

DIRECTIONS FOR FILLING OUT BUILDING PERMITS

Papers needed to file are:

Photocopy of current Nassau County contractor's license,
Workers' Compensation, General Liability & Disability insurances.

Building Permit Application
Nassau County Assessors Sheet
2 copies of the current property survey
2 copies of plans and drawings
Environmental Review Form (white)
Water letter (if applicable; i.e., pools, new plumbing)
1 copy of Electrical Dept. letter **
2 copies of N.Y.S. Energy calculations

Application fee is based on
cost of construction:

(POSTED IN BUILDING DEPT.)

DOUBLE FEE WILL BE ASSESSED
IF WORK HAS STARTED

NOTE: All additions, alterations and new construction must meet Village Ordinance requirements.

*Applications will be accepted from 8:30 A.M. to 4:00 P.M., Daily. They must be submitted in person. No mail applications will be accepted. No work may commence until contractor's information or homeowner's insurance is provided.

The Building Permit Application fee must be submitted at time of filing.

Plan requirements vary, but generally all construction work requires black or blue on white SCALE drawings, including floor plans, framing details and elevations.
Further details may be required depending on job complexity.

IF DRAWINGS SUBMITTED WERE DONE ON A COMPUTER, AN ELECTRONIC COPY (DISC OR CD) MUST ALSO BE EMAILED TO: buildingdept@freeportny.gov

1. PRINT OR TYPE all information required.
2. COMPLETE ALL areas required for the work you will be performing.
3. ALL Sections I through IV are required for all applications.

SECTION I

Zoning District will be filled in by this office. Section, Block & Lot may be obtained from a Deed or Tax Bill, but must be verified and stamped by the Village Assessor's Office. Lot size is obtained from the property survey and lot area is computed from that.

SECTION II

Parts A & B: Check off the box/boxes that apply to your new and/or existing buildings.

Part C: List the total cost. Total includes: a & d, which must be listed separately,
where applicable.

Part D: Include in this section the overall sizes of the structure, i.e., one-story, 9' x 12'2" extension for den.

SECTION III

1. If the work to be done is contracted by a lessee (tenant), written permission must be submitted from the property owner.
2. The contractor's name and full address must be supplied.
3. All work that is deemed structural will require to be designed, drawn and stamped by a New York State licensed architect or engineer.

SECTION IV

Complete affidavit portion and have the signature notarized. Copy of workmen's compensation sheet naming Village of Freeport as a named insured. Also a copy of license from Nassau County Dept. of Consumers Affairs. No work may commence until copies of contractor's information or homeowner's insurance is provided.

SECTION V

This information is required to insure flood protection and show that the minimum area requirements are met.

1. Elevations are listed on the property survey.
2. The contractor's name and full address must be supplied.
3. Percentage of lot coverage is computed from building area and lot square footage.

* A drawing is required showing the present buildings, accessory structures, etc., and the location of new work in relation to same. You may copy your property survey and locate new work on that. Provide two (2) additional copies if you choose this method.

** For new projects only – not required for small extensions.

POOLS – Submit:

- a) Complete Building Permit Application.
- b) Two (2) copies of property survey, locate on survey where fence & pool is going/or is.
- c) Water availability letter.

FENCES – a) Complete Building Permit Application.

- b) Two (2) copies of property survey, locate on survey where fence is going/
or is.
- c) List height of fence, type of fence, how many feet of fence is being installed,
and if it is a new fence or a replacement.

ALL APPLICATIONS MAY BE SUBJECT TO SITE PLAN REVIEW AND/OR ZONING BOARD APPROVAL. IF SUBJECT TO ANY OF THE ABOVE, IT MAY EXTEND THE TIME FRAME THAT THE BUILDING DEPARTMENT CAN ISSUE YOU YOUR PERMIT.

FOR ANY ADDITIONAL INFORMATION, CONTACT THE BUILDING DEPARTMENT @ 377-2241.

