

PERMIT NO.

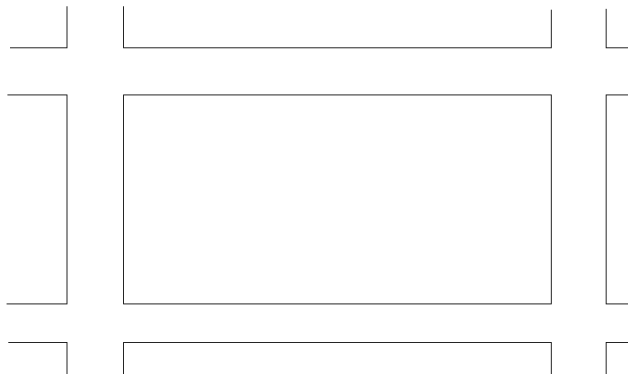
APPLICATION FOR PERMIT VILLAGE OF SADDLE ROCK

APPLICATION (IN DUPLICATE) IS HEREBY MADE TO THE VILLAGE OF SADDLE ROCK FOR A PERMIT, UPON APPROVAL OF THE DETAILED STATEMENT HERewith SUBMITTED.

Section _____ Block _____ Lot _____ Date _____

DEMOLITION OF EXISTING HOME LOCATED AT:

DESCRIPTION OF WORK: _____



ESTIMATED COST OF WORK: _____

FEE PAID: _____

Fee as set forth in the Village Ordinance must accompany this application.

Owners Name: _____

Telephone Number: _____

Owners Address: _____

Contractors Name: _____ Telephone Number: _____

Contractors Address: _____

LIST BELOW THE NAME OF INSURANCE CARRIER(S), POLICY NUMBER(S) AND EXPIRATION DATE(S)

Workmen's Compensation: _____

General Liability: _____

Disability: _____

I hereby declare that I am the Owner or Agent of the Owner and have full authority to file this application and that all of the statements made herein are true to the best of my knowledge and belief.

Permit Issued: _____

By: _____

Village Clerk

Signature

Approved on: _____

By: _____

Building Inspector

**INSURANCE REQUIREMENTS FOR OBTAINING A PERMIT &/OR TO REGISTER /
LICENSED CONTRACTOR TO WORK WITHIN THE MUNICIPALITY**

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Applicant shall maintain at a minimum the following insurance coverages, giving evidence of same to the Incorporated Village of SADDLE ROCK, on the form of Certificates of Insurance stating all work performed at any and all locations, copies of the General Liability Declaration Page and copy of the Additional Insured Endorsement, providing 30 days notice of cancellation, non-renewal or material change. New York State licensed carrier is preferred; any non-licensed carriers will be accepted at the Municipalities discretion. The insurance carrier must have an A.M. Best Rating of at least A- IX. All subcontractors must adhere to the same insurance requirements.

I. WORKER'S COMPENSATION AND NYS DISABILITY

Coverage	Statutory
Extensions	Voluntary compensation All states coverage; Employers liability – unlimited
Required Form for Workers Comp:	C105.2 – certificate of NYS Workers Compensation Insurance Coverage OR if you are insured with the State Insurance Fund, form SI-26.3 – State Insurance Fund Certificate of Workers Compensation Insurance
Required Form for NYS Disability:	DB120.1 – Certificate of Disability Benefits Insurance

II. COMMERCIAL GENERAL LIABILITY

Coverage	Occurrence – 1988 ISO or equivalent
Limits	General Aggregate \$2,000,000 Products-Comp/Ops Aggregate \$1,000,000 Personal. & Advertising. Injury \$1,000,000 Each Occurrence \$1,000,000 Fire Legal (Any one Fire) \$ 50,000 Medical Exp. (Any one Person) \$ 5,000
Additional Insured	Incorporated Village of Saddle Rock and all appointed and elected officials, employees and volunteers Using ISO form CG2026 or equivalent
Mandatory	Contractual Liability to cover the Hold Harmless; Aggregate Limits per project;

III. AUTOMOBILE INSURANCE

Coverage	Standard New York policy insuring all owned, hired, and non-owned vehicles
Limits	Minimum Limit - \$1,000,000 CSL
Additional Insured	Incorporated Village of Saddle Rock and all appointed and elected officials, employees and volunteers

**INSURANCE REQUIREMENTS FOR OBTAINING A PERMIT &/OR TO REGISTER /
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IV. UMBRELLA LIABILITY - RECOMMENDED

Coverage	Umbrella Form or Excess following form of primary General Liability and Automobile Liability
Suggested Limit	\$2,000,000
Additional Insured	Incorporated Village of Saddle Rock and all appointed and elected officials, employees and volunteers

V. HOLD HARMLESS/INDEMNIFICATION AGREEMENT

The applicant/contractor shall indemnify and hold the Municipality harmless against any claim of liability or loss including the cost of defense for personal injury or property damage resulting from or arising directly or indirectly out of, or resulting from, the permit holder's or Licensee's operations within the Municipality, including losses arising out of the negligent acts or omissions of the contractor, its servants or agents, and any subcontractors, its servants or agents.

IN WITNESS WHEREOF, the undersigned has duly executed this Agreement the ___ day of _____, 20_____.

Applicant - Name of Firm - Contractor

Address

Contractor's Signature

(Please Print Name and Title)

Witness:

Signature

Date

Print Name

SPECIAL NOTATIONS:

- I. Per the Workers Compensation Law, all municipal and State entities are to ensure that all applicants applying for permits, licenses or contracts have appropriate workers compensation and disability benefits insurance coverage. Businesses must provide evidence of proper coverage by using:

Workers Compensation: C105.2 OR (State Insurance Fund Form) SI-26.3

NYS Disability: DB120.1

- II. If you do not maintain Workers Compensation and NYS Disability due to a valid exemption, the following form must be submitted to the Municipality:

CE-200 – Certificate of Attestation of Exemption from NYS Workers Compensation and/or Disability Benefits Insurance Coverage.

Starting December 1, 2008, ONLY applicants eligible for exemptions must file a new CE-200 for each and every new or renewed permit, license or contract issued by a government agency. You can obtain this form from the Workers Compensation Boards' website, <http://www.wcb.state.ny.us/> or by calling (518) 486-6307.

- III. If Applicant is a Homeowner serving as the General Contractor for his/her primary Residence, the applicant must provide the following:

1. Affidavit of Exemption to Show Specific Proof of Workers Compensation Insurance Coverage for a 1, 2, 3, or 4 Family Owner-occupied Residence – Form BP-1 OR if after reviewing this form, you do not qualify for a Workers Compensation Exemption, you must acquire appropriate Workers Compensation Coverage and provide appropriate proof as mentioned above.
2. Provide copy of Homeowners Insurance that is currently in effect and covers the property listed on the Building permit.