

Town of Groton - Demolition Permit Application

Fee: \$25 - Payable to Groton Town Clerk's Office

Tax Map # _____ Date _____

Structure to be Demolished _____ By Whom _____

Address of Structure to be Demolished _____

Property Owner _____ Phone: _____

Mailing Address _____ E-mail: _____

Contractor _____ Phone _____

Mailing Address _____ Current Workman's Comp. Insurance Id _____

(Contractor must supply)

How will debris be disposed of? Buried on site Taken to approved landfill

Hazardous conditions?

No Yes Open Wells closed No Yes Fuel tanks removed or closed

No Yes Utilities disconnected No Yes Exposed Basement - Filled or Covered / Fencing

No Yes Environmental Testing needed (if unsure the Code Official will complete a site inspection)

Environmental Testing Agency/Agent name, address & Phone:

(Current Workman's Comp Insurance copy) Provided copy of landfill receipt on ____/____/____

Affidavit of Property Owner

State of New York }
County of Tompkins } ss

I, _____ being duly sworn, depose and say that I am the owner of the above referenced parcel of land within the Town of Groton, and the work proposed demolition upon the said premises will be done in accordance with the requirements of the Town of Groton Land Use and Development Code and all other applicable local or state regulations.

Sworn to me this ____ day of _____ 20____ Owner Signature _____

Notary Public - Affix Stamp Print Name _____ Date _____

[] Denied Date _____ Reason for denial _____

[] Approved Date _____ Special Conditions or Comments _____

PERMIT ALLOWS FOR 90 DAYS FROM APPROVAL TO COMPLETE DEMOLITION

Demolition shall be complete by _____ (May be extended at the discretion of the CEO) Extension _____

(607) 898-4428 or (607) 591-9898

W. Rick Fritz, Code Official

Fee: \$25.00 Received _____ Receipt # _____

State of New York
 Workers' Compensation Board Bureau of Compliance
 100 Broadway
 Albany, NY 12241-0005

All Contractors must provide a Certificate of NYS Worker's Compensation (form C-105.2) OR a Certificate of Exemption (form CE-200).

Form Number / Version Date	Form Title	Who Files	Where to File	When to File
-105.2 (9/15)	Certificate of NYS Workers' Compensation Insurance Coverage (All private NYS licensed workers' compensation carriers are required to issue the C-105.2. Please note that the State Insurance Fund issues a different form, the U-26.3 form, as its version of the C-105.2)	Employers insured for workers' compensation through a private insurance carrier	Filed with any entity requesting to be a certificate holder including a government agency issuing a permit, license or contract. The C-105.2 must be completed by the insurance carrier or its licensed insurance agent.	Employers must obtain this form from either their NYS workers' compensation insurance carrier or a licensed NYS insurance agent of that carrier. Carriers, their licensed agents, and Self-Insured Employers may email the Board at Certificates@wcb.ny.gov to obtain controlled forms not available on this website.
CE-200 (12/08) (Replaces WC/DB-100 and Form C-105.21)	Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage	Applicants for permits, licenses or contracts from State, county or municipal agencies in New York State that are not required to carry NYS workers' compensation and/or disability benefits insurance coverage.	Please file with the government agency that is issuing the permit, license or contract. (Examples: The New York City Department of Buildings or the New York State Department of Health)	These exemption forms can ONLY be used to attest to a government entity that an applicant requesting a permit, license or contract from that government entity is not required to carry NYS workers' compensation and/or disability benefits insurance. (Instructions)
CE-200 APPLY (2/09) Used as a paper application for Form CE-200 which replaces Forms WC/DB-100 and C-105.21.	Paper application for the CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage	A paper application to obtain the CE-200. The CE-200 is used by the applicant to certify they are not required to carry workers' compensation and/or disability benefits when obtaining a license, permit, or contract from State, county or municipal agencies in New York State. Applicants using this paper application process may wait up to four weeks before receiving a CE-200. This delay results from Workers' Compensation Board staff having to manually enter information from the applicant's paper application into the web based application. Accordingly, to avoid delays, all applicants for exemptions are strongly encouraged to use the on-line Form CE-200.	Mail the completed CE-200 APPLY application to: NYS WCB Bureau of Compliance Form CE-200 100 Broadway Albany, NY 12241-0005 or Fax: 800-486-7175 Once the applicant receives the CE-200, the applicant can then verify the information on the CE-200, sign it and then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract.	Please also print the related instructions for filling out Form CE-200 APPLY (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 "WCIDB Exemption" button on the Board's main webpage and then click on "Request for WCIDB Exemption (Form CE-200)." You will be able to immediately print the certificate of attestation of exemption after completing the on-line application.

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:

<p><i>Sworn to before me this _____ day of</i> _____, _____.</p> <p><i>(County Clerk or Notary Public)</i></p>
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Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.

LAWS OF NEW YORK, 1998
CHAPTER 439

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

125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

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 (12/08).

- ◆ 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(12/08), 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.