

**DEMOLITION PERMIT  
TOWN OF CONSTABLE  
CODE ENFORCEMENT OFFICE**

Date \_\_\_\_\_

Fee \$ .05/ft2 = \_\_\_\_\_

I, \_\_\_\_\_ hereby make application for a permit to demolish and remove a building / structure as described below and the provisions of all applicable ordinances and laws will be complied with during said demolition, if specified or not. Property must be properly graded to allow for maintenance, such as mowing of grass etc.

LOCATION \_\_\_\_\_

OCCUPANCY \_\_\_\_\_

Asbestos removal must comply with NYS Dept of Labor.

Description of building

**Type of building**

Single dwelling _____	double dwelling _____
Duplex _____	apt. building _____
Office building _____	store building _____
Hotel/motel _____	factory _____
Shop _____	church _____
Garage _____	warehouse _____
Barn _____	other _____

**Construction**

concrete block _____	frame _____
brick _____	tile _____
reinforced conc. _____	steel _____
other _____	

**Exterior**

Siding _____	shingles _____
Stucco _____	paper _____
Aluminum _____	other _____

**Dimensions**

overall \_\_\_\_\_

**Roof**

Shingles \_\_\_\_\_ slate \_\_\_\_\_ tile \_\_\_\_\_ gravel \_\_\_\_\_ board \_\_\_\_\_ paper \_\_\_\_\_ metal \_\_\_\_\_

**This is to certify that I have investigated this application and find same ( to be ) or ( not to be ) in accordance with the provisions of the local and state laws pertaining to the demolition of buildings or structures and has been ( approved ) or ( disapproved ) this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_**

\_\_\_\_\_  
**Code Enforcement Officer**



STATE OF NEW YORK  
DEPARTMENT OF LABOR

**LOU CARROCK**  
Senior Industrial Hygienist  
Asbestos Control Bureau

207 Genesee St.  
Utica, NY 13501  
(315) 793-2683  
(315) 479-3215 Syracuse  
(315) 793-2446 Fax

DIVISION  
OF  
SAFETY AND HEALTH

DIVISION OF SAFETY AND HEALTH  
GOV. W. AVERELL HARRIMAN  
STATE OFFICE BUILDING CAMPUS  
ALBANY, N.Y. 12240

Building 12 - Room 157

September 2000

**NOTICE  
RE:  
BUILDING DEMOLITION**

Industrial Code Rule 56 established work practice, asbestos contractor license, and asbestos worker training and certification requirements that protect the public from cancer causing airborne asbestos fiber that can arise from various construction activities, including the demolition of a building. One very important aspect of the Code covers requirements that specifically address the potential public health hazard associated with the significant amount of airborne asbestos fiber that can be released during the demolition of a building that contains asbestos or asbestos-containing materials.

New York State Labor Law (section 241.10) and the Code require a survey of the building to be performed to identify the presence of asbestos prior to advertising for bids or contracting for or commencing work on any demolition work on a building. The Code requires that this survey must be sent to the NYS Department of Labor and the local government unit responsible for issuing the demolition permit. Prior to demolition, the asbestos identified in the survey must be removed or otherwise remediated.

Your assistance, as specified below, would facilitate our enforcement efforts and help avoid the necessity of citing building owners who violate the statute and code:

1. Share this information with the individuals on your staff responsible for issuing demolition permits. Additional copies of the Code Rule and Applicable Variances are available free of charge at your request. Encourage your staff to contact the appropriate District Office of the Asbestos Control Bureau on the list below, should any asbestos issues arise, specifically those related to demolition.
2. Consider establishing a policy of not issuing a demolition permit until compliance with Industrial Code Rule 56 is achieved.
3. Call the appropriate District Office of the Asbestos Control Bureau when a demolition permit is issued to a contractor that has failed to provide a survey or has not removed the identified asbestos.

Any cooperation you can provide will not only assist in our enforcement efforts but also protect the health of your community.