DEPARTMENT OF BUILDINGS

OF THE VILLAGE OF FREEPORT, N.Y. APPLICATION NO. _____

Filing Date _____

Application for Erection of Buildings or Alterations

IMPORTANT – Applicant to complete all items in sections: I, II, III, IV, V

I. LOCATION OF BUILDING	AT (LOCATION) _____ (No.) _____ (Street) _____	ZONING DISTRICT _____
	BETWEEN _____ (Cross Street) _____ AND _____ (Cross Street) _____	
	SECTION _____ BLOCK _____ LOT _____	APPROX. LOT SIZE _____ x _____ LOT AREA _____

II. TYPE AND COST OF BUILDING – All applicants complete Parts A - D.

<p>A. TYPE OF IMPROVEMENT</p> <p>1 New building</p> <p>2 Addition-Alteration (If residential, enter number of new housing units added. If none-state none _____)</p> <p>3 Swimming Pool</p> <p>4 Repair (replacement)</p> <p>5 Bulkhead (New, Repair)</p> <p>6 Fence</p> <p>7 Moving (relocation)</p>	<p>B. PROPOSED OR EXISTING USE</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>RESIDENTIAL</p> <p>11 One Family</p> <p>12 Two families</p> <p>13 Apartment - Enter No. of Units _____</p> <p>14 Transient hotel, motel, or dormitory - Enter No. of Units _____</p> <p>15 Garage or Accessory Structure</p> <p>16 Other - Specify _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p>NON RESIDENTIAL - Complete Part "E"</p> <p>17 Industrial</p> <p>18 Office, bank, professional</p> <p>19 Stores, mercantile</p> <p>20 Church, other religious</p> <p>21 Hospital, Institutional</p> <p>22 Other - Specify _____</p> </td> </tr> </table>	<p>RESIDENTIAL</p> <p>11 One Family</p> <p>12 Two families</p> <p>13 Apartment - Enter No. of Units _____</p> <p>14 Transient hotel, motel, or dormitory - Enter No. of Units _____</p> <p>15 Garage or Accessory Structure</p> <p>16 Other - Specify _____</p>	<p>NON RESIDENTIAL - Complete Part "E"</p> <p>17 Industrial</p> <p>18 Office, bank, professional</p> <p>19 Stores, mercantile</p> <p>20 Church, other religious</p> <p>21 Hospital, Institutional</p> <p>22 Other - Specify _____</p>
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<p>C. COST</p> <p>10 TOTAL COST OF IMPROVEMENT \$ _____</p>	<p>D. DESCRIPTION OF PROJECT</p> <p>_____</p> <p>_____</p> <p>_____</p>
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III. IDENTIFICATION – To be completed by all applicants

	NAME	MAILING ADDRESS – Number, street, city and state, Zip	TEL. NO.
1. Owner or Lessee	_____	_____	_____
2. Contractor	_____	_____	_____
3. Architect or Engineer	_____	_____	_____

IV. OWNER - CONTRACTOR STATEMENT **V. FLOOD ZONE**

<p>Building permit is issued subject to the provisions of Section 57 of the Workmen's Compensation Law.</p> <p>Workmen's Compensation Certificate No. _____ Company _____ Exp. Date _____</p> <p style="text-align: center;">Contractor or Owner _____ (Print)</p> <p style="text-align: center;">Address _____</p> <p style="text-align: center;">Phone _____</p> <p>State of New York</p> <p>County of Nassau</p> <p>_____ being duly sworn, says that _____ is the contractor or owner of the above mentioned building. That the items of the above application also the estimated cost of said building or alteration, is correct to the best of _____ knowledge and belief and agrees to conform to all applicable laws of this jurisdiction.</p> <p style="text-align: center;">(Print) (He or She)</p> <p>Sworn to before me this _____ day of _____, 20____</p> <p style="text-align: center;">_____ Notary Public, County, N.Y.</p>	<p>IS PROJECT LOCATED WITHIN A DESIGNATED FLOOD HAZARD ZONE? YES _____ NO _____ IF YES, WHICH ZONE? _____</p> <p>IS PROJECT TO REPAIR FLOOD DAMAGE? YES _____ NO _____</p> <p>PROJECT DESCRIPTION</p> <p>Total/First Flr Square Feet <input style="width: 80%;" type="text"/></p> <p>Upper Flrs Square Feet <input style="width: 80%;" type="text"/></p> <p># of Fixtures <input style="width: 80%;" type="text"/></p> <p># of Floors <input style="width: 80%;" type="text"/></p> <p>Occup. Type <input style="width: 80%;" type="text"/></p>
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VI. VALIDATION (Official Use Only)

