

# TOWN OF EASTCHESTER BUILDING DEPARTMENT

40 Mill Road  
Eastchester, NY 10709

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

[www.eastchester.org](http://www.eastchester.org)

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## FIRE SPRINKLER PERMIT APPLICATION PACKAGE

### SUBMISSION REQUIREMENTS FOR FIRE SPRINKLER PERMITS:

1. Complete the Fire Sprinkler Permit Application and submit with the following information:
    - Affidavit of Ownership
    - Two** sets of sealed and signed construction drawings prepared by an architect or engineer licensed in the State of New York.
    - Permit Fee:
      - Residential Construction: \$100 first \$1000 of estimated construction costs plus \$15 for each additional \$1000 of estimated construction costs or any part thereof.
      - Commercial/Multi-Family Construction: \$200 first \$1000 of estimated construction costs plus \$30 for each additional \$1000 of estimated construction costs or any part thereof.
  - Notes:
    - Once all the items noted above have been submitted, the Permit review process will begin.
    - Each time revised drawings are necessary in response to the plan review, a resubmission fee of \$50 is required. Revised plans will not be accepted without the \$50 fee.
  2. Once the plan review is complete, the Fire Sprinkler Permit cannot be issued until the Building Department has received the following:
    - Contractor Information:
      - Plumbing License (The licensed plumber must apply and present his/her license in person)
      - Liability Insurance
      - Workers' Compensation Insurance
      - Disability Insurance
    - Two** additional set of the approved sealed and signed architectural drawings (to supplement the two sets previously submitted). All three sets of drawings must have original seals and signatures.
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### INSURANCE REQUIREMENTS ATTACHED

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

# FIRE SPRINKLER PERMIT APPLICATION

Fire Sprinkler 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 Plumber as it Appears on the License: \_\_\_\_\_

Plumbing Company Name: \_\_\_\_\_

Plumbing Company Address: \_\_\_\_\_

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

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

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

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: \_\_\_\_\_

**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)

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></p> <p>John Smith Electric Corp 123 Main Street Eastchester, NY 10709 PHONE: 111-111-1111 FEIN: XXXXX7718</p>	<p><b>Business Applying For:</b> 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. Chlelli, 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
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Exemption Certificate Number

**2022-062483**

Received

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