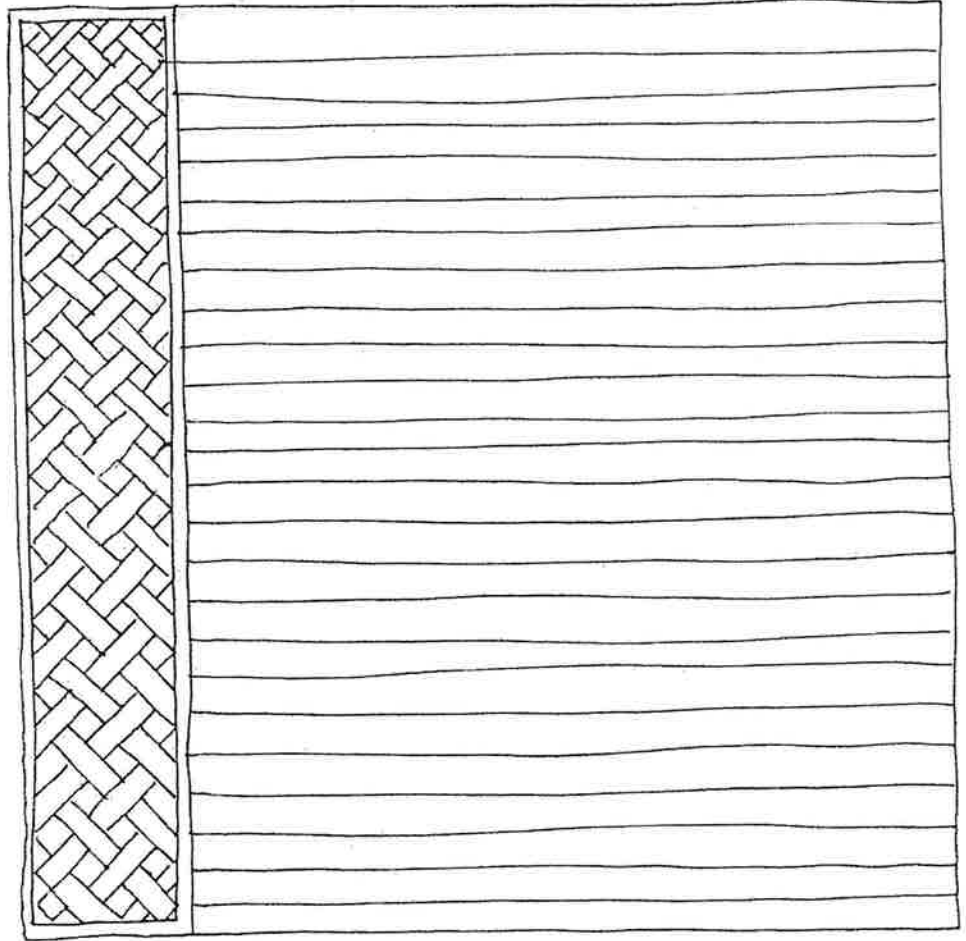
15 Mountain Road
Ravena, NY 12143



Village of Ravena
Working Dept.



Village of Ravena Bldg. Department
15 Mountain Road
Ravena, NY 12143



SAMPLE #

TOTAL LENGTH

HEIGHT

GATES

Chapter 65. FENCES

[HISTORY: Adopted by the Board of Trustees of the Village of Ravena 9-3-1991 as L.L. No. 3-1991. Amendments noted where applicable.]

GENERAL REFERENCES

Building construction — See Ch. 48.
Streets and sidewalks — See Ch. 98.
Zoning — See Ch. 119.

§ 65-1. Definitions.

As used in this chapter, the following terms shall have the meanings indicated:

FENCE

Any structure, regardless of composition, except a living fence, that is erected or maintained for the purpose of enclosing a piece of land or dividing a piece of land into distinct portions.

FRONT YARD

Applies to that portion of the yard in front of the front building line of any building. All corner properties adjacent to a public street, alley or highway shall also be considered as "front yards" for the purposes of this chapter. However, this definition shall specifically not apply for purposes of swimming pool protection.

HEIGHT

The distance measured from the existing grade to the top of the fence.

