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.

BUILDING PERMIT
RESIDENTIAL PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY
240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: _____

NBHD# (ASSESSOR USE ONLY)

DATE REC'D (ASSESSOR USE ONLY)

SECTION	BLOCK	LOT (S)	SCH DIST #	PERMIT #	SPECIFIC ZONING DESIGNATION

Location of Building: N.E.S.W. SIDE OF (OR CORNER OF) _____ N.E.S.W. SIDE OF _____

ADDRESS OF PROPERTY

CITY, TOWN, VILLAGE | ZIP

ESTIMATED COST OF CONSTRUCTION:

WORK MUST BEGIN BY

PERMIT EXP DATE

LOT SIZE S.F.

BLDGS ON LOT

PRINCIPLE TYPE OF CONSTRUCTION
- ☐ STEEL
- ☐ MASONRY
- ☐ FRAME

Check one
- ☐ OWNER
- OR
- ☐ LESSEE

NAME OF BUSINESS

CONTACT PERSON/OWNER

ADDRESS

CITY, STATE, ZIP

PHONE

EMAIL

IF YOU WISH TO GROUP OR APPORTION LOTS
PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION

DETAILED DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)

*INCLUDING, BUT NOT LIMITED TO: LOCATION, TYPE AND DIMENSIONS OF IMPROVEMENT

PERMIT TYPE - CHECK ALL ITEMS THAT APPLY

- ☐ NEW BUILDING
- ☐ ADDITION (CHANGE IN S.F.)
- ☐ DEMOLITION
- ☐ ALTERATION (NO CHANGE IN S.F.)
- ☐ MAINTAIN (PRE-EXISTING)
- ☐ RECONSTRUCTION
- ☐ DECK, TERRACE, PORCH, CARPORT
- ☐ DORMERS
- ☐ OTHER _____
- ☐ FIRE DAMAGE
- ☐ GARAGE/ OUT BUILDING
- ☐ HVAC
- ☐ PLUMBING
- ☐ RELOCATION
- ☐ REPLACEMENT
- ☐ SWIMMING POOL
- ☐ TENNIS COURT
- ☐ CHANGE IN USE

DOES RESIDENCE HAVE THE FOLLOWING

CENTRAL AIR YES ☐ NO ☐

FINISHED ATTIC YES ☐ NO ☐

BASEMENT FINISH

1/4 ☐ 1/2 ☐ 3/4 ☐ FULL ☐

PROPOSED TOTAL PLUMBING FIXTURES

FLOOR/FIXTURE	BASEMENT	1ST FLOOR	2ND FLOOR	3RD FLOOR
BATHROOM SINK				
TOILET				
BATHTUB				
STALL SHOWER				
BIDET				
KITCHEN SINK				
WET BAR				

NUMBER OF EXISTING AND PROPOSED BATHS

NUMBER OF EXISTING FULL BATHS		NUMBER OF PROPOSED FULL BATHS	
NUMBER OF EXISTING HALF BATHS		NUMBER OF PROPOSED HALF BATHS	

HALF BATH EQUALS TWO FIXTURES, FULL BATH EQUALS THREE OR MORE FIXTURES

NEW C/O NEEDED	YES ☐	NO ☐
VARIANCE OBTAINED	YES ☐	NO ☐
CONSTRUCTION/RENOVATION IN EXCESS OF 50%	YES ☐	NO ☐
SURVEY ENCLOSED	YES ☐	NO ☐

PLEASE ATTACH ALL PERMITS & SURVEY IF AVAILABLE

DATE OF GRANTING OF PERMIT _____

Signature of Applicant/Contact Person - Sign & Print

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

Address of Applicant/Contact Person Telephone

FIELD REPORT ON REVERSE

Rev 08/11

TOWN | SCHOOL DISTRICT | SECTION | BLOCK | LOT(S) | CA # OR BLDG # | UNIT # | DATE

BUILDING PERMIT
COMMERCIAL OR MIXED USE PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY

240 Old Country Road, Mineola, NY 11501

Town, City, Village of: _____

DATE REC'D (Assessor Use Only)

SECTION	BLOCK	LOT (S)	SCH DIST	PERMIT #	SPECIFIC ZONING DESIGNATION

Location of Building: N.E.S.W. SIDE OF (OR CORNER OF) _____ N.E.S.W. SIDE OF _____

ADDRESS OF PROPERTY _____

CITY TOWN, VILLAGE _____ ZIP _____

ESTIMATED COST OF CONSTRUCTION:

DATE TO BEGIN _____

DATE TO COMPLETE _____

LOT SIZE S.F. _____

BLDGS ON LOT _____

PRINCIPLE TYPE OF CONSTRUCTION
- ☐ STEEL
- ☐ MASONRY
- ☐ OTHER

Check one
- ☐ OWNER
- OR
- ☐ LESSEE

NAME OF BUSINESS _____

CONTACT PERSON _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

EMAIL _____

If you wish to group or apportion lots, please call 516-571-1500 for more information.