<p>Building Permit Number _____</p> <p>Building Permit Issued _____</p> <p>Building Permit Fee \$ _____</p>	<p style="text-align: center;">Approved by: _____</p> <p style="text-align: center;">Superintendent of Buildings</p>
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**BOARD OF ASSESSORS
COUNTY OF NASSAU**

240 OLD COUNTRY ROAD
MINEOLA, N.Y. 11501

Date Rec'd. _____

BUILDING PERMIT

OFFICE USE ONLY

SECTION	BLOCK	LOT	TOWN, CITY, VILLAGE	SCHOOL DIST NO.	PERMIT, NUMBER, TOWN CITY, VILLAGE, AND DATE ZONED AS
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LOCATION OF BUILDING	N.E.S.W. SIDE OF	FEET N.E.S.W. OF
	OR CORNER OF	AND

NUMBER AND STREET ADDRESS OF PROPERTY	OWNER OR LESSEE	<input type="checkbox"/> OWNER <input type="checkbox"/> LESSEE
POST OFFICE		NAME
ZIP	STREET ADDRESS	
	POST OFFICE AND ZIP CODE	TELEPHONE #

TYPE OF IMPROVEMENT	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> OTHER	<input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> SWIMMING POOL	<input type="checkbox"/> CENTRAL AIR
			<input type="checkbox"/> ADDITION	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> RELOCATION

SELECTED CHARACTERISTICS OF BUILDING	PRINCIPLE TYPE OF CONSTRUCTION		RESIDENTIAL ONLY	PLUMBING FIXTURES
	<input type="checkbox"/> WOOD FRAME	<input type="checkbox"/> BSMT	NUMBER OF BATHROOMS <input type="checkbox"/>	NUMBER OF LAVATORIES _____
	<input type="checkbox"/> MASONRY	<input type="checkbox"/> SLAB	<input type="checkbox"/> BSMT. FINISH <input type="checkbox"/> ATTIC FINISH	WATER CLOSET _____
	<input type="checkbox"/> STEEL	<input type="checkbox"/> OTHER		BATH TUB _____
ESTIMATED COST OF IMPROVEMENT	PRINCIPLE TYPE OF HEATING AND/OR CENTRAL AIR CONDITIONING		COMMERCIAL/INDUSTRIAL ONLY	STALL SHOWER _____
	<input type="checkbox"/> GAS	<input type="checkbox"/> ELECTRICITY	<input type="checkbox"/> NEW CONSTRUCTION OR ADDITION MUST INCLUDE SITE PLAN	KITCHEN SINKS _____
	<input type="checkbox"/> OIL	<input type="checkbox"/> COAL	<input type="checkbox"/> SPRINKLER SYSTEM	LAUNDRY TUB _____
	<input type="checkbox"/> OTHER	<input type="checkbox"/> CENTRAL AIR CONDITIONING	<input type="checkbox"/> ELEVATOR	URINAL _____
				BIDET _____
				TOTAL _____

DESCRIPTION OF IMPROVEMENT AND ESTIMATED COST

FIELD REPORT	FIELD REPORT (CONTINUED)	SECTION BLOCK LOT	

DATE OF GRANTING OF PERMIT _____

Signature of Applicant _____

NOTE: SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

Address of Applicant _____ TELEPHONE # _____

617.20
Appendix B
Short Environmental Assessment Form

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information			
Name of Action or Project:			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor:		Telephone:	
		E-Mail:	
Address:			
City/PO:		State:	Zip Code:
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO
			YES
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			NO
			YES
3.a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Parkland			