REAR YARD

Applies to that portion of the yard from the rear building line of any building to the rear of the lot.

SIDE YARD

Applies to that portion of the yard in front of the rear building line of any building and to the rear of the front building line of any building.

§ 65-2. Approval required.

No fence, wall or other type of construction shall be erected without the approval of the Building Inspector.

§ 65-3. Application for permit; issuance.

Any person or persons, corporation, firm or association intending to erect a fence shall, before any work is commenced, make application to the Building Inspector on a form provided by said officer or his designated substitute. Said application shall be accompanied by a plan or sketch showing the proposed location of any fence and the materials proposed to be used therein, which must be in accordance with this chapter and any other pertinent local law regulating construction within the village, and shall be accompanied by an appropriate fee. Upon approval by the Building Inspector, a temporary permit shall be issued which will be in effect for a period of one year from the date thereon. Said permit shall be available on the job during the progress of the work so that it may be inspected by proper village officials. The Building Inspector shall inspect any such fence and may revoke said permit if the fence does not comply with all provisions of this Code.

§ 65-4. Height limitations.
[Amended 3-16-1999 by L.T. No. 1-1999]

No fence shall be more than six feet in height at the rear of homes or buildings situated in a residentially zoned district, which fence shall not extend forward of the rear building line of any existing or proposed building. No other fence or portions of a fence shall be higher than 48 inches in any front yard, subject to the terms of § 119-23 of Chapter 119, Zoning, or 48 inches in any side yard.

§ 65-5. Location restrictions; maintenance of surrounding area.

Any fence erected in a front yard shall be placed at least two feet back from the sidewalk or property line, and the applicant or owner shall maintain the property on both sides of the fence.

§ 65-6. Materials and composition.

Any fence, wall or similar structure, as well as shrubbery, which unduly cuts off light or air or which may cause a nuisance, a fire hazard or a dangerous condition or an obstruction to combating fires or an obstruction to men and equipment for combating fires, which may affect public safety, is hereby expressly prohibited. Further, no fence shall be erected in a front yard in a residential district or along a public right-of-way unless the fence is uniformly less than 50% solid.

§ 65-7. Prohibitions.

The following fences and fencing materials are specifically prohibited:

- A. Barbed wire.
- B. Short, pointed fences.
- C. Canvas fences.
- D. Cloth fences.
- E. Electrically charged fences.
- F. Poultry fences.
- G. Turkey wire.
- H. Temporary fences, such as snow fences.
- I. Expandable fences and collapsible fences, except during construction of a building.

§ 65-8. Chain link fences.

All chain link fences erected shall be erected with the closed loop at the top of the fence.

§ 65-9. Entrances and gates.

All entrances or gates shall open into the property.

§ 65-10. Placement of posts and finished side.

Any fence, wood, stockade, chain link or other type of fence shall have the smooth side or finished side facing to the outside of the property owner installing the fence. Fence posts will be placed on the inside of the fence.

§ 65-11. Security fences for commercial and industrial properties.

Notwithstanding the provisions of this chapter, the Building Inspector may issue a permit for the construction of a security fence for commercial and industrial properties, upon due application to and approval by the Building Inspector of Ravenna. The Building Inspector may deny such application if it is found that the application for such fence is not appropriate and is unnecessary. Upon such denial, the applicant may appeal the Building Inspector's decision to the Zoning Board of Appeals of the Village of Ravenna by notice to the same within 30 days of such denial. In the event that said Zoning Board substantiates the denial of the Building Inspector, the applicant may resort to proper legal proceedings according to the statutes of the State of New York.

§ 65-12. Location within property line.

All fences or walls must be erected within the property line, and none shall be erected so as to encroach upon a public right-of-way or interfere with vehicular or pedestrian traffic or interfere with visibility on corner lots and/or other structures or vehicles, whether stationary or transitory, on private or public property.

§ 65-13. Visibility at intersections.

The Building Inspector or Village Mayor shall have the authority to direct, in writing, the removal, trimming or modification of any shrubs, bushes, plants, trees, flowers or other vegetation, fence, wall, hedge or other structure on private or public property wherever the same shall interfere with adequate visibility of operators of motor vehicles at street intersections or curbs.

§ 65-14. Penalties for offenses.