DESCRIPTION OF WORK *IN DETAIL* (PLEASE PRINT CLEARLY)

_____

_____

_____

_____

CHECK ALL THAT APPLY

- ☐ NEW BUILDING
- ☐ ADDITION (CHANGE IN S.F.)
- ☐ DEMOLITION
- ☐ ALTERATION (NO CHANGE IN S.F.)
- ☐ OTHER (Describe)_____
- ☐ FAÇADE
- ☐ BASEMENT RENOVATION/ALTERATION
- ☐ HVAC
- ☐ ROOF
- ☐ PLUMBING

	SIZE	QUANTITY
☐ ELEVATORS		
☐ SPRINKLERS		
☐ SOLAR		
☐ ANTENNA		
☐ BILLBOARD		
☐ SATELLITE DISH		

USE BY SIZE AND FLOOR

	EXISTING S.F. AREA		PROPOSED S.F. AREA	
	Use	Size SF	Use	Size SF
BSMT				
1ST				
1ST addnl use				
2ND				
UPPER FLOORS				
TOTAL # FLOORS				

List additional use in comments section

Residential Use

- CO-OP ☐
- CONDO ☐
- RENTAL ☐

	Existing # Units	Existing Sq. Feet	Proposed # Units	Proposed Sq. Feet
Studio				
1BDRM				
2BDRM				
3BDRM				
4 BDRM				
OTHER				
Describe				

COMMENTS

Approved By_____

Date of Granting of Permit_____

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

Signature of Applicant/Contact Person

FIELD REPORT ON REVERSE

Please Print Name _____ Tele #

Rev 08/11

Township_____ School District_____ Section_____ Block_____ Lot(s)_____ Date_____

Incorporated Village of Freeport

FLOODPLAIN DEVELOPMENT PERMIT

Date: _____ **Application Number:** _____

Property S/B/L: _____ **Permit Number:** _____

Address of Property: _____ Freeport, NY 11520

Type of Development: (Check all that apply):

Excavation ☐ Fill ☐ Grading ☐ Residential Addition ☐ Residential Alteration ☐ Pool ☐ Bulkhead ☐ Deck ☐

Utility Install or Replacement ☐ Sewer ☐ Road Construction ☐ Commercial Addition ☐ Commercial Alteration ☐

Shed / Storage Facility (Must be Anchored) ☐ Roof ☐ Fence ☐ Oil Tank (Must be Anchored) ☐ Driveway ☐

Other (Specify): _____

OFFICE USE ONLY:

FIRM Data: Flood Zone: AE ☐ VE ☐ Map Panel #0238G ☐ 0239G ☐ Map Panel Date: 09-11-2009

Base Flood Elevation (NAVD) = 8 ☐ 9 ☐ 10 ☐ 11 ☐

Development Standards Data:

1- Required elevation of utilities to be installed including but not limited to, air conditioning, electrical equipment, hot water heaters, boilers = Base Flood Elevation (BFE) + 4feet of Freeboard = _____ (NAVD) or Not Applicable ☐

2- Will garage be used for any purpose besides parking of vehicles, storage, or building access? Yes ☐ or No ☐
(If "Yes", then the garage must be used in determining the lowest floor elevation)

3- If an elevation project, what is the proposed method for elevating the structure?
Fill and Foundation ☐ No Fill and Foundation ☐ Pilings ☐ Extend Existing Foundation ☐ Not Applicable ☐

New Foundation must have required Flood Vent openings installed and quantity of vents must be provided at time of application on submitted Architectural Drawings. **Engineered flood vents must be certified by a Licensed Design Professional and noted on final Elevation Certificate.**

Total square footage of first floor = _____ Sq ft
Total Area of Perimeter Flood Vent openings = _____ Sq In.
(Non – Engineered = 1"per square foot or the use of Engineered vents)
The bottom of the openings shall not be greater than one foot above either interior or exterior grade at the perimeter of the foundation wall.

