TOWN OF EASTCHESTER
BUILDING & PLANNING DEPARTMENT

40 Mill Road
Eastchester, NY 10709
Phone: (914) 771-3317
Fax: (914) 771-3322
www.eastchester.org

OIL TANK ABANDONMENT, REMOVAL AND INSTALLATION PERMIT APPLICATION

INSTRUCTIONS:

1. Complete all application information below.
2. For exterior tanks: attach a site plan showing the approximate location of the oil tank to be removed, abandoned, and/or installed. Provide dimensions to the nearest structures and property lines.
3. For interior tanks: attach a floor plan showing the approximate location of the tank to be installed. Show dimensions to the furnace and hot-water heater.
4. Submit a check in the amount of $100.00 per tank to be removed and/or installed, made payable to the Town of Eastchester.
5. Submit a copy of your Westchester County contractor's license, liability insurance, workers' compensation insurance and disability insurance. (See Attached).
6. Once all required information is received, the application is forwarded to the Fire Department.
7. Prior to removing, abandoning or installing an oil tank, the contractor must contact Lt. Tom Pintavalle at the Eastchester Fire Department (Call 914-723-2784) to schedule an inspection at the site.
8. Once the installation has passed all inspections, the Building & Planning Department will close out the permit (no fee is required).

Please direct any questions regarding these procedures to EFD Capt. Tom Pintavalle at 914 723-2784.

Property Address: _____

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

Property Owner Name: _____

Address: _____

Phone #:_____ **Email:**_____

Contractor Company Name: _____

Contractor Company Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Name: _____

Phone #:_____ **Email:**_____

This application pertains to (check all that apply): _____ **Exterior Oil Tank(s)** _____ **Interior Oil Tank(s)**

This application is to (check all that apply and provide capacity for each tank):

_____ **Remove Oil Tank(s)** **Indicate Capacity of Tank(s) to be Removed:** _____ **gallons**
_____ **gallons**

_____ **Abandon Oil Tank(s)** **Indicate Capacity of Tank(s) to be Abandoned:** _____ **gallons**
_____ **gallons**

_____ **Install Oil Tank(s)** **Indicate Capacity of Tanks(s) to be Installed:** _____ **gallons**
_____ **gallons**

ATTACH SITE PLAN OR FLOOR PLAN SHOWING THE LOCATION OF TANK(S)

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

NEW YORK STATE OF OPPORTUNITY. Workers' Compensation Board

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.

NEW YORK STATE | 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.

In the Application of (Legal Entity Name and Address):	Business Applying For: Electrical Permit
John Smith Electric Corp 123 Main Street Eastchester, NY 10709 PHONE: 111-111-1111 FEIN: XXXXX7718	From: Town of Eastchester The location of where work will be performed is 999 Main Street, Eastchester, NY 10709 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

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. Chilelli, 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

SAMPLE