Albany District 518/457-2072		Syracuse District 315/479-3215			Buffalo District 716/847-7126		New York District 212/352-6109
Albany	Rockland	Allegany	Tioga	Cayuga	Fliet	Cattaraugus	Bronx
Clinton	Saratoga	Broome	Tompkins	Cortland	Genesee	Chautauquan	Kings
Columbia	Schenectady	Chemung	Franklin	Jefferson	Livingston	Eric	New York
Dutchess	Schoharie	Chenango	Fulton	Lewis	Monroe	Niagara	Queens
Essex	Ulster	Delaware	Hamilton	Madison	Ontario		Richmond
Greene	Warren	Otsego	Herkimer	Oneida	Orleans		Westchester
Orange	Washington	Schuyler	Montgomery	Onondaga	Wayne		Nassau
Putnam		Steuben		Oswego	Wyoming		Suffolk
Rensselaer		Sullivan		Seneca	Yates		
				St. Lawrence			



## NOTICE TO BUILDING PERMIT APPLICANTS

**An asbestos survey is required for all renovation, remodeling, repair and demolition of all interior and exterior building materials.**

As per NYS Industrial Code Rule 56, asbestos material must be abated by licensed contractors utilizing certified asbestos handlers, with the exception of owner-occupied single family homes, where the owner may remove the asbestos and renovate these structures themselves. However, it is not recommended that the owner perform abatement, as the owner could potentially expose themselves, their family and neighbors to asbestos fibers if adequate engineering controls and work methods are not utilized during the abatement. For further information and updates, please see the NYS website at: [www.labor.ny.gov](http://www.labor.ny.gov)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**CONTACT INFORMATION  
FOR  
ASBESTOS PROJECTS**

The Department of Labor regulates most asbestos control activities in the State through its Asbestos Control Bureau; all contractors must be licensed and all asbestos handlers certified by the Department's Worker Protection Central Processing Unit. Projects must be conducted in accordance with safety standards promulgated by the Commissioner of Labor to avoid potential public health hazards that can result from the improper handling of asbestos or asbestos material, a potential carcinogen. A copy and update to Part 56 of Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York (Cited as 12 NYCRR Part 56), a Guidance Document with frequently asked questions and answers, and variance information may be obtained by going on-line to, [www.labor.ny.gov](http://www.labor.ny.gov)

For more information, call or write the New York State Department of Labor, Division of Safety and Health at one of the following locations:

**ASBESTOS CONTROL BUREAU  
DISTRICT OFFICES**

ALBANY

State Office Campus  
Building 12, Room 15  
Albany, NY 12240  
Tel: (518) 457-2872

BUFFALO

65 Court Street  
Room 405  
Buffalo, NY 14202  
Tel: (716) 847-7126

SYRACUSE

450 South Salina St.  
2nd Floor - Room 202  
Syracuse, NY 13202  
Tel: (315) 479-3215

NEW YORK CITY

75 Varick St.  
7<sup>th</sup> Floor  
New York, NY 10013-1917  
Tel: (212) 775-3538

**TO SUBMIT:  
ASBESTOS PROJECT NOTIFICATION  
AND/OR EMERGENCY NOTIFICATION**

Asbestos project notifications may be made on-line by going to: [www.labor.ny.gov](http://www.labor.ny.gov) quick links, to Asbestos Notification, by licensed asbestos contractors. Emergency notifications must initially be called in for approval: (518) 485-9263. After the approval process, the contractor may proceed to pay and fill out the appropriate on-line notification. You may also mail in your paperwork to: NYS Department of Labor, Worker Protection Central Processing Unit, State Office Campus, Building 12, Room 290, Albany, NY 12240, Tel: (518) 485-9263.

Questions about obtaining and/or renewing an Asbestos license or any type of Asbestos Certification may also be obtained from the Worker Protection Central Processing Unit.

**AFFIDAVIT THAT WORKER'S COMPENSATION AND DISABILITY  
BENEFITS COVERAGE ARE NOT REQUIRED**

STATE OF NEW YORK)

COUNTY OF \_\_\_\_\_) SS:

\_\_\_\_\_, being duly sworn, deposes and says:  
(Applicant's Name)

1. I reside at \_\_\_\_\_

(CHECK BOX OPPOSITE EITHER 2 OR 3 AND COMPLETE THAT PARAGRAPH)

2. I have engaged \_\_\_\_\_ with offices at  
(Name of contractor)  
\_\_\_\_\_ to construct a \_\_\_\_\_  
(Address) (Type of building addition or other work)  
at \_\_\_\_\_ which activity requires the issuance of a  
(Site address)

building permit pursuant to the New York State Uniform Fire Prevention and Building Code. Said contractor has advised me that no Worker's Compensation Insurance of Disability benefits Insurance is required because he/she is an individual owner or partner with no employees and is not a corporation.

