

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



Commercial Change of Occupancy Application Information

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, complete with any deed restrictions.
2. **Plot Plan:** Locate clearly all buildings and indicate setback dimensions from property lines. Indicate whether an interior or a corner lot. Indicate any green areas and any blacktopped areas. Provisions for off-street parking and number of spaces should be indicated.
3. **Building Plans:** submit two (2) complete sets of plans for proposed construction, alterations or additions. Plans should describe the nature of the work to be performed and any major equipment to be installed. Include a copy of current floor plans and show all revisions for the intended use. Plans must show the following:
 - a. All doors (including exit doors) location, size, direction of swing
 - b. All rooms identified
 - c. All dimensions on plans
 - d. Corridor sizes
 - e. Distance to travel to an exit
 - f. Exit and Emergency Lights with battery backup
 - g. Handicap facilities (if required)
4. **Electrical Certificate:** All electrical work must be inspected and a certificate of approval obtained from an electrical inspector.
5. **Building and Sign Permits:** If the Change of Occupancy requires alterations or additions then an application for a Building Permit must be made separately. If the Change of Occupancy requires the placement of a sign, a Sign Permit must be obtained from the Building Department.

You may be required to submit proof of compliance with the regulations of various other agencies depending upon the nature of the proposed changes.

No building shall be occupied or used in whole or in part for any purpose whatsoever until and application is completed and a Certificate of Occupancy has been granted by the Building Inspector.



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Application for Commercial Change of Occupancy

For Building Department Use:

Tax Map #: _____

To Planning Board: _____

Approved Denied Date: _____

To ZBA: _____

Approved Denied Date: _____

CO Date: _____

Location of Property: _____

Zoning District: _____

Current Occupancy Classification: _____

Owner's Name _____

Address _____

Phone _____

Cell _____

Applicant's Name _____

Address _____

Phone _____

Cell _____

(if different than owner:)

State applicant's position, i.e. lessee, agent, architect or other _____

1. State existing use and occupancy of premises: _____

2. Will intended use replace or be in conjunction with existing use? _____

Explain: _____

3. If dwelling, indicate total units _____

Number of Units per floor _____

4. If business, commercial, or mixed occupancy, specify nature and extent of each use: _____

5. Dimensions of existing structures: Front _____

Rear _____

Depth _____

Height _____

Number of Stories _____

6. Size of lot: Front _____

Rear _____

Depth _____

7. Number of off street parking spaces to be provided: _____

Application is hereby made to the Building Inspector for the issuance of a Certificate of Occupancy for use of the property described herein. Applicant agrees to comply with all applicable State, County, and local laws, ordinances and regulations. No building shall be occupied or used in whole or in part for any purpose whatsoever until an application is completed, and a Certificate of Occupancy has been granted by the Building Inspector.

STATE OF NEW YORK
COUNTY OF ALBANY

_____, being duly sworn, deposes and says that he/she is the applicant above named. He/She is the (agent) (corporate officer) (contractor) of said owners and is duly authorized to make and file this application; that all statements contained in this application are true to the best of his/her knowledge and belief and that occupancy will be as set forth in this application.

SWORN this _____ day of _____

Signature of Owner, Applicant or Agent

Notary Public

Corporations Only:

If applicant, owner or operator is a corporation, give names and titles of two officers and signatures of duly authorized officer of each corporation:

Signature of Owner or Applicant

Date

Printed Name and Title of Owner or Applicant

Signature of Owner or Applicant

Date

Printed Name and Title of Owner or Applicant

Please submit the following:
 Application
 Plot Plan
 Building Plans (2 Copies)

For Building Inspector use:

This application is hereby approved disapproved and permission granted refused for the commercial Change of Occupancy requested. Reason for refusal: _____

Date

Building Inspector

Plot Diagram

Locate clearly and distinctly all buildings whether existing or proposed, and indicate all set back dimensions from property line. Give lot and block numbers or description according to deed, and show all easements and street names and indicate whether interior or corner lot, or supply an approved plot plan showing all the above requirements.

Note:
For Vacant lots print in dimensions of new building.
If there is an existing building and a proposed addition print in dimensions and show addition.

Size of Lot:
Front _____
Rear _____
Depth _____

Signature _____

Date _____

For Building Inspector Use Only:
Building Department Review:

Building Inspector Signature

Date

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 "WC/DB Exemption" button on the Board's main webpage and then click on "Request for WC/DB Exemption (Form CE-200)." You will be able to immediately print the certificate of attestation of exemption after completing the on-line application.

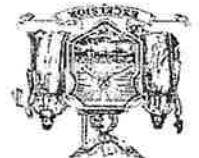
This application must be completed in its entirety and submitted to the Workers' Compensation Board by mail or fax. The application will be processed in the order received and a certificate of attestation of exemption will be mailed to the applicant. This process may take up to four weeks to complete.

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.

Davit 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.

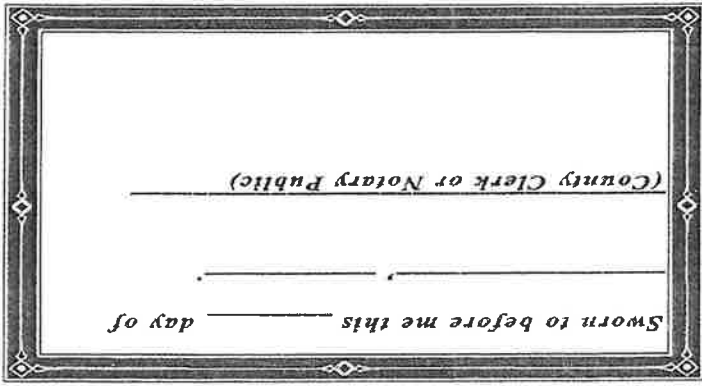
I also agree to either:

- ◆ 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 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:



Home Telephone Number

(Date Signed)

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: _____

B. Applying for:

- License (list type) _____
- Permit (list type) _____
- Contract with Government Agency _____

- A. Nature of Business: (please check only one)
- Construction/Carpentry
 - Demolition
 - Plumbing
 - Restaurant / Food Service
 - Food Cart Vendor
 - Homeowner
 - Bar / Tavern
 - Other (please explain) _____

- 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, borrowed 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, 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, unpaid volunteers, part-time employees, other stockholders, 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.

Temporary Service Agency

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 # _____

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.

- A. The applicant is NOT applying for a disability benefits exemption and will show a separate certificate of NYS statutory disability benefits insurance 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.)
- C. The applicant is a political subdivision that is legally exempt from providing statutory disability benefits coverage.
- 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.
- E. The business is a farm and all employees are farm laborers.
- 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.)
- 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) and is classified as a temporary service agency under the business's North American Industrial Classification System (NAICS) code.

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