

Permit Number _____

Town of Clarendon

tax map # _____

16385 Church Street
PO Box 145 Clarendon, NY 14429
(585) 638-6371 ext. 104

BUILDING PERMIT APPLICATION

Date of Application: _____

Name of Applicant: _____ Phone: _____

Property Address: _____

Mailing Address: _____

Permit Type: (Check Below) Attached Garage _____ Detached Garage _____ Remodel/Renovation _____ Barn _____

Single Family Dwelling _____ Deck _____ Storage Shed _____ Pool _____ type _____ Pole Barn _____

Addition _____ Enclosed Porch _____