OR

3. I have not engaged an employer or any employees as those terms are defined in Section 2 of the Worker's Compensation Law to perform the work relating to the requested Building Permit as,  
a. I will be doing the work personally without employing any employees, or  
b. The work will be performed for me by \_\_\_\_\_  
who will not receive any compensation from me for performing this work.

4. I make this Affidavit knowing that it will be relied upon by the Building Inspector in insuring compliance with Section 125 of the General Municipal Law of the State of New York. I understand that making a false statement under oath is perjury for which I may be prosecuted.

\_\_\_\_\_  
(Applicant's signature)

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My commission expires: \_\_\_\_\_ (Date)

# Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

*\*\*This form cannot be used to waive the workers' compensation rights or obligations of any party.\*\**

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- I am performing all the work for which the building permit was issued.
- I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ♦ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; OR
- ♦ have the general contractor, performing the work on the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

\_\_\_\_\_  
(Signature of Homeowner)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Homeowner's Name Printed)

Home Telephone Number \_\_\_\_\_

Property Address that requires the building permit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sworn to before me this _____ day of _____
_____ (County Clerk or Notary Public)



LAWS OF NEW YORK, 1998  
CHAPTER 439

The general municipal law is amended by adding a new section 125 to read as follows:

125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

### Implementing Section 125 of the General Municipal Law

#### 1. General Contractors — Business Owners and Certain Homeowners

For businesses and certain homeowners listed as the general contractors on building permits, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is ONE of the following forms that indicate that they are:

- ◆ insured (C-105.2 or U-26.3),
- ◆ self-insured (SI-12), or
- ◆ are exempt (CE-200),

under the mandatory coverage provisions of the WCL. Any residence that is not a 1, 2, 3 or 4 Family, Owner-occupied Residence is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

#### 2. Owner-occupied Residences

For homeowners of a 1, 2, 3 or 4 Family, Owner-occupied Residence; proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file form BP-1.

- ◆ Form BP-1 shall be filed if the homeowner of a 1, 2, 3 or 4 Family, Owner-occupied Residence is listed as the general contractor on the building permit, and the homeowner:
  - is performing all the work for which the building permit was issued him/herself,
  - is not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping the homeowner perform such work, or
  - has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
- ◆ If the homeowner of a 1, 2, 3 or 4 Family, Owner-occupied Residence is hiring or paying individuals a total of 40 hours or MORE in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" form, BP-1(11/04), but shall either:
  - acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit (the C-105.2 or U-26.3 form), OR
  - have the general contractor, (performing the work on the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit) provide appropriate proof of workers' compensation coverage, or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit.

**WORKERS' COMPENSATION REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §57**

To comply with coverage provisions of the Workers' Compensation Law ("WCL"), businesses must:

- A) be legally exempt from obtaining workers' compensation insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer or participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or seeking to enter into contracts **MUST provide ONE** of the following forms to the government entity issuing the permit or entering into a contract:

- A) CE-200, Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required;

*Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, [www.wcb.state.ny.us](http://www.wcb.state.ny.us), under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract.*

**OR**

- B) C-105.2 -- Certificate of Workers' Compensation Insurance (the business's insurance carrier will send this form to the government entity upon request) **PLEASE NOTE:** The State Insurance Fund provides its own version of this form, the U-26.3; **OR**

- C) SI-12 -- Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247), **OR** GSI-105.2 -- Certificate of Participation in Worker's Compensation Group Self-Insurance (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

**DISABILITY BENEFITS REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §220(8)**

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- A) be legally exempt from obtaining disability benefits insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or seeking to enter into contracts **MUST provide ONE** of the following forms to the entity issuing the permit or entering into a contract:

- A) CE-200, Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required;

*Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, [www.wcb.state.ny.us](http://www.wcb.state.ny.us), under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract.*

**OR**

- B) DB-120.1 -- Certificate of Disability Benefits Insurance (the business's insurance carrier will send this form to the government entity upon request); **OR**

- C) DB-155 -- Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).

Please note that **for building permits ONLY**, certain homeowners of 1, 2, 3 or 4 family owner-occupied residences serving as their own General Contractor may be eligible to file Form BP-1. (The homeowner obtains this form from either the Building Department or on the Board's website, [www.wcb.state.ny.us](http://www.wcb.state.ny.us), under the heading "Forms.")