



DIVISION OF CODE ENFORCEMENT – PERMIT DESK

AFFIDAVIT OF EXEMPTION TO SHOW SPECIFIC PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE FOR 1, 2, 3 OR 4 FAMILY OWNER-OCCUPIED RESIDENCE

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 for which I am applying, and I am not required to provide specific proof of workers' compensation insurance coverage for such residence due to the following reasons:

(please check one)

____ I am performing all of the work for which the building permit was issued.

____ I am not hiring, paying or compensating in any way any individual(s) performing all the work for which the building permit was issued, and no individuals are 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 I am hiring/paying individuals a total of less than forty (40) hours per week (aggregate hours for all paid individuals on the job site) 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 New York State Workers' Compensation Board, to the government entity issuing the building permit, if I need to hire/pay individuals a total of forty (40) hours or more per week (aggregate hours for all paid individuals on the job site) for work indicated on the building permits; **OR

**Have a general contractor performing the work on the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit for which I am applying, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the New York State Workers' Compensation Board to the government entity issuing the building permit, if the project takes a total of forty (40) hours or more per week (aggregate hours for all paid individuals on the job site) for work indicated on the building permit.

(Homeowner's Name – Please Print)

Date

Owner's Telephone Number

(Homeowner's Signature)

Property Address Requiring Permit:

Subscribed and sworn to before me this

_____ day of _____, 20_____

Commissioner of Deeds