	NO	YES	N/A
5. Is the proposed action, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan?			
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation service(s) available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	NO	YES	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	NO	YES	
10. Will the proposed action connect to an existing public/private water supply? [If Yes, does the existing system have capacity to provide service? <input type="checkbox"/> NO <input type="checkbox"/> YES] If No, describe method for providing potable water: _____	NO	YES	
11. Will the proposed action connect to existing wastewater utilities? [If Yes, does the existing system have capacity to provide service? <input type="checkbox"/> NO <input type="checkbox"/> YES] If No, describe method for providing wastewater treatment: _____	NO	YES	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places? b. Is the proposed action located in an archeological sensitive area?	NO	YES	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	NO	YES	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES	
16. Is the project site located in the 100 year flood plain?	NO	YES	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <input type="checkbox"/> NO <input type="checkbox"/> YES	NO	YES	

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____	NO	YES
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO	YES
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO	YES
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: _____		Date: _____
Signature: _____		

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?		
2. Will the proposed action result in a change in the use or intensity of use of land?		
3. Will the proposed action impair the character or quality of the existing community?		
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?		
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?		
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?		
7. Will the proposed action impact existing: a. public / private water supplies? b. public / private wastewater treatment utilities?		
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?		
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?		

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?		
11. Will the proposed action create a hazard to environmental resources or human health?		

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<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 may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.	
<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.	
_____	_____
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)

**DEPARTMENT OF BUILDINGS
OF THE VILLAGE OF FREEPORT, N.Y.**

APPLICATION NO. _____
FILING DATE _____

The fee paid herein shall be non-refundable and shall be adjusted to reflect the actual cost of construction prior to the issuance of any Certificate of Occupancy or Certificate of Completion.

Notice: It is the policy of the Building Department to cancel and destroy any Building Permit Application that is not perfected, abandoned or remain inactive for ninety (90) days.

Applicant Signature

Each CE-200 will have a certificate number printed on it. You can verify if the CE-200 provided to you by the applicant was actually issued by the Workers' Compensation Board's computer system by checking on the Board's website at the following URL:
http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/verifyCE200Overview.jsp.

The majority of CE-200 forms will be processed electronically. Applicants will be able to fill out the CE-200 on-line and upon completion, immediately print out a copy of the CE-200 that they will then submit to the government agency issuing the permit, license or contract. Computers with internet access are available for CE-200 electronic application processing at Customer Service Centers located in Workers' Compensation Board Offices across the state. Applicants without access to a computer may obtain a paper application by writing or visiting any Workers' Compensation Board district office, or by calling 866-298-7830. **Applicants are strongly encouraged to use the Board's electronic web program. They can receive their Form CE-200 immediately, whereas manual paper filing may take up to four weeks to process.**

Please see pages 11-14 for more information on Form CE-200.

Other Important Highlights of the Prove It to Move It Program

An instruction sheet on page 6 of the instruction manual may be copied by municipal and state agencies as an insert in their application packages for government issued permits, licenses or contracts. This sheet describes all the required forms of this program and where applicants may obtain these forms.

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

This manual identifies the specific forms that government agencies can accept to enforce these sections of the Workers' Compensation Law and where applicants may obtain those forms. **No other forms are acceptable as proof of compliance** with New York State workers' compensation or disability benefits.

Please ensure that the legal entity name and the Federal Employer Identification Number (FEIN) on certificates of insurance, self-insurance, or attestation for exemption exactly matches the legal entity name and FEIN of the applicant applying for the permit, license or contract that you are issuing.

Form BP-1, found on page 30, is the only form that municipal and state agencies may now reproduce themselves and distribute as part of this process.

Please notify the permit-issuing, license-issuing and contract-making agencies or departments within your jurisdiction of these requirements so that they may comply with the Workers' Compensation Law. If you have any questions or require additional information, please call the Board at (518) 486-6307.

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.

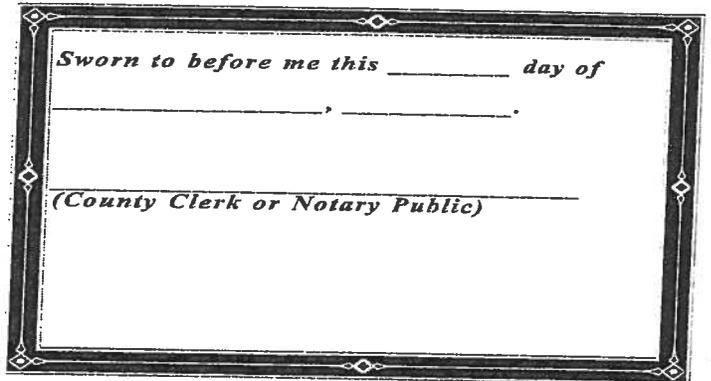
(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:



