

TOWN OF EASTCHESTER BUILDING DEPARTMENT

40 Mill Road
Eastchester, NY 10709

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

www.eastchester.org

ROOF AND SIDING PERMIT APPLICATION PACKAGE

SUBMISSION REQUIREMENTS FOR ROOF AND SIDING PERMITS:

1. Complete the Roof and Siding Permit Application and submit with the following information:
 - a. Permit Fee:
 - Residential Construction: \$100 first \$1000 of estimated construction costs and \$15 each additional \$1000 of estimated construction costs, or any part thereof.
 - Commercial Construction: \$200 first \$1000 of estimated construction costs and \$30 each additional \$1000 of estimated construction costs, or any part thereof.
 - b. Contractor Information:
 - Westchester County contractor's license (not required for commercial construction)
 - Liability Insurance
 - Workers' Compensation Insurance
 - Disability Insurance
 - c. Affidavit of Ownership

INSURANCE REQUIREMENTS ATTACHED

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

ROOF AND SIDING PERMIT APPLICATION

Building Permit Fee: _____
Legalization Fee: _____
Total Fee: _____

Date Received: _____

(No application fees or certificate of compliance fees required)

This application is for (check appropriate box(es): _____ Roof Permit _____ Siding Permit

Property Address: _____

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

Property Owner Name: _____

Property Owner Address: _____

Phone #: _____ Email: _____

Contractor Company Name: _____

Contractor Company Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Office Phone #: _____ Cell Phone #: _____

ROOF PERMIT

- **Type of Roof:** Asphalt Shingle Slate Copper/Metal Tile
 Built up Membrane Wood Shake Other
- **Sheathing to be replaced?** No Yes, if Yes, total # of Sq Ft. to be replaced _____
- **Structural Modifications Proposed?** No Yes (If yes, complete building permit application required.)
- **Indicate number of roof layers** (no more than two layers are permitted): _____ Existing _____ Proposed

SIDING PERMIT

- **Is asbestos present?** No Yes - If YES:
 - Is siding being place over existing asbestos? No Yes - if YES:
 - Provide a valid NYS asbestos handling license in accordance with NYS Labor Law. Sec.241 Art.30 (902).
 - Is asbestos being removed? No Yes - If YES:
 - Provide a valid asbestos abatement license or see Building Inspector
- **Type of siding:** Wood Shake/Shingle Aluminum/Vinyl Stucco (synthetic) Brick
 Wood Board Stucco (masonry) Other
- **Structural Modifications Proposed?** No Yes (If yes, complete building permit application required.)

Description of proposed 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)

SEE BUILDING CODE OR RESIDENTAL CODE FOR COMPLETE REQUIREMENTS

REROOFING (§RR907)

§RR907.1 General. Materials and methods of application used for recovering or replacing an existing roof covering shall comply with the requirements of Chapter R9.

§RR907.2 Structural and construction loads. The structural roof components shall be capable of supporting the roof covering system and the material and equipment loads that will be encountered during installation of the roof covering system.

§RR907.3 Recovering versus replacement. New roof coverings shall not be installed without first removing existing roof coverings where any of the following conditions occur:

1. Where the existing roof or roof covering is water-soaked or has deteriorated to the point that the existing roof or roof covering is not adequate as a base for additional roofing.
2. Where the existing roof covering is wood shake, slate, clay, cement or asbestos-cement tile.
3. Where the existing roof has two or more applications of any type of roof covering.

EXCEPTIONS:

1. Complete and separate roofing systems, such as standing-seam metal roof systems, that are designed to transmit the roof loads directly to the building's structural system and that do not rely on existing roofs and roof coverings for support shall not require the removal of existing roof coverings.

2. Metal panel, metal shingle, and concrete and clay tile roof coverings shall be permitted to be installed over existing wood shake roofs when applied in accordance with §RR907.4.

§RR907.4 Roof recovering. Where the application of a new roof covering over wood shingle or shake roofs creates a combustible concealed space, the entire existing surface shall be covered with gypsum board, mineral fiber, or glass fiber securely fastened in place.

§RR907.5 Reinstallation of materials. Existing slate, clay or cement tile shall be permitted for reinstallation, except that damaged, cracked or broken slate or tile shall not be reinstalled. Existing vent flashing, metal edgings, drain outlets, collars and metal counterflashings shall not be reinstalled where rusted, damaged or deteriorated. Aggregate surfacing materials shall not be reinstalled.

§RR907.6 Flashings. Flashings shall be reconstructed in accordance with approved manufacturer's installation instructions. Metal flashing to which bituminous materials are to be adhered shall be primed prior to installation.

EXTERIOR COVERING (§RR703)

§RR703.1 General. Exterior walls shall provide the building with a weather-resistant exterior wall envelope. The exterior wall envelope shall include flashing as described in §RR703.8. The exterior wall envelope shall be designed and constructed in such a manner as to prevent the accumulation of water within the wall assembly by providing a water-resistive barrier behind the exterior veneer as required by §RR703.2.

§RR703.2 Weather-resistant sheathing paper. Asphalt-saturated felt free from holes and breaks, weighing not less than 14 pounds per 100 square feet (0.683 kg/m²) and complying with ASTM D 226 shall be applied over studs or sheathing of all exterior walls as required by Table RR703.4.

§RR703.4 Attachments. Unless specified otherwise, all wall coverings shall be securely fastened in accordance with Table RR703.4 or with other aluminum, stainless steel, zinc-coated or other corrosion-resistive fasteners.

See Code sections referenced for specific requirements:

§RR703.5 Wood shakes and shingles.

§RR703.6 Exterior plaster.

§RR703.7 Stone and masonry veneer

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 FEIN: 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 sub-contractors.

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.

<p>SIGN HERE</p>	<p>Signature: <i>John Smith</i></p>	<p>Date: September 9, 2022</p>
<p>Exemption Certificate Number 2022-062483</p>		<p align="center">Received September 9, 2022 NYS Workers' Compensation Board</p>