

# 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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## FENCE PERMIT APPLICATION PACKAGE

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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 FENCE PERMITS

## Instructions

1. Complete the Fence Permit Application and submit with the following information:
  - a. Affidavit of Ownership
  - b. A survey of the property showing the location and height of the proposed fence
  - c. Photographs, details and/or catalogue cut sheet of the type of fence being proposed
  - d. If the fence is being installed by a contractor: copies of the contractor's Westchester County contractor's license (not required for commercial construction) and liability, disability and workers' compensation insurance. Specific insurance requirements are attached.
  - e. If the fence is being installed by the homeowner: an Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance - Form CE-200
  - f. Fence Permit fee, calculated as follows: \$75.00 for the first \$1000.00 of estimated construction costs, plus \$10.00 for each additional \$1000.00 of estimated construction costs. Make checks payable to the Town of Eastchester.
2. After the Fence Permit has been issued and the fence has been installed: call the Building Department to schedule a final inspection. If the fence installation passes the inspection: 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.

**Note:** See the attached fence regulations for fences in all residential districts. Refer to Section 8 of the Zoning Law of the Town of Eastchester for additional information and for regulations for fences in commercial and multi-family districts.

# FENCE 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): \_\_\_\_\_ Zone: \_\_\_\_\_

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

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

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

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

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

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

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

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

Description of Proposed Fence (e.g. white vinyl picket, cedar stockade, black vinyl-clad chain-link fence, etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

# AFFIDAVIT OF OWNERSHIP

State of New York )  
County of Westchester ) SS:

I, \_\_\_\_\_, being duly sworn, deposes and says:  
(clearly print first and last name of property owner)

(check appropriate box)

- I am the owner of the property for which this application is being submitted.
- I am an officer of the corporation that owns the property for which this application is being submitted.

**Further** (check applicable box):

- I am submitting this application on my own behalf.
- I am authorizing the following individual to submit this application on my behalf:

\_\_\_\_\_  
(clearly print name of individual authorized to submit this application)

**Further:**

To the best of my knowledge, information and belief, all statements contained in this application are true, complete and correct, and all work will be performed in the manner set forth in the application and in the plans and specifications filed therewith, and in accordance will all applicable laws, ordinances and regulations.

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
(Print Name of Owner)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

# Fence Regulations for Fences in Residential Districts

## Height Restrictions

- A maximum 4-foot-high fence is permitted along the front and side property lines or anywhere within the front and side yards (see diagram below), except on corner and flag lots (see notes below).
- A maximum 6-foot-high fence is permitted along the rear property line or anywhere within the rear yard (see diagram below).
- A maximum 6-foot-high fence is permitted to extend along the side property lines beginning at a point adjacent to the rear foundation wall of the residence and continuing to the rear property line (see diagram below).
- A maximum 6-foot-high fence is permitted to enclose a rear yard. The fence may begin at the rear foundation wall of the residence and run generally parallel to the rear lot line to a point on the side lot line (see diagram below).
- For fences installed atop retaining walls: If the height of a retaining wall exceeds six feet, any fence erected on top of the wall may not exceed four feet. Where the height of the retaining wall is less than six feet, the total height of the retaining wall and the fence shall not exceed ten feet. In any case, a fence on top of a retaining wall shall not exceed the height restrictions as noted above.

## Fences on Corner Lots and Flag Lots

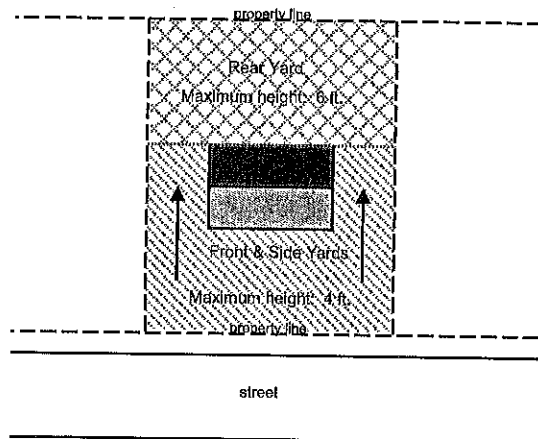
- Corner lots: No fence, wall, plants or other elements exceeding 2 feet in height, measured from the elevation of the curb, are permitted in the triangular area formed by connecting the points on each curb located 40 feet from the theoretical point of intersection (see diagram below).
- Flag lots: No fence or free-standing wall over 4 feet in height is permitted in any portion of the access strip serving a flag lot.

## Fence Orientation

- All fences shall be erected with the smooth, finished, or better side facing out toward the adjoining lot or abutting street. All fence posts or supporting members shall be placed on the inside of the fence.

## The Following Types of Fences are Prohibited

- Metallic, brightly colored, reflective or light-colored chain link fences
- Chain-link fences in any front yard
- Chain-link fences having an unfinished or jagged top edge
- Chain-link fences having the opening spaces between wires covered by fabric sheeting or by strips of plastic or other material woven through the open spaces
- Temporary fences, such as snow fences or expandable and collapsible fences, unless necessary for use on sites under construction or for snow control
- Canvas or cloth fences, except when necessary for protection of shrubs and vegetation
- Barbed-wire fences or fences using razor wire or having any other type of feature likely to cause physical injury to people or animals
- Fences erected in such a manner as to inhibit or divert the natural drainage flow or cause the blockage or damming of surface water creating ponding
- Fences that may create a fire hazard or other dangerous condition or which may result in obstruction to effective fire fighting



## **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><b>In the Application of (Legal Entity Name and Address):</b><br/>         John Smith Electric Corp<br/>         123 Main Street<br/>         Eastchester, NY 10709<br/>         PHONE: 111-111-1111 FAX: XXXXX7718</p> | <p><b>Business Applying For:</b><br/>         Electrical Permit</p> <p>From: Town of Eastchester</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 September 12, 2022 to December 31, 2022.<br/>         The estimated dollar amount of project is \$0 - \$10,000</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.

**SIGN HERE** Signature: *John Smith* Date: September 9, 2022

Exemption Certificate Number

**2022-062483**

Received

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