



TOWN OF FORT EDWARD

118 BROADWAY

P.O. BOX 127

FORT EDWARD, N.Y. 12828-0127

OFFICE – 518.747.5212 -----FAX 518.747.2493

APPLICATION FOR A BUILDING PERMIT

(Clerk's Office Use Only)

APPLICATION NO: _____ DATE : _____

FEE PAID: _____

Requirements, Fees and Instructions (Please use dark blue or black ink)

The application must be filled out completely and in every respect with ALL questions answered and ALL required attachments before the Town can officially accept the application for processing. If the application is incomplete, it will be returned to you for completion or inclusion of the deficient information.

Use this application for all building construction, improvements, additions, alterations, or repairs. All work must be designed and constructed in accordance with all applicable codes and regulations, including but not limited to;

- The Town of Fort Edward Zoning Code
- 2010 Building Code of NYS
- 2010 Residential Code of NYS
- 2010 Energy Conservation Construction Code of NYS
- 2010 Existing Building Code of NYS
- 2010 Fire Code of NYS
- 2010 Plumbing Code of NYS
- 2010 Mechanical Code of NYS
- 2010 Fuel Gas Code of NYS
- 2008 National Electric Code (NFPA 70)
- Ground Snow = 50 psf
- Basic Wind Speed = 90 mph
- Seismic Parameters; $S_s = 0.266$, $S_1 = 0.076$
- Frost Protection Depth = minimum 4 feet

Please submit the original plus (3) three copies of your Application and supporting documentation to the Town Clerk's Office for distribution to the Zoning Administrator and Code Enforcement Officer for review and verification of permit requirements.

A PERMIT MUST BE OBTAINED BEFORE WORK BEGINS. APPLICATION IS SUBJECT TO REVIEW BEFORE ISSUANCE OF A VALID PERMIT. NO INSPECTIONS WILL BE MADE UNTIL THE APPLICANT HAS RECEIVED A VALID PERMIT. TO ENSURE TIMELY REVIEW OF YOUR APPLICATION PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND PROVIDE WITH THIS APPLICATION THE FOLLOWING DOCUMENTATION:

- **Site Plan or Sketch Plan of property (include as much detail as possible and all existing and proposed conditions on the property) Include the property boundaries and location, size, and plan details of the existing and/or proposed construction, utilities, water and sewage disposal, dimensional data, and etc**
- **Construction Drawings and Specifications stamped and signed by a NYS Licensed Professional Engineer or Architect (Include floor plans, building sections, exterior elevations, foundation and framing plans, roof plan, construction details, natural light and ventilation, window and door schedules, egress requirements, and etc)**
- **Energy Code Compliance Certificate stamped & signed by a NYS Licensed Professional Engineer or Architect**
- **If the Owner is not the Applicant an Authorization of Agent form must be provided**
- **Building construction must comply with permitted uses and bulk data requirements for the applicable Zoning District. If it is not a permitted use or does not comply with all bulk data requirements then an Area or Use Variance must be obtained prior to making application for a building permit**
- **Certain projects require Planning Board approval prior to submitting for a building permit. If you are unsure whether your project requires special approval, contact the Zoning Administrator for verification prior to completing or submitting this form.**

GENERAL INFORMATION

Project Location and Information

Number and Street Address: _____
Zoning District: _____
Tax Map Number: _____

Property Owner Identification

Owner is Applicant

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

General Contractor Identification

Contractor is Applicant

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

Agent Identification

Agent is Applicant

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Electrical Contractor Identification

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Plumbing Contractor Identification

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

HVAC/Mechanical Contractor Identification

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Description of proposed construction and/or planned work:

Contact Person for Buildings and Codes Compliance: _____

Phone Number: _____ **Fax Number:** _____

Email Address: _____

PROJECT DETAILS

Commercial Project

Residential Project

Type of Project:

New Construction

Building Addition

Attached Garage

Conversion/Change of Use

Alteration/Modifications

Repairs/Maintenance

Misc./Equipment/Other: _____

What is/are the existing or proposed use(s) for the facility/building?

- Group A - Assembly
- Group B - Business
- Group E - Educational
- Group F - Factory
- Group H - High Hazard Group
- Group I - Institutional
- Group M - Mercantile
- Group R - Residential
- Group S - Storage
- Group U - Utility and Miscellaneous

What is the planned Construction Type? Type I Type II Type III
 A B Type IV Type V

(Residential dwellings are typically Group R Type V-B)

When work is completed what is the total floor area of the building? _____ sf

What is the maximum height of the building? _____ feet
 (above grade plane) _____ # stories

What is the minimum distance to the nearest detached structure or building? _____ ft

Building Setbacks: **Front** _____ ft
 (from property lines) **Rear** _____ ft
 Side 1 _____ ft
 Side 2 _____ ft

What is the total area of the parcel? _____ ac or sf

What is the total area of the lot covered by buildings? _____ ac or sf

What percentage is the building coverage? _____ (bldg area/lot area)

Will the project disturb greater than one acre of land during construction? Yes No

Estimated Project Cost: _____

Are there any other accessory structures on the property? Yes No

If yes, please list: _____

Estimated start date of work: _____

Estimated time to completion: _____ months

UTILITIES

Electrical: Underground Overhead _____ amp service
Sewage Disposal: Onsite Septic Municipal Sewer
Potable Water: Private Well Municipal Water
Combustion Fuel: Fuel Oil Propane Natural Gas Other: _____

Please specify what other permits are being applied for as a result of the proposed work;

- | | |
|---|--|
| <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Onsite Wastewater Disposal | <input type="checkbox"/> Sign Permit |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Driveway |

Please specify what approvals or permits have been/will be obtained as a result of the project;

- | | |
|--|---|
| <input type="checkbox"/> TOFE Site Plan Review | <input type="checkbox"/> NYSDEC SPDES Permit-Stormwater |
| <input type="checkbox"/> TOFE Subdivision | <input type="checkbox"/> NYSDOH Wastewater System |
| <input type="checkbox"/> TOFE Area Variance | <input type="checkbox"/> NYSDOH Potable Water Well |
| <input type="checkbox"/> TOFE Use Variance | <input type="checkbox"/> NYSDEC SPDES Permit-Wastewater |
| <input type="checkbox"/> TOFE Special Use Permit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

MANUFACTURED HOME SUPPLEMENTAL INFORMATION SECTION

Is the building considered a manufactured home? Yes No

If yes, please provide the following supplemental information:

Name of Mobil Home Park: _____

Name of Installer or Mobil Home Dealer: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Complete information below found on a "Plate" or "Sticker" which is affixed to the manufactured home:

Insignia Serial Number: _____

Name of Manufacturer: _____

Plan Approval Number: _____

Model or Component Designation: _____

Date of Manufacture: _____

Dimensions of Unit: _____ ft X _____ ft Single Unit Double Unit

Type of Perimeter Skirt: _____

Type of Foundation System: _____

Type of Anchorage for Uplift/Sliding: _____

(Masonry block piers must be grouted or contain solid blocks, and should be mortared in place)

IMPORTANT NOTICE - READ BEFORE SIGNING:

1. Work conducted pursuant to a building permit must be visually inspected by the Code Enforcement Office and must conform to the applicable building codes (noted on the permit application) the Local Ordinances of the Town of Fort Edward, and all other applicable codes, rules or regulations for other county, state, or federal agencies.
2. It is the Owner's and Contractor's responsibility to contact the Code Enforcement Office at 518-746-1118 (Mon. thru Fri. 8 a.m. to 4 p.m.) at least 48 hours before the time a required inspection is being requested. More than one inspection maybe be necessary. This is especially true for "internal work" which will eventually be covered from visual inspection by additional work (i.e. electrical work later to be covered by a wall). The Owner and Contractor are responsible for correcting any deficient work observed by the inspector and contacting the Code Enforcement Officer for subsequent verification and re-inspection. **DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION IF SUCH "INTERNAL WORK" HAS NOT BEEN INSPECTED OR REQUIRES CORRECTIVE MEASURES.** Otherwise, work may need to be removed at the Owner's or Contractor's expense to conduct the required inspection. Close coordination with the Code Enforcement Office will greatly reduce this possibility.
3. **OWNER HERBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICER TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT, PROVIDING HOWEVER, THAT SUCH INSPECTION(S) IS(ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S).**
4. New York State Law requires Contractors to maintain Worker's Compensation and Disability Insurance for their employees. No permit will be issued unless currently valid Worker's Compensation and Disability Insurance Certificates are attached to this applications or are on file with the Bureau of Fire Prevention and Inspection Services. If the Contractor believes he/she is exempt from the requirements to provide Worker's Compensation and/or Disability Benefits, the Contractor must complete Form WC/DB-100, attached hereto.
5. If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate has been issued.
6. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to hazardous materials.
7. This permit does not include any privilege of encroachment in, over, under, or upon any Town street or right-of-way.
8. The building permit card provided must be displayed so as to be visible from the street nearest to the site of the work being conducted.

To the best of my knowledge, the statements contained in this application, together with the plans and specifications submitted are a true and complete statement of all proposed work to be done on the described premises and that all provisions of the Building Codes, the Zoning Ordinance, and all other local, state, and federal laws pertaining to the proposed work shall be complied with, whether specified or noted, and that such work is authorized by the Owner. Further, it is understood that the Applicant shall satisfy all inspection requirements of the permit prior to a Certificate of Occupancy or Certificate of Compliance being issued. Any permits issued are valid for a period of (1) one year and all work must be completed by such date unless the Applicant applies for and is granted an extension of time by the Code Enforcement Officer.

Date: _____

Name: _____

Signed: _____

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>
--

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.

NYS WCB WC/DB100/101 100 Broadway Menands ALBANY 12241 (866) 750-5157 Fax# (518) 473-9166	NYS WCB WC/DB100/101 State Office Building 44 Hawley Street BINGHAMTON 13901 (866) 802-3604 Fax# (607) 721-8464	NYS WCB WC/DB100/101 111 Livingston St. 22nd Floor BROOKLYN 11201 (800) 877-1373 Fax# (718) 802-6642	NYS WCB WC/DB100/101 107 Delaware Ave. BUFFALO 14202 (866) 211-0645 Fax# (716) 842-2155	NYS WCB WC/DB100/101 220 Rabro Drive Suite 100 HAUPPAUGE 11788 (866) 681-5354 Fax# (631) 952-7966	NYS WCB WC/DB100/101 175 Fulton Ave. HEMPSTEAD 11550 (866) 805-3630 Fax# (516) 560-7807	NYS WCB WC/DB100/101 215 W. 125th St. 3rd Floor NEW YORK 10027 (800) 877-1373 Fax# (212) 316-9183	NYS WCB WC/DB100/101 41 North Division St. PEEKSKILL 10566 (866) 746-0552 Fax# (914) 788-5793	NYS WCB WC/DB100/101 168-46 91st Ave. 3rd Floor QUEENS 11432 (800) 877-1373 Fax# (718) 291-7248	NYS WCB WC/DB100/101 130 Main St. ROCHESTER 14614 (866) 211-0644 Fax# (585) 238-8341	NYS WCB WC/DB100/101 935 James St. SYRACUSE 13203 (866) 802-3730 Fax# (315) 423-2938
---	---	---	---	--	---	--	---	--	---	---

Affidavit For New York Entities And Any Out Of State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required

(Incomplete forms will be returned, UNSTAMPED – Please contact an attorney if you have any questions regarding this form.)

Because this is a sworn affidavit, employees of the Workers' Compensation Board cannot assist applicants in answering questions about this form.

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Affidavit **ONLY** to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may **NOT** use this form to show either other businesses or those business' insurance carriers that such insurance is not required.

Applicant must either fax or mail this completed form to the closest New York State Workers' Compensation Board office at the fax number or address listed on the top of this form

Incomplete forms will be returned, UNSTAMPED.

Please note: This statement must FIRST be notarized and THEN sent to be stamped as received by the New York State Workers' Compensation Board. This affidavit will not be accepted by government officials one year after the date stamped as received by the Workers' Compensation Board.

UPON RECEIPT OF A FULLY COMPLETED WC/DB-100 FORM, the Workers' Compensation Board will stamp this form as received and return it to you by either mail or fax within 5 business days. Please provide a copy (or the original, if required by the government entity) of this stamped form to the government entity from which you are requesting a permit, license or contract.

In the Application of (Business Name and Address)

for a _____ permit/license/contract

State of _____)
_____) ss.:
County of _____)

4 1. _____ (applicant's name) being duly sworn, deposes and says:

1a) I am the _____ (position) with the above-named business, a/an _____ (nature of business—IE. Building contractor, occupational therapist, food cart vendor, etc). The telephone number of the business is (_____)_____. The Federal Employer Identification Number of the business (or the Social Security Number of the business owner) is _____. The New York State Unemployment Insurance Employer Registration Number (if any) of the business is _____. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this affidavit.

2. My personal address is _____ and my home telephone number is (_____)_____.

3. That the above named business is applying for a _____ (type of permit/ license/contract applying for) from _____ (governmental entity issuing the permit/ license/contract).

3a) {Optional -- Location of where work will be performed in New York State _____ from _____ to _____ (dates necessary to complete work associated with permit/license/contract). The estimated dollar amount of project is _____.

4. That the above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason (to be eligible for exemption, applicant must be able to truthfully check **ONE** of the boxes from 4a. through 4h.):

- 4a.) the business is owned by one individual and is not a corporation. Other than the owner, there are no employees, leased employees, borrowed employees, part-time employees or unpaid volunteers (including family members).
- 4b.) the business is a partnership under the laws of New York State and is not a corporation. Other than the partners, there are no employees, leased employees, borrowed employees, part-time employees or unpaid volunteers (including family members). *(Must attach separate sheet with a list of all the partners names and also with the signatures of all the partners.)*
- 4c.) the business is a one person owned corporation, with that individual owning all of the stock and holding all offices of the corporation. Other than the corporate owner, there are no employees, leased employees, borrowed employees, part-time employees or unpaid volunteers (including family members).
- 4d.) the business is a two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (each individual must own at least one share of stock). Other than the corporate owners, there are no employees, leased employees, borrowed employees, part-time employees or unpaid volunteers (including family members). *(Must attach separate sheet with a list of the names of both owners, and also with both owners' signatures.)*
- 4e.) the applicant is a nonprofit entity (under IRS rules). With the exception of clergy or teachers, the nonprofit has no compensated individuals providing any services.
- 4f.) the business is a farm with less than \$1,200 in payroll the preceding calendar year.
- 4g.) the applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has no employees, leased employees, borrowed employees or part-time employees.
- 4h.) other than the business owner(s) and individuals obtained from a registered temporary service agency, there are no employees, leased employees, borrowed employees, part-time employees or unpaid volunteers (including family members). Other than the business owner(s), all individuals providing services to the business are obtained from a registered temporary service agency and that agency has covered these individuals for New York State workers' compensation insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation.

5. That the above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason (to be eligible for exemption, applicant must be able to truthfully check **ONE** of the boxes from 5a. through 5f.):

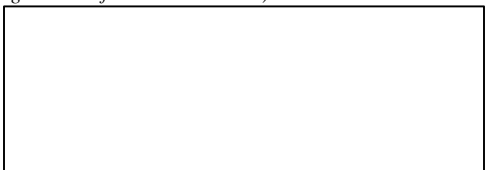
- 5a.) the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. *(Independent contractors are not considered to be employees under the Disability Benefits Law.)*
- 5b.) the applicant is a political subdivision that is legally exempt from providing statutory disability benefits coverage.
- 5c.) the applicant is a nonprofit religious, charitable or educational institution. With the exception of executive officers, clergy, sextons, teachers or professionals, the nonprofit has no compensated individuals providing services.
- 5d.) the business is a farm and all employees are farm laborers.
- 5e.) the applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has not employed one or more individuals on at least 30 days in any calendar year in New York State. *(Independent contractors are not considered to be employees under the Disability Benefits Law.)*
- 5f.) other than the business owner(s) and individuals obtained from the temporary service agency, there are no other employees. Other than the business owner(s), all individuals providing services to the business are obtained from a registered temporary service agency and that agency has covered these individuals for New York State disability benefits insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation.

6. By signing my name below, **I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this affidavit under the penalties of perjury.** I further affirm that I understand that any false statement, representation or concealment will subject me to **felony** criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. **I also hereby affirm that** if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named business will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed in item 3 on the front of this form.

Sworn to before me this _____
Day of _____, 20__

Notary Public

(Applicant's Signature -- first and last name)



NYS Workers' Compensation Board Received Stamp