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

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>)

PLEASE BE ADVISED THAT A LETTER OF COMPLETION FEE WILL BE INCLUDED IN ALL BUILDING PERMIT APPLICATIONS, EXCLUDING FENCES AND ROOFS. THIS CERTIFICATE WILL SERVE THE APPLICANTS FOR THE PURPOSES OF REFINANCING OR THE SALE OF YOUR PROPERTY. IT WILL BE SENT TO THE PERSON THAT IS PAYING FOR THE APPLICATION AT THE COMPLETION OF SAID PROJECT.

THIS CERTIFICATE SHOULD BE KEPT IN A SAFE PLACE AND CAN BE GIVEN TO YOUR TITLE COMPANY OR REFINANCING INSTITUTION WHEN SUCH TIME ARISES.

TO: ALL BUILDING PERMIT APPLICANTS

FROM: INC. VILLAGE OF FREEPORT BUILDING DEPARTMENT

SUBJECT: ELECTRIC DEMAND AND REQUIREMENTS

**FOR: NEW BUILDINGS (RESIDENTIAL AND COMMERCIAL)
MAJOR RENOVATIONS TO COMMERCIAL BUILDINGS**

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Due to the necessity of providing adequate service to all residents of the Village, it will now be necessary to submit a letter from the Electric Department prior to submitting a Building Permit Application. Please contact Lester Endo, Jr. at 377-2235 in order to obtain same.

TO: All Building Permit Applicants & Plumbers
FROM: Inc. Village of Freeport Building Department
SUBJECT: Water Production Cap

Due to a water production cap imposed on the Village of Freeport by the N.Y.S. Department of Environmental Conservation (DEC) any of the following building permit applications and plumbing applications will not be accepted in this office unless accompanied by a written commitment from the Water Department that said project will be connected to the water system.

1. Any new construction requiring water service (homes, condos, offices, factories, etc.)
2. Bathroom renovations.
3. Additions or alterations which contain plumbing.
4. Swimming pools, hot tubs, jacuzzis.
5. Any permits which, in the opinion of the Superintendent of Buildings, will require additional water usage.

INFORMATION REQUIRED BEFORE AN ISSUANCE OF A LETTER OF WATER AVAILABILITY.

Draft a letter to Water & Sewer Services. In the letter state the address of premises undergoing renovation and/or construction. State nature of renovation. If it includes renovation or addition of a bathroom, include in letter "that all fixtures used will be of the water savings type and toilets will be low flush less than 1.6 gallons per flush." Indicate also if any whirlpools are to be used. For kitchen renovation, indicate nature and water savings type fixtures.

For pools, indicate in the ground or aboveground pool; size of the pool and total gallon capacity.

For sprinkler systems, call Water and Sewer Services 377-2379.

For new homes, submit plans and indicate various uses of water. (Examples, number of toilets, sinks, showers, etc.)
Also, request will be for a 1" domestic tap.

Using this format, mail the letter to Water and Sewer Services, 46 N. Ocean Ave. Freeport, New York 11520.



BE SAFE

NO POOL PERMIT APPLICATION WILL BE ACCEPTED UNTIL A FREEPORT LICENSED ELECTRICIAN HAS FILED FOR THE ELECTRICAL SERVICES FOR POOL.

A U.L. APPROVED POOL ALARM MUST BE INSTALLED. NO POOL PERMIT WILL BE FINALIZED, AND NO POOL SHALL BE USED WITHOUT THE INSTALLATION OF A POOL ALARM AND INSPECTION BY THIS DEPARTMENT THEREOF.

FAILURE TO COMPLY WITH ANY OF THE ABOVE ELECTRICAL OR POOL ALARM REQUIREMENTS, WILL RESULT IN AN APPEARANCE TICKET BEING ISSUED AND MAY BE PUNISHABLE IN VILLAGE COURT FOR A FINE UP TO \$1,000.00.

