

TOWN OF EASTCHESTER BUILDING DEPARTMENT

40 Mill Road
Eastchester, NY 10709

Phone: (914) 771-3317
Fax: (914) 771-3322

www.eastchester.org

ELECTRICAL PERMIT APPLICATION PACKAGE

SUBMISSION REQUIREMENTS FOR ELECTRICAL PERMITS:

1. Complete the Electrical Permit Application and Count Sheet and submit with the following information:
 - a. Electrical Inspection Service Application
 - b. Permit Fee:
 - New Construction:
 - One- or Two-Family Residence or an Individual Unit in a Multi-Family Building: \$200
 - Multi-Family or Commercial: \$500
 - Additions/Alterations:
 - One- or Two-Family Residence or an Individual Unit in a Multi-Family Building: \$50
 - Multi-Family or Commercial: \$100 for up to 10 outlets/fixtures; \$200 for more than 10 outlets/fixtures
 - Commercial and Multi-Family HVAC systems*: \$100 plus \$10 per ton over 10 tons
 - *HVAC systems for one- and two-family homes and individual units in a multi-family building are included in the flat fee for the electrical permit.
 - c. Contractor Information:
 - Electrical License
 - Liability Insurance
 - Workers' Compensation Insurance
 - Disability Insurance

Note: All application materials and fees must be submitted together as a complete set. Piecemeal submissions will not be accepted.

INSURANCE REQUIREMENTS ATTACHED

Permitted hours of construction: 8:00 am–6:00 pm, Monday–Friday

ELECTRICAL PERMIT APPLICATION

Electrical Permit Fee: _____ Date Received: _____

Property Address: _____

Section: _____ Block: _____ Lot(s): _____

Property Owner Name: _____

Property Owner Address: _____

Phone #: _____ Email: _____

Lessee (if any): _____

Address: _____

Phone #: _____ Email: _____

Name of Electrician as it Appears on the License: _____

Electrical Company Name: _____ License # _____

Electrical Company Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____ Office Phone #: _____

The proposed work consists of the following:

- | | |
|--|--|
| <input type="checkbox"/> New Electrical Service | <input type="checkbox"/> Extension or Repair to Existing Installation |
| <input type="checkbox"/> Electrical Installation of Elevator Equipment | <input type="checkbox"/> Electrical Installation for Oil Burning Equipment |
| <input type="checkbox"/> Electrical Installation for Special Equipment | <input type="checkbox"/> Low Voltage Alarm Installation |
| <input type="checkbox"/> Fire Alarm Installation (Requires 2 sets of drawings by licensed architect or engineer) | |
| <input type="checkbox"/> Other (indicate): _____ | |

This application is for the following type of use (check appropriate box):

Additions/Alterations:

- One- or Two-Family Residence
or an Individual Unit in a Multi-Family Building
- Commercial or Multi-Family*

New Construction

- One- or Two-Family Residence
or an Individual Unit in a Multi-Family Building
- Commercial or Multi-Family

*If the proposed work is related to an addition/alteration to a commercial or multi-family property, indicate:

Number of proposed fixtures/outlets: _____ Number of Electrical Meters: _____

Description of Proposed Scope of Work: _____

NOTICE

* The undersigned requests that a permit be issued to perform the electrical installation described herein and more fully on the attached application to the electrical inspection agency. Such work shall conform with all provisions of the New York State Building Code, National Electric Code and any and all applicable codes of the Town of Eastchester.

Signature of Westchester County Licensed Electrician: _____ Date: _____

Count Sheet

	Basement	First Floor	Second Floor	Third Floor	Attic	Garage	Outside
Receptacles							
Switches							
Surface Fixtures							
Recessed Fixtures							
Smoke Detectors							
Carbon Detectors							
Special Receptacles							
Low Voltage Drop							
GFCI Devices							
Exhaust Fans							
Electric Heaters							
Exit Lights							
Emergency Lights							
Pool Equipment							
Generator							
Other (List)							

If you have more than three floors, submit another sheet for additional floors.

Miscellaneous Equipment (Boiler, HVAC Equipment, Solar Panels, Etc.)

Quantity	Description

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

SIGN HERE	Signature: <i>John Smith</i>	Date: September 9, 2022
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Exemption Certificate Number
2022-062483

Received
September 9, 2022
NYS Workers' Compensation Board