

**TOWN OF EASTCHESTER  
BUILDING DEPARTMENT**

40 Mill Road  
Eastchester, NY 10709

Phone: (914) 771-3317  
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[www.eastchester.org](http://www.eastchester.org)

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**DRIVEWAY PERMIT APPLICATION PACKAGE  
One- and Two-Family Residences**

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**NOTE:**

**When submitting an application, please only include pages relevant to your application.  
Do not include instruction sheets.**

**Permitted Hours of Construction: 8:00 am–6:00 pm, Monday–Friday**

# SUBMISSION REQUIREMENTS FOR DRIVEWAY PERMITS

## One- and Two-Family Residences

A Driveway Permit is required for all new driveways and for the expansion or replacement of an existing driveway. If an existing driveway is being resurfaced (the existing pavement is not removed, and the size of the driveway is not changing) a building permit is not required from the Building Department, however a permit may be required from the Highway Department for all work within the Town right-of-way. If an existing driveway is being replaced, (the existing driveway pavement is removed and new pavement is installed) or enlarged, a building permit and highway permit are required.

### Instructions

1. Obtain a permit from Highway Department for all work proposed within the Town right-of way (contact the Highway Department for additional information at (914) 961-8540).
2. Complete the Driveway Permit Application and submit with the following information:
  - a. Original copy of the permit from the Highway Department
  - b. Affidavit of Ownership (must be signed and notarized)
  - c. A survey of the property showing property lines and the location of the existing driveway
  - d. A drawing showing the location and dimensions of both the existing and the proposed driveway and curb cut (at a minimum, indicate the existing and proposed width of the driveway, the existing and proposed width of the curb cut and the existing and proposed setback of the edge of the driveway from the property line). Label all proposed materials. Zoning requirements for driveways are noted below.
  - e. Calculations indicating the net increase in impervious surfaces on the property, if any (i.e., indicate how many square feet of additional impervious surface is proposed).
  - f. Stormwater calculations for proposed stormwater facilities. Stormwater facilities (e.g., drywells) must be provided to accommodate stormwater runoff from any net increase in impervious surfaces on the site based on zero increase in the rate of discharge for the site and designed for a 50-year storm event (7.55 inches of rainfall). A formula for calculating stormwater volume is provided below.
  - g. Contractor's license and liability, disability and worker's compensation insurance. Specific insurance requirements are attached.
  - h. Building permit fee, calculated as follows: \$100 for the first \$1000 of the estimated construction costs, plus \$15 for each additional \$1000 of estimated construction costs. Make checks payable to the Town of Eastchester.
3. After the Driveway Permit has been issued and all inspections are complete: complete an application for a Certificate of Compliance (no fee required) and submit to the Building Department. The Certificate of Compliance will be mailed to the property owner at the address listed on the application.

### Driveway Regulations

1. One and two-family dwellings are limited to one driveway and one curb cut, except as noted below for circular driveways.
2. A driveway shall be a maximum of 20 feet wide with a maximum 22-foot wide curb cut.
3. Driveway pavement or any other pavement, stones or gravel adjacent to the driveway, may not be closer than 3 feet to any side yard property line.
4. Circular driveways: A circular driveway shall be a maximum 12 feet wide with maximum 12-foot wide curb cut. Curb cuts must be at least 75 feet apart, measured from centerline to centerline.
5. All vehicles must be parked on paved surfaces.

**Note:** If an existing driveway is nonconforming with regard to either of the zoning requirements listed above, a variance from the Zoning Law is not required for the resurfacing, replacement or expansion of the existing driveway, provided that any expansion does not result in the increase of any existing nonconformity.

### Stormwater Calculations

1. To determine increased stormwater volumes and required storage capacities for drywells/rechargers multiply the total increase of impervious surface area (in sf) by 0.234 to obtain the required storage capacity in cubic feet.

# DRIVEWAY PERMIT APPLICATION

Building Permit Fee: \_\_\_\_\_  
Legalization Fee: \_\_\_\_\_  
Total Fee: \_\_\_\_\_

Date Received: \_\_\_\_\_

(No application fees or certificate of compliance fees required)

Property Address: \_\_\_\_\_

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor Company Name: \_\_\_\_\_

Contractor Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

Description of Proposed Scope of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Cost of Construction/Installation\*: \$ \_\_\_\_\_

\*Note: The estimated cost of construction shall include all costs related to the above described project and shall include design, installation and all other materials and labor that is utilized, whether donated or contracted, including that of the property owner. If a reasonable estimate for construction is not provided, the amount shall be determined by the Building Inspector. Before a CC can be issued, a signed and notarized Affidavit of Final Construction Costs must be submitted to the Building Department. If the actual cost of construction is greater than the estimated cost of construction, additional fees will be required.

Clearly Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_



## **INSURANCE REQUIREMENTS**

In accordance with Workers' Compensation Law §57 and §220(8)

### **CONTRACTORS MUST PROVIDE THREE (3) SEPARATE INSURANCE CERTIFICATES:**

- 1. LIABILITY INSURANCE:** ONLY Liability Insurance is permitted on the **ACORD** form.
- 2. WORKERS' COMPENSATION INSURANCE,** ONLY the following forms are accepted:
  - **CE-200:** Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage. (Instructions on how to create Exemption form are attached)
  - **C-105.2:** Certificate of Workers' Compensation Insurance  
**Note:** The State Insurance Fund provides its own version of the form, the **U-26.3**
  - **SI-12:** Certificate of Workers' Compensation Self-Insurance
  - **GSI-105.2:** Certificate of Participation in Workers' Compensation Group Self-Insurance
- 3. DISABILITY INSURANCE,** ONLY the following forms are acceptable:
  - **CE-200:** Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage. (Instructions on how to create Exemption form are attached)
  - **DB-120.1:** Certificate of Disability Benefits Insurance
  - **DB-155:** Certificate of Disability Benefits Self-Insurance

