

City of Middletown, NY APPLICATION FOR BUILDING PERMIT

ALL APPLICATIONS MUST CONTAIN INSURANCE ATTACHEMENTS OR THEY WILL NOT BE ACCEPTED

The undersigned, as _____ hereby
(owner, builder, designer)
applies for a permit to _____ at the property
(alter, add to, build)
located at _____ Middletown, NY, in accordance with
(property address) (sec.- blk- lot)
all municipal ordinances, rules and regulations and in accordance with the
accompanying detailed drawings and specifications which are hereby made a part of
this application.

Owner's name _____
address _____
telephone _____

Architect/Engineer _____
address _____
telephone _____

Builder _____
address _____
telephone _____

Licensed electrician _____ telephone _____

Licensed plumber _____ telephone _____

General description of proposed work: _____
(one or two family dwelling, business, mercantile, industrial, storage, assembly, institutional)

Proposed Use: _____ **Construction Type:** _____ (per NYS Codes)

Total cost of construction \$ _____

Insurance carriers: (submit on proper forms – *Acord* certificate is not acceptable for WC)
Workers' Compensation (or waiver stamped by State) _____

Liability _____

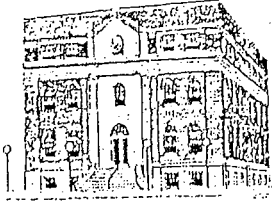
Homeowners Insurance (and Comp. waiver) _____

Signature of Applicant _____

Building Inspector _____ **date** _____

Permit No. _____

OFFICE OF THE BUILDING INSPECTOR
CITY OF MIDDLETOWN, NY



Walter C. Welch
Building Inspector
City Hall - 16 James Street
Middletown, NY 10940-1587
Tel. (845) 346-4114
Fax. (845) 343-4014

**NOTICE
TO HOMEOWNERS OBTAINING A BUILDING
PERMIT**

**NEW YORK STATE WORKERS COMPENSATION LAW
REQUIRES THE ATTACHED FORM BE FILLED OUT FOR**

**HOMEOWNERS NOT HIRING CONTRACTORS OR
PAYING ANYONE**

**WE ARE SORRY FOR THE INCONVENIENCE, HOWEVER THIS
IS THE LAW AND WE ARE ONLY RESPONSIBLE FOR
ADMINISTERING IT.**

**PLEASE LET US KNOW IF YOU NEED ASSISTANCE WITH
THE FORM - WE WILL BE HAPPY TO HELP.**

**WALTER C. WELCH, JR.
BUILDING INSPECTOR**

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.

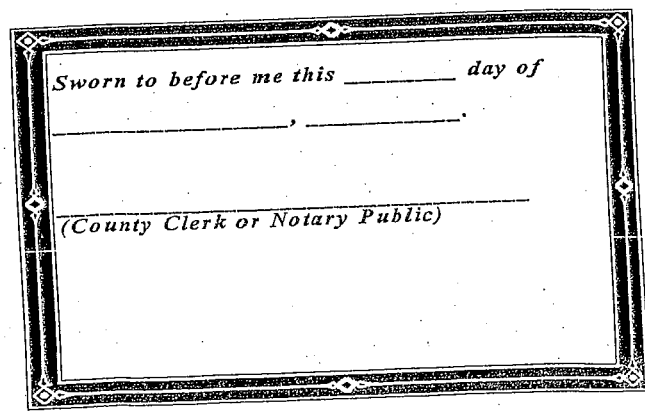
(Signature of Homeowner)

(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.

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),

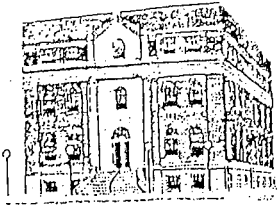
under the mandatory coverage provisions of the WCL. Any residence that is not a **1, 2, 3 or 4 Family, Owner-occupied Residence** is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

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.

- ◆ 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(11/04), 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.

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NOTICE TO CONTACTORS WITH NO EMPLOYEES

BE ADVISED THAT BEGINNING DECEMBER 1, 2008 THE NEW YORK STATE WORKERS COMPENSATION BOARD HAS STARTED A NEW PROCEDURE FOR OBTAINING A BUILDING PERMIT WHEN YOU HAVE NO EMPLOYEES AND ARE THEREFORE NOT REQUIRED TO PROVIDE WORKERS COMPENSATION.

THEY HAVE RETIRED THE WC/DB 100

YOU ARE NOW REQUIRED TO PRINT OUT A NEW CE-200 FOR EVERY PERMIT YOU REQUEST FROM ANY MUNICIPALITY.

THEY WILL NO LONGER ACCEPT FAXES. THE PREFERRED METHOD OF OBTAINING THE WAIVER - PER WORKERS COMP. - IS ONLINE AT

[HTTP://WWW.WCB.STATE.NY.US](http://www.wcb.state.ny.us)

THEY WILL MAIL YOU AN APPLICATION AND THEN ENTER THE FORM THEMSELVES BUT THE ADVISE US THAT THIS METHOD WILL TAKE 4 WEEKS TO COMPLETE.