Any person, firm or corporation or his or her or its agent, servant, workman or employee violating any of the provisions of this chapter shall be punishable by a fine not exceeding \$100. Each day's continuance of a violation after notice to cease shall be deemed a separate and distinct offense and shall be punishable accordingly.

1. Applicant Personal Information: Enter the name (first and last), address and phone number. The applicant must have the knowledge, information and legal authority to file the application. An accountant or lawyer may not file the application on behalf of a client. The applicant will also be required to sign the certificate of attestation of exemption prior to filing it with the government entity.
2. Your title: Title refers to the position held by the applicant. Example: Sole Proprietor, Partner, Member, President, Secretary, Treasurer.
3. Legal Entity Information: Enter Federal ID number used for tax purposes. If the entity does not have a Federal ID number, enter your social security number. Legal Entity is the business's legally filed name with the Department of State or County Clerk. Example: Corporation (ABC, Inc.) or LLC name (XYZ, LLC). If this does not apply, enter the applicant's name. Doing business as refers to trade name or the name the business is known by.
4. Permit/License/Contract Information: Nature of business refers to what type of work is being performed. Enter the type of permit, license or contract for which you are applying. Examples: Building permit, health permit, liquor license. Issuing Government Agency is the agency to which you will give the certificate. Examples: City of Albany,

Instructions:

For those who require an exemption immediately, please access the *on-line application* that can be found on the Board's website, www.wcb.state.ny.us. Click the "W/C/D/B Exemption" button on the Board's main webpage and then click on "Request for W/C/D/B Exemption (Form CE-200)". You will be able to immediately print the certificate of attestation of exemption after completing the on-line application.

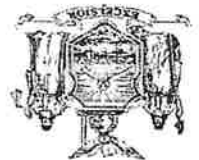
This application must be completed in its entirety and submitted to the Workers' Compensation Board by mail or fax. The application will be processed in the order received and a certificate of attestation of exemption will be mailed to the applicant. This process may take up to four weeks to complete.

Exemption Application Instructions:

Please carefully review the instructions before completing the application.

Attached is an application for a certificate of attestation of exemption from New York State Workers' Compensation and/or Disability Benefits insurance coverage.

A certificate of attestation of exemption can ONLY be used to attest to a government entity that the applicant requesting a permit, license or contract from that government entity is not required to carry workers' compensation and/or disability benefits insurance.



STATE OF NEW YORK
 WORKERS' COMPENSATION BOARD
 BUREAU OF COMPLIANCE
 100 BROADWAY
 ALBANY, NY 12241-0005

Orange County Health Department, New York State Department of Transportation.

5. Job Site Location Information: If applying for a building permit, this section must be completed or form will be rejected. Certificates are job specific and must list the physical location where the work will be performed. The dates and estimated dollar amount of the project must also be completed. If applying for a license or contract, leave this section blank.

6. Partners/ Members /Corporate Officers: Must be completed with names and titles of all principals of business. *Limited Partnerships must ONLY list General Partners.* Sole proprietors can skip this section.

7. Truthfully select one reason for a Workers' Compensation Exemption from box A-J. If none apply, coverage is almost always required. If box I is checked, you must enter the name and telephone number of the temporary service agency. If box J is checked, you must enter the carrier and policy information.

8. Truthfully select one reason for a Disability Benefits Exemption from box A-G. If none apply, coverage is almost always required.

9. Application must be signed and dated by the applicant.

10. Mail or fax application to:

New York State Workers' Compensation Board
Bureau of Compliance - CE-200
100 Broadway
Albany, NY 12241-0005
Fax: 518-486-7145

11. A certificate of attestation of exemption will be mailed upon processing. Applications that are incomplete, illegible or those applicants having outstanding penalties, no-insurance claims or other issues with the NYS Workers' Compensation Board will be rejected and returned to the applicant.

12. Certificates of attestation of exemption contain a unique certificate number used by government officials to verify the validity of the certificate. Certificates are only valid for the specific license, permit or contract and the period for which it is issued. Certificates for building permits are job-specific and a separate certificate will be required for each building permit.

13. The Board may investigate the entity claiming exemption from coverage. Any false statement, representation, or concealment will subject the applicant to felony criminal prosecution including jail, and civil liability in accordance with the Workers' Compensation Law and all other New York State laws.