### **HOME OWNERS:**

**For Building Permits only, home owners may apply to work on their residences.**

The application for a Certificate of Attestation of Exemption, Form **CE-200**, from Workers' Compensation and/or Disability and Paid Family Leave Benefits coverage may only be completed by entities with no employees and/or out-of-state entities obtaining a contract or license in which all the work is being performed outside of New York State. (Instructions on how to create Exemption form are attached)

**Note:** On all insurance certificates, the **CERTIFICATE HOLDER** must be listed as:

**Town of Eastchester  
40 Mill Road  
Eastchester, NY 10709**



# Certificate of Attestation of Exemption

Instructions for obtaining and filing a Certificate of Attestation of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits (CE-200) through New York Business Express

## Follow these steps:

1. Go to [businessexpress.ny.gov](https://businessexpress.ny.gov).
2. Select **Log in/Register** in the top right-hand corner. A NY.gov Business account is required.
3. If you **do not have** a NY.gov business account, go to **step 4** to set up your account. If you **have** a NY.gov log-in and password, go to **step 16**.
4. Select **Register with NY.gov** under New Users.
5. Select **Proceed**.
6. Enter the following:
  - First and Last Name
  - Email
  - Confirm Email
  - Preferred Username (check if username is available)
7. Select **I'm not a robot**.
  - You may have to complete a Captcha Verification before proceeding.
8. Select **Create Account**.
  - If you already have a NY.gov account, the screen will display your existing accounts, either Individual or Business.
  - Do one of the following:
    - If the account(s) shown is a NY.gov Individual account, select **Continue**.
    - If the account(s) shown is a NY.gov Business account, select **Email Me the Username(s)**.
9. Verify that the account information is correct.
  - Select **Continue**.
10. An activation email will be sent.
  - If you do not receive an email, see the **No Email Received During Account Creation** page.
11. Open your activation email and select **Click Here**.
  - Specify three security questions.
  - Select **Continue**.
12. Create a password (must contain at least eight characters).
13. Select **Set Password**. You have successfully activated your NY.gov ID.
14. Select **Go to MyNy**.
  - At the top of the screen select **Services**.
  - Select **Business**.
  - Select **New York Business Express**.
  - Select **Log in/Register**.
15. On the New York Business Express home page, do one of the following:
  - Scroll down to Top Requests and select **Certificate of Attestation of Exemption, or**
  - Search Index A-Z for **CE-200**.
16. Under **How to Apply**:
  - Select **Apply as a Business, or**
  - Select **Apply as a Homeowner** (applies to those obtaining permits to work on their residence).
17. Complete application screens.
18. Review Application Summary.
19. Attest and submit.

You will receive an email when your certificate has been issued.

To view your certificate:

- Select **Access Recent Activity** from your email, **or**
- Access [businessexpress.ny.gov](https://businessexpress.ny.gov), and then access your **Dashboard** (under your login name on right).

Print and **sign** the **Certificate of Attestation of Exemption**.

Submit your **CE-200** for your license, permit or contract to the issuing Agency.



**Workers' Compensation Board**

**Certificate of Attestation of Exemption  
from New York State Workers' Compensation and/or  
Disability and Paid Family Leave Benefits Insurance Coverage**

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

The applicant may use this Certificate of Attestation of Exemption ONLY to show a government entity that New York State specific workers' compensation and/or disability and paid family leave benefits insurance is not required. The applicant may NOT use this form to show another business or that business's insurance carrier that such insurance is not required. Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

|   |  |
|---|--|
| <p align="center"><b>In the Application of<br/>(Legal Entity Name and Address):</b></p> <p>John Smith Electric Corp<br/>123 Main Street<br/>Eastchester, NY 10709<br/>PHONE: 111-111-1111    FAX: XXXXX7718</p> | <p align="center"><b>Business Applying For:</b><br/>Electrical Permit</p> <p><b>From: Town of Eastchester</b></p> <p>The location of where work will be performed is<br/>999 Main Street, Eastchester, NY 10709</p> <p>Estimated dates necessary to complete work associated with the building permit are from <b>September 12, 2022 to December 31, 2022.</b><br/>The estimated dollar amount of project is <b>\$0 - \$10,000</b></p> |
|---|--|

**Workers' Compensation Exemption Statement:**

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:  
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, day labor, leased employees, borrowed employees, part-time employees, other stockholders, unpaid volunteers (including family members) or subcontractors.

**Disability and Paid Family Leave Benefits Exemption Statement:**

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY AND PAID FAMILY LEAVE BENEFITS INSURANCE COVERAGE** for the following reason:  
The business **MUST** be either: 1) owned by one individual; OR 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; OR 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation each individual must be an officer and own at least one share of stock); OR 4) is a business with no NYS location. In addition, the business does not require disability and paid family leave 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 and Paid Family Leave Benefits Law.)

I, Robert C. Chilleli, am the President with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption 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. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability and paid family leave benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability and paid family leave 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 above.

|                  |                              |                         |
|------------------|------------------------------|-------------------------|
| <b>SIGN HERE</b> | Signature: <i>John Smith</i> | Date: September 9, 2022 |
|------------------|------------------------------|-------------------------|

**Exemption Certificate Number  
2022-062483**

Received  
**September 9, 2022**  
NYS Workers' Compensation Board