

TOWN OF EASTCHESTER BUILDING & PLANNING DEPARTMENT

40 Mill Road
Eastchester, NY 10709

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

www.eastchester.org

PLUMBING PERMIT APPLICATION PACKAGE

(For Fire Sprinklers, See Fire Sprinkler Permit Application)

SUBMISSION REQUIREMENTS FOR PLUMBING PERMITS:

1. Complete the Plumbing Permit Application and submit with the following information:
 - a. Permit Fee:
 - ☐ New Construction (any type): \$100 first 10 fixtures; \$10 each additional fixture
 - ☐ Additions/Alterations:
 - One- and Two-Family Residences: \$50 first 10 fixtures; \$10 each additional fixture
 - Multi-Family and Commercial: \$100 first 10 fixtures; \$10 each additional fixture
 - ☐ Gas Test and Piping
 - Gas Piping: \$50.00
 - Gas Test: \$50 first meter; \$10 each additional meter
 - b. Contractor Information:
 - ☐ Plumbing 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

September 21, 2022

PLUMBING PERMIT APPLICATION

FEES: Fixtures: _____
Gas Test: _____
Gas Piping: _____

Total fee: _____
Date paid: _____

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: _____
Cell Phone #: _____ Office 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
☐ Additions/Alterations: Commercial or Multi-Family
☐ New Construction: Any type
☐ Other (indicate): _____

Complete the attached table for the following items:

- | | |
|---|--|
| ☐ Fixture Installation, Replacement or Re-piping | ☐ Boiler/Furnace |
| ☐ Backflow Prevention Device | ☐ Electrical Installation for Oil Burning Equipment |

Description of Proposed Scope of Work: _____

GAS PIPING: Is gas piping proposed ☐ Yes ☐ No --- If yes, describe purpose/location: _____

IS FLEXIBLE GAS PIPING PROPOSED? ☐ Yes ☐ No --- If yes, attach a copy of the plumber's Certificate of Competency for flexible piping to the application.

GAS TEST: If gas piping is proposed, how many existing or proposed gas meters are required: _____

NOTICE

*** The undersigned requests that a permit be issued to perform the plumbing installation described herein. Such work shall conform with all provisions of the New York State Building Code, New York State Plumbing Code and any and all applicable codes of the Town of Eastchester.**

Signature of Westchester County Licensed Plumber: _____ Date: _____

Item Description	Floor Location								Total Fixtures
	Bsmt	1	2	3	4	5	6	Exterior	
Backflow Preventer									
Bathtub									
Bathroom Sink									
Bar Sink									
Bidet									
Boiler									
Dishwasher									
Drinking Fountain									
Fireplace									
Floor Drain									
Furnace									
Garage Drain									
Hot Water Tank									
Hot Water Heater									
Indirect Waste									
Irrigation Sprinkler Heads									
Kitchen Sink									
Laundry Tray									
Roof Drain									
Slop Sink									
Sewage Ejector									
Shower Stall									
Toilet									
Urinal									
Washing Machine									
Other (indicate)									
TOTAL									

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



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.



**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): John Smith Electric Corp 123 Main Street Eastchester, NY 10709 PHONE: 111-111-1111 FEIN: XXXXX7718	Business Applying For: Electrical Permit 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. 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: *John Smith*

Date: September 9, 2022

Exemption Certificate Number

2022-062483

Received

September 9, 2022

NYS Workers' Compensation Board