

TOWN OF EASTCHESTER BUILDING DEPARTMENT

40 Mill Road
Eastchester, NY 10709

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

www.eastchester.org

HVAC CONDENSER UNIT PERMIT APPLICATION PACKAGE

Instructions:

1. Submit the following information
 - a. HVAC Condenser Unit Permit Application
 - b. Affidavit of Ownership
 - c. Application Fee: :
 - One- and Two-Family Residences: \$150
 - Multi-Family Buildings: \$200
 - Commercial Buildings: \$300
 - d. Permit Fee:
 - One- and Two-Family Residences: \$100 first \$1000 of estimated construction costs plus \$15 each additional \$1000 of estimated construction costs
 - Commercial and Multi-Family: \$200 first \$1000 of estimated construction costs plus \$30 each additional \$1000 of estimated construction costs
 - e. **Three** sets of site plan drawings, based on a current survey, showing the location of the proposed HVAC unit, the dimensions of the proposed unit and the setbacks from the rear and side property lines.
 - f. Catalogue cut sheets/technical data for the proposed HVAC condenser unit including sound data
 - g. Completed Electrical Permit Application
 - h. If the HVAC unit installer/applicant is a licensed contractor, he/she needs to provide insurance information only. A Westchester County Home Improvement License is NOT required.
 - i. If the HVAC unit installer/applicant is a licensed electrician or a licensed plumber, license and insurance information is required, along with a separate plumbing and/or electrical permit.

Regulations for HVAC condenser units:

- HVAC condenser unit noise levels may not exceed 65db at any property boundary
- HVAC condenser unit must be located within the side or rear yard and are not permitted in a front yard
- In one- and two-family residential districts, the HVAC unit must meet the minimum setback requirement for accessory structures for the zoning district within which the property is located. (e.g., the outer edge of the unit must be setback a minimum of 5, 6, 8, 12 or 15 from the side or rear property line as noted below).

	R5	R6	R7.5	R10	R15	R20	R3
Side Yard	5	5	6	8	12	15	5
Side Yard Adjoining a Street	5	5	6	8	12	15	5
Rear Yard	5	5	6	8	12	15	5

APPLICATION FOR HVAC CONDENSER UNIT INSTALLATION

Application Fee: _____
Permit Fee: _____

Date Received: _____
Date Received: _____

PROPERTY INFORMATION:

Property Address: _____

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

Property Owner Name: _____

Mailing Address: _____

Phone #: _____ Email: _____

Lessee (if any): _____

Address: _____

Phone #: _____ Email: _____

CONTRACTOR/INSTALLER INFORMATION*:

Company Name: _____

City: _____ State: _____ Zip: _____

Name of Installer: _____

Office Phone #: _____ Cell Phone #: _____

***Note: Separate electrical permits must be filed.**

HVAC UNIT INFORMATION:

Ductless Ducted (**See note below) Replacement Only (No Duct Work)

Description of proposed work (Please be as specific as possible)

**** Duct test required if any part of system is running outside of the building envelope. Also, Manual J is required for any newly designed systems.**

Manufacturer Model Number and Capacity (KW): _____

Dimensions of HVAC condenser unit: Length: _____ Width: _____

Height _____

Noise Output (DB) of HVAC condenser unit: _____

ESTIMATED COST OF CONSTRUCTION: \$ _____

Note: The estimated cost of construction shall include all costs related to the above described project and shall include design, excavation, foundation, framing, insulation, sheetrock/plaster, roofing, siding, plumbing, electrical, cabinets, and any 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 CO 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.
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 FAX: 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. Chillelli, 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