4- Commercial floodproofing requires submission of Certified Floodproofing Certificate. (Not permitted in V Zones)
5- AE Zone – Lowest Floor to be at or above Base Flood Elevation (BFE) +4 feet : Measurement = _____ (NAVD)
6- V-Zone – Measurement of lowest supporting horizontal member must be at or above Base Flood Elevation (BFE) +4 feet : Measurement = _____ (NAVD)
7- Regulatory Flood Elevation at development site = Base Flood Elevation (BFE) + 4 feet of Freeboard (NAVD)

Applicant acknowledgment: I the undersigned understand that the issuance of a floodplain development permit is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required. I also understand that prior to occupancy of the structure being permitted, an elevation and/or floodproofing certificate signed by a professional engineer or registered land surveyor must be on file with the Village of Freeport Building Department indicating the "as built" elevations in relation to the North American Vertical Datum of 1988 (NAVD)

Print Name of Applicant: _____ Signature of Applicant: _____

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. ☐ Urban ☐ Rural (non-agriculture) ☐ Industrial ☐ Commercial ☐ Residential (suburban) ☐ Forest ☐ Agriculture ☐ Aquatic ☐ Other (specify): _____ ☐ 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?			

	NO	YES
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?		
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____		
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?		
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: _____		
10. Will the proposed action connect to an existing public/private water supply? [If Yes, does the existing system have capacity to provide service? ☐ NO ☐ YES] If No, describe method for providing potable water: _____		
11. Will the proposed action connect to existing wastewater utilities? [If Yes, does the existing system have capacity to provide service? ☐ NO ☐ YES] If No, describe method for providing wastewater treatment: _____		
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?		
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: _____		

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:
☐ Shoreline ☐ Forest ☐ Agricultural/grasslands ☐ Early mid-successional
☐ Wetland ☐ Urban ☐ Suburban

	NO	YES
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?		
16. Is the project site located in the 100 year flood plain?		
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? ☐ NO ☐ YES		
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: ☐ NO ☐ 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: _____		
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: _____		
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: _____		

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.

☐ 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.

☐ 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

WORKERS' COMPENSATION BOARD
20 PARK STREET
ALBANY, NY 12241
(518) 408-0469

DAVID A. PATERSON
GOVERNOR

ZACHARY S. WEISS
CHAIR

October 27, 2008

Dear Government Official:

Workers' compensation law (WCL) requires the heads of all municipal and state entities to ensure that businesses applying for permits, licenses, or contracts have appropriate workers' compensation and disability benefits insurance coverage. This requirement applies to both original issuances and renewals, whether the governmental agency is having the work done or is simply issuing the permit, license or contract.

An instruction manual that will further clarify the requirements, including instructions for a new CE-200 exemption form that becomes effective on Dec. 1, 2008, is available to download at the Workers' Compensation Board's website, www.wcb.state.ny.us. Once you are on the website, click on *Employers/Businesses*, then *Business Permits/Licenses/Contracts*; from there, click on *Instruction Manual for Businesses Obtaining Permits/Licenses/Contracts*.

Government officials without access to the web may call (518) 486-6307 to have a copy of this instruction manual mailed to them. I encourage you to obtain one for your records.

Also included in the instruction manual is a copy of General Municipal Law Section 125 that requires all applicants to provide proof of workers' compensation compliance when applying for a Building Permit.

Ensuring that businesses receiving permits, licenses or contracts from municipal and state agencies comply with the WCL protects both injured workers and employers. In addition, such oversight helps to level the playing field, by strictly enforcing the requirement that all businesses maintain mandatory insurance coverage. Municipal and state agency cooperation is a critical component of encouraging business compliance.

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

Form WC/DB-100 Will Be Retired

Form WC/DB-100, currently used to demonstrate exemption from workers' compensation and/or disability benefits insurance, will be retired on Dec. 1, 2008. Accordingly, a WC/DB-100 stamped prior to Dec. 1, 2008 cannot be used as proof of exemption for new or renewed permits, licenses or contracts issued by government agencies after that date. Instead, Form CE-200, which replaces Form WC/DB-100, must be used for applicants seeking exemptions starting on Dec. 1, 2008.