If you have questions regarding coverage requirements for Workers' Compensation and/or Disability Benefits Insurance, please call the Workers' Compensation Board Bureau of Compliance at 1-866-546-9322.

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 CB-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.

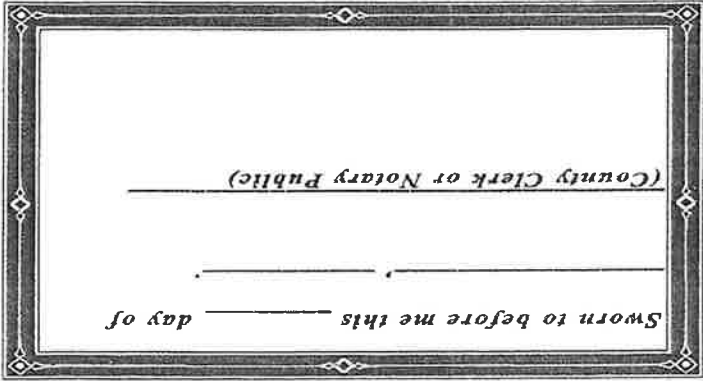
(Signature of Homeowner)

(Homeowner's Name Printed)

Property Address that requires the building permit:

(Date Signed)

Home Telephone Number



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

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

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(1/04), 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.

**New York State Workers' Compensation Board
Application for Certificate of Exemption
from New York State Workers' Compensation and/or Disability Benefits Insurance Coverage.**

For NYS workers' compensation exemption, this application may only be completed by entities with no employees or out-of-state entities obtaining contracts for which ALL work is performed outside of NYS. For NYS disability benefits exemption, it may only be completed by entities without employees or those with employees, as defined by the NYS Disability Benefits Law, working in NYS for less than thirty days in a calendar year.

A certificate of attestation of exemption can ONLY be used to attest to a government entity that the applicant requesting a permit, license or contract from that government entity is not required to carry workers' compensation and/or disability benefits insurance.

The application must be completed in its entirety and submitted to the Workers' Compensation Board by fax or mail. The application will be processed in the order received and a certificate of attestation of exemption will be mailed to the applicant. This process may take up to four weeks.

To obtain a certificate immediately, please use the *on-line application* at www.web.state.ny.us. Once the application is completed on-line, you can immediately print the certificate on your printer.

Please review the separate instructions (form CE-200 instructions) prior to completing this application. Please print clearly.

1. Applicant Personal Information:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country (If other than U.S.): _____

Personal Phone Number (_____) _____

2. Your Title (check only one)

- Sole Proprietor
- President
- Vice President
- Secretary
- Homeowner
- Other (please provide title) _____
- Treasurer
- Partner
- Member
- Trustee
- Board Member

3. Legal Entity Information:

Business Federal ID (If none, enter social security number): _____

Legal Entity Name: _____

Doing Business As Name: _____

Business Phone: (_____) _____ E-mail: _____

Check here if business address is the same as the applicant's personal address. If different, enter business address below.

Business Street Address: _____

City: _____ State: _____ Zip: _____

Country (If other than U.S.): _____

(Attach additional sheet if necessary)

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

6. Partners/Members/Corporate Officers - must list all with titles except for limited partnerships which must include only general partners. Sole proprietors can skip this section.

- Estimated Dollar amount of project:
- \$0 - \$10,000
 - \$10,001 - \$25,000
 - \$25,001 - \$50,000
 - \$50,001 - \$100,000
 - Over \$100,000

B. Dates of project: (mm/dd/yyyy) _____ to: (mm/dd/yyyy) _____

City: _____ State: _____ Zip: _____ County: _____

Street address _____

A. Job Site Address

5. Job Site Location Information: (Required if applying for a building, plumbing, or electrical permit)

Department of Labor, etc.)