ONCE YOU REGISTER ONLINE GETTING ADDITIONAL CERTIFICATE FOR OTHER PERMITS IS AN EASY ONE STEP LOGIN.

WE ARE SORRY FOR THE INCONVENIENCE HOWEVER THIS IS BEYOND OUR CONTROL.

PLEASE LET US KNOW IF THERE IS ANYWAY WE CAN ASSIST YOU IN THE PROCESS.

WALTER C. WELCH, JR.
BUILDING INSPECTOR

Gas Certification - Piping and Appliances Downstream of the Meter - New Construction

Municipal Permit Number: _____

_____ of _____, _____,
(Installer's Name—print clearly) (Installer's Company) (License #) (Phone #)

hereby certifies that all gas piping and appliances installed at:

_____, _____, _____
(Street Address) (Apartment/Unit) (Town/State)

A) meet all installation requirements of: 1) the *New York State Fuel Gas Code (International Fuel Gas Code in Pa.)*; 2) the equipment manufacturer; 3) the Orange and Rockland *Natural Gas Installation Handbook* ("Yellow Book" available at oru.com); and 4) all other applicable state and local laws; and B) that a satisfactory leakage test was performed on _____ at a pressure of _____ psi for a duration of _____ minutes. (date)

Remarks: _____

Installer's Signature: _____ Date: _____

Is Corrugated Stainless Steel Tubing ("CSST") present? YES ___ NO ___. If YES, I certify that it has been properly bonded to the grounding electrode system of the building:

_____ of _____, _____,
(Installer's Name—Print clearly) (Installer's Company) (License #) (Phone #)

Remarks: _____

Installer's Signature: _____ Date: _____

The undersigned municipal code official inspected this location on _____, 20__ and found the gas piping and the following installed gas appliances: [check all applicable and indicate how many of each] stove(____), water heater(____), boiler/furnace(____), clothes dryer(____), gas fireplace(____), other(____) (specify) _____ to be in compliance.

Municipal Inspector's Name: _____ Municipality: _____

Phone Number _____ Fax Number _____

Remarks: _____

Municipal Inspector's Signature: _____ Date: _____

O&R installed a gas meter and/or activated gas at this premise: YES ___ NO ___

If NO, reason _____

Employee Name: _____ Date: _____



Orange & Rockland
a ConEdison, Inc. company

Orange and Rockland Utilities, Inc.
500 Route 208
Monroe NY 10950-9986
www.oru.com

Gas Compliance Certificate Process

August 30, 2010

- 1) Certificate form will be provided with the O&R application for gas service and will be available from the municipality with their permitting process.
- 2) Plumber and electrician (if CSST present) complete their part of the form and submit to the municipality.
- 3) Municipality performs inspection and, if satisfactory, fills in their portion of the form, signs, and stamps with their seal. The municipality then scans or faxes the form to the appropriate O&R New Construction Services (NCS) office (Spring Valley, Blooming Grove, or Middletown). *No gas meters will be installed without a properly completed compliance certificate.*
- 4) Plumber calls NCS when ready to schedule new meter install.
- 5) **EXCLUDING** meters set for convenience*: NCS issues the install order and forwards the order and compliance certificate to the Gas Department.
- 6) For meters set for convenience, NCS will issue a set meter inactive order to the Gas Department **BUT** not the compliance certificate. The plumber must then complete his work and follow the compliance certificate process detailed above. After inspection by the municipality, the plumber must call NCS when the meter is ready to be unlocked (referred to as "pulling the pin"). NCS will forward the compliance certificate to the Gas Department at that time.
- 7) If the gas meter install (or pulling the pin) is completed, the Gas Department will indicate such on the last section of the compliance certificate and, on a maximum once per month basis, will scan, fax, or mail the successfully completed forms back to the appropriate municipality.
- 8) If violations are found and the gas meter cannot be set or the pin pulled, the Gas Department will hang a green tag advising the customer of the condition(s) that need correction and will list the O&R phone number to call when corrected. The Gas Department will document on the compliance form the date and reason that the meter was not installed or the pin pulled. Then, no later than the second business day following the failed gas meter install or pin pull, the Gas Department will scan or fax the failed compliance certificate back to the appropriate municipality.
- 9) Upon successful completion of a previously failed meter installation or pin pull, the Gas Department will complete the compliance re-inspection form, and scan, fax, or mail a copy to the appropriate municipality no later than the next monthly submittal of satisfactory installs.

* "Meters set for convenience" are generally larger commercial or industrial meters that do not have a meter bar and are put in place by O&R before the downstream piping is installed by the plumber. The meter is installed locked and the plumber pipes to the outlet of the meter. "Pulling the pin" refers to O&R unlocking a meter previously set for convenience after the piping and appliances have been installed.