

# Town of Dover

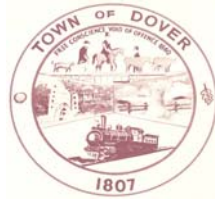
## Building Department

126 E. Duncan Hill Road

Dover Plains, NY 12522

845.832.6111 x102 - Building Inspector

845.832.6111 x103 - Clerk



Permit #: \_\_\_\_\_  
Zone: \_\_\_\_\_

Grid #: \_\_\_\_\_

845.832.0370 - FAX

## Erosion & Sediment Control Permit Application

(Must be filled out IN FULL WITH PAYMENT before review. Incomplete applications will be returned.)

Application is hereby submitted to the Planning Board of the Town of Dover for the approval of plans and detailed statement of the specifications for erosion & sediment control as herein set forth. All provisions of the Law shall be complied with in the construction, whether specified herein or not.

Applicant's Name: _____	Phone #: _____
Mailing Address: _____	Cellular #: _____
Owner of Property: _____	Phone #: _____
Mailing Address: _____	Cellular #: _____
Contractor: _____	Phone #: _____
Mailing Address: _____	Cellular #: _____
Address of Proposed Project: _____	
Subdivision Name: _____	Lot #: _____
Is property within a registered: <input type="checkbox"/> Floodplain? <input type="checkbox"/> Wetland? <input type="checkbox"/> Easement? If yes, show on survey & describe.	

### Applications will be considered when the following information is supplied:

- Check for **\$35** (made payable to Town of Dover)
- Copy of homeowner's insurance (Declaration page only)
- Proof of Workers' Compensation and Disability Insurance **OR** Affidavit of Exemption ([www.wcb.state.ny.us](http://www.wcb.state.ny.us))
- Survey or map showing exact location where alterations will occur

THE APPLICANT is responsible for adhering to all requirements of §65-9 of the Town of Dover Zoning Law, which can be researched at [www.townofdoover.us](http://www.townofdoover.us) (click: Links, Town Code, Chapter 65). None of the following activities shall be commenced until a permit has been issued under the provisions of this chapter. Check off all that apply:

- Altering wetlands, which includes draining or filling.
- Site preparation on slopes which exceed one foot of vertical rise to four feet of horizontal distance (or site preparation in areas known to be subject to severe erosion).
- Site preparation within the hundred-year floodplain of any watercourse.
- Excavation which affects more than 200 cubic yards of material within any parcel or any one subdivision.
- Stripping which affects more than 1/2 acre of ground surface within any parcel or any one subdivision.
- Grading which affects more than 1/2 acre of ground surface within any parcel or any one subdivision.
- Filling which exceeds a total of 200 cubic yards of material within any parcel or any one subdivision.
- A development or subdivision of two or more units or any development or subdivisions requiring any new street or the extension of municipal facilities.

I confirm that I understand my responsibilities of all provisions of Town of Dover Zoning Laws, New York State Uniform Fire Prevention & Building Code and State of New York Department of Labor requirements. The Town of Dover Zoning Law can be researched at [www.townofdooverNY.us](http://www.townofdooverNY.us) (click: Links, Town Code).

Signature of Applicant _____	DATE _____	Signature of Owner _____	DATE _____
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### For Office Use Only

Permit Fee: \$ \_\_\_\_\_ Date paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Application is: APPROVED / DENIED

Planning Board Chair

Date issued

December 1, 2008

**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 of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage;

*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 of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage;

*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.")

# 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 homeowner's 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 WC/DB-100 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:

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

<p>Sworn to before me this _____ day of _____,</p> <p>_____ (County Clerk or Notary Public)</p>
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**Once notarized, this Form BP-1 serves as an exemption for both workers' compensation and disability benefits insurance coverage.**