(e.g. New York City Building Department, Ulster County Health Department, New York State

Issuing Government Agency: _____

Contract with Government Agency

Permit (list type) _____

License (list type) _____

B. Applying for:

Other (please explain) _____

Bar / Tavern

Homeowner

Food Cart Vendor

Restaurant / Food Service

Plumbing

Demolition

Construction/Carpenry

A. Nature of Business:(please check only one)

4. Permit/License/Contract Information:

Electrical

Landscaping

Farm

Trucking / Hauling

Horse Trainer/Owner

Hotel / Motel

Mobile - Home Park

Employees of the Workers' Compensation Board cannot assist applicants in answering questions in the following two sections. Please contact an attorney if you have any questions regarding these sections.

7. Please select the reason that the legal entity is NOT required to obtain New York State Specific Workers' Compensation Insurance Coverage:

A. The applicant is NOT applying for a workers' compensation certificate of attestation of exemption and will show a separate certificate of NYS workers' compensation insurance coverage.

B. The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

C. The business is a LLC, LLP, PLLP or a RLLP; OR is a partnership under the laws of New York State and is not a corporation. Other than the partners or members, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

D. The business is a one person owned corporation, with that individual owning all of the stock and holding all offices of the corporation. Other than the corporate owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

E. The business is a two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (each individual must hold an office and own at least one share of stock). Other than the two corporate officers/owners, there are no employees, day labor, leased employees, borrowed employees, part-time employees, other stockholders, unpaid volunteers (including family members) or subcontractors.

F. The applicant is a nonprofit (under IRS rules) with NO compensated individuals providing services except for clergy; or is a religious, charitable or educational nonprofit (Section 501(c)(3) under the IRS tax code) with no compensated individuals providing services except for clergy providing ministerial services; and persons performing teaching or nonmanual labor. [Manual labor includes but is not limited to such tasks as filing; carrying materials such as pamphlets, binders, or books; cleaning such as dusting or vacuuming; playing musical instruments; moving furniture; shoveling snow; mowing lawns; and construction of any sort.]

G. The business is a farm with less than \$1,200 in payroll the preceding calendar year.

H. The applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has no employees, day labor, leased employees, borrowed employees, part-time employees or subcontractors. The homeowner ONLY has uncompensated friends and family working on his/her residence.

I. Other than the business owner(s) and individuals obtained from a temporary service agency, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. Other than the business owner(s), all individuals providing services to the business are obtained from a temporary service agency and that agency has covered these individuals for New York State workers' compensation insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock). A Temporary Service Agency is a business that is classified as a temporary service agency under the business's North American Industrial Classification System (NAICS) code.

J. The out-of-state entity has no NYS employees and/or NYS subcontractors AND ALL work related to the permit, license or contract is done outside of NYS; OR ALL employees are direct employees of a government entity outside of New York. Please provide coverage information.

Carrier _____ Policy # _____

Policy start date _____ Policy expiration date _____

Name _____ Phone # _____

Temporary Service Agency

Signature _____
 Title _____
 Date _____

9. I affirm that due to my position with the above-named business I have the knowledge, information and legal authority to make this Application for Certificate of Attestation of Exemption. I hereby affirm that the information provided above is true and that I have not submitted any materially false statements and I make this application for a Certificate of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation, or concealment will subject me to felony prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State Laws.

- G. Other than the business owner(s) and individuals obtained from the temporary service agency, there are no other employees. Other than the business owner(s), all individuals providing services to the business are obtained from a temporary service agency and that agency has covered these individuals for New York State disability benefits insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation, or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock). A Temporary Service Agency is a business that is classified as a temporary service agency under the business's North American Industrial Classification System (NAICS) code.
- F. The applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)
- E. The business is a farm and all employees are farm laborers.
- D. The applicant is a nonprofit (under IRS rules) with NO compensated individuals providing services except for clergy; or is a religious, charitable or educational nonprofit (Section 501(c)(3) under the IRS tax code) with no compensated individuals providing services except for executive officers, clergy, sextons, teachers or professionals.
- C. The applicant is a political subdivision that is legally exempt from providing statutory disability benefits coverage.
- B. The business MUST be either: 1) owned by one individual; OR 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; OR 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation each individual must be an officer and own at least one share of stock); OR 4) is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)
- A. The applicant is NOT applying for a disability benefits exemption and will show a separate certificate of NYS statutory disability benefits insurance coverage.

8. Please select the reason that the legal entity is NOT required to obtain New York State Statutory Disability Benefits Insurance Coverage: