

TOWN OF EASTCHESTER BUILDING DEPARTMENT

40 Mill Road
Eastchester, NY 10709

(914) 771-3317

eastchester.gov

SIGN PERMIT APPLICATION PACKAGE

Table of Contents

1. **Submission Requirements for Sign Permits**
2. **Sign Permit Application**
3. **Affidavit of Ownership**
4. **Insurance requirements**

Note:

Once signage is approved by the SRB, the applicant must obtain a sign permit from the Building Department prior to installing the approved sign.

- The design and dimensions of the installed sign must be consistent with the approved plans.
- Lighting and landscaping, if proposed, must be consistent with the approved plans.
- Once the signs have been installed, applicants must contact the Building Department for an inspection to close out the permit.
- Permits must be closed out within two weeks of installation.
- Failure to comply with these requirements may result in violations and/or penalties.

February 1, 2024

SUBMISSION REQUIREMENTS FOR SIGN BUILDING PERMITS

The following information is required in order to obtain a sign permit:

- Sign Permit Application
- Affidavit of Ownership
- Building Permit Fee - \$250 (cash or check) Checks should be made payable to the: Town of Eastchester
- **Two** sets of approved plans including the approval from the Sign Review Board
- Contractor's information including insurance certificates (liability, workers' comp., disability). List of acceptable forms is attached

AWNINGS OR CANOPIES: Must provide as a condition of any sign permit approval, in accordance with the 2020 Fire Code of New York State:

- Awnings or canopies shall have a permanently affixed label bearing the identification of size and fabric or material type.
- A certification in the form of an affidavit must be submitted to the Fire Inspector and a copy retained on the premises, attesting to the following information relative to the flame resistance of the fabric:
 1. Name and address of the owners of the tent, canopy or air-supported structure.
 2. Date the fabric was last treated with flame-resistant solution.
 3. Trade name or kind of chemical used in treatment.
 4. Name of person or firm treating the material.
 5. Name of testing agency and test standard by which the fabric was treated.

Once the awning/canopy is installed, the applicant shall coordinate with the Fire Inspector (914-723-2784) and Building Department (914-771-3317) to arrange for an inspection.

All signs, once installed, must be inspected by the Building Department. Please call the Building Department at 914-771-3317 to schedule an inspection.

SIGN PERMIT APPLICATION

Project Name: _____

Project Street Address: _____

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

(Section, Block and Lot and Zoning District information MUST be completed by the applicant)

Owner: _____

Address: _____

Phone #: _____ Email: _____

Lessee: _____

Address: _____

Phone #: _____ Email: _____

Sign Company: _____ Contact Name _____

Address: _____

Phone #: _____ Email: _____

Sign Review Board Approval

Was the proposed sign approved? ____ Yes ____ No Date of Approval _____

* Is lighting being proposed? **Yes** _____ **No** _____ If "YES", is lighting **New** _____ or **Existing** _____

* If lighting is "**Existing**", is the existing lighting/electrical being altered? **Yes** _____ **No** _____

* **Please Note** * If proposed lighting is "**New**" or being "**Altered**", a separate **Electrical Permit** is required.

INSURANCE REQUIREMENTS

In accordance with Workers' Compensation Law §57 and §220(8)

THREE SEPARATE INSURANCE CERTIFICATES ARE REQUIRED:

1. **LIABILITY INSURANCE:** ONLY liability insurance is permitted on the ACORD form.

2. For **WORKERS' COMPENSATION INSURANCE**, ONLY the following forms are acceptable:
 - **CE-200** - Certificate of Attestation of Exemption from NYS Workers' Compensations and/or Disability Benefits Coverage
 - **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. For **DISABILITY INSURANCE**, ONLY the following forms are acceptable:
 - **CE-200** - Certificate of Attestation of Exemption from NYS Workers' Compensations and/or Disability Benefits Coverage
 - **DB-120.1** – Certificate of Disability Benefits Insurance
 - **DB-155** – Certificate of Disability Benefits Self-Insurance

Note: On all insurances, 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.

businessexpress.ny.gov

Questions? Call the NYBE Contact Center: (518) 485-5000

WCB-Exemption-Instr-1-v2 2-19



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>
---	--

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. Chillemi, 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
Exemption Certificate Number 2022-062483		Received September 9, 2022 NYS Workers' Compensation Board