New Form CE-200

Form CE-200 reflects a new process for granting exemptions from workers' compensation and disability benefits insurance coverage requirements. Historically, the WC/DB-100 exemption forms were valid for multiple permits, licenses or contracts where the applicant applied, had to be notarized, and had to be stamped by the New York State Workers' Compensation Board.

The Prove It to Move It Program

Workers' compensation law (WCL) requires the heads of all municipal and state entities to ensure that businesses applying for permits, licenses, or contracts carry workers' compensation and disability benefits insurance. This requirement applies to both original issuances and renewals, whether the governmental agency is having the work done or is simply issuing the permit, license or contract.

Verification of insurance is necessary to ensure benefits are available, should workers get injured. It also levels the playing field for honest businesses, because they are less likely to be undercut by unscrupulous employers who gain a cost advantage by not carrying insurance. Enforcing these provisions of the law contribute to the betterment of New York's economic climate. Municipal and state agency cooperation is a critical component of encouraging business compliance.

This instruction manual, *Prove It to Move It*, will further clarify the requirements. Under the Prove It to Move It program, applicants must prove compliance with NYS workers' compensation and disability benefits requirements to move their government permit, license or contract along the approval process. This program reflects requirements under Workers' Compensation Law §57 and §220(8), and General Municipal Law §125. **The *Prove It to Move It* instruction manual formally names the program that has been in place, by statute, since 1922. Nothing has changed in enforcing this program since the last instruction manual was issued in December, 2008.** However, based on requests from government agencies, this manual reflects more comprehensive instructions on the program's requirements.

Government officials without access to the web may call (518) 486-6307 to have a copy of this instruction manual mailed to them.

Also included in the instruction manual is a copy of General Municipal Law Section 125, which requires all applicants to provide proof of workers' compensation compliance when applying for a Building Permit.

Form CE-200 – Affidavit of Exemption

Form CE-200 reflects the process for granting exemptions from workers' compensation and disability benefits insurance coverage requirements.

Applicants eligible for exemptions must file a new CE-200 **for each and every new or renewed permit, license or contract** issued by a government agency. Each CE-200 will specifically list the issuing government agency and the specific type of permit, license or contract requested by the applicant. Applicants for building permits will also need to supply additional information including identifying the specific job location and the estimated cost of the project.

Please ensure that Form CE-200 is signed and dated by the applicant and that your specific governmental agency is listed. **CE-200 forms are ONLY valid for the government agency listed on Form CE-200.**

The reason that a business is exempt from workers' compensation and/or disability benefits will be clearly stated on Form CE-200. Based on their knowledge of the applicant's business, government agencies must verify that the business is eligible for the workers' compensation and/or disability benefits exemption reason described on the CE-200, and notify the Board's investigative staff if there are discrepancies. Phone numbers for Board investigative staff are located on page 11 of the instruction manual.

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.

May, 2010

Workers' Compensation Requirements under Workers' Compensation Law §57

To comply with coverage provisions of the Workers' Compensation Law (WCL), businesses must:

a) be legally exempt from obtaining workers' compensation insurance coverage; or
b) obtain such coverage from insurance carriers; or
c) be a Board-approved self-insured employer; or
d) participate in an authorized group self-insurance plan.

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

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

Form CE-200 can be filled out electronically on the Board's website, www.wcb.ny.gov. Click on the button entitled "WC/DB Exemptions Form CE-200" (In bright yellow letters). Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any district office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract; or

B) Form C-105.2, *Certificate of Workers' Compensation Insurance* (the business's insurance carrier will send this form to the government entity upon request). **Please Note:** The State Insurance Fund provides its own version of this form, the U-26.3; or

C) Form SI-12, *Certificate of Workers' Compensation Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247), or GSI-105.2, *Certificate of Participation in Worker's Compensation Group Self-Insurance* (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

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

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

a) be legally exempt from obtaining disability benefits insurance coverage; or
b) obtain such coverage from insurance carriers; or
c) be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or licenses, or seeking to enter into contracts **must** provide one of the following forms to the entity issuing the permit or entering into a contract:

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

B) DB-120.1, *Certificate of Disability Benefits Insurance* (the business's insurance carrier will send this form to the government entity upon request); or

C) DB-155, *Certificate of Disability Benefits Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247).

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

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

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.

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 homeowner's 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 WC/DB-100 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 _____

Sworn to before me this _____ day of _____, _____.

(County Clerk or Notary Public)

Property Address that requires the building permit:

_____
_____
_____
_____

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

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

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 LETER 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 that 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.