

Property ID: _____

Village of Bellerose
Building Department
50 Superior Road
Bellerose, NY 11001
516-354-1000
Fax: 516-354-1033

HOMEOWNER CERTIFICATION

FOR WORK BEING PERFORMED BY THE HOMEOWNER WITHOUT A CONTRACTOR

(It is at the discretion the building inspector to issue/not issue building/plumbing permits to a homeowner for work being performed by the homeowner without a licensed contractor.)

Name(s): _____

Street: _____

City/State/Zip: _____

I/We _____ as owner(s) of the property known as _____, located in the Village of Bellerose do hereby depose that I/we are performing the demolition/construction work on said property and that I/we will not be employing the services of any contractors or subcontractors and no remuneration will be given for any work performed. It is my/our understanding that no person(s) other than me will be working on this project and that said work will not require generally mandated forms of insurance. In consideration thereof and as the property owner(s), I/we agree to save, defend, indemnify and hold harmless the Incorporated Village of Stewart Manor, its employees, agents or representatives against any damages resulting from this demolition/construction.

I certify by my signature that I have read the above statements and understand the content and consequences thereof.

Owner #1 Signature

Owner #2 Signature (if applicable)

Owner # 1 Print Name

Owner # 2 Print Name (if applicable)

Sworn to before me
this ____ day of _____, 20__

Sworn to before me
this ____ day of _____, 20__

Notary Signature

Notary Signature

This form to be accompanied by the front page of your homeowner's policy showing policy date and signed and notarized form BP-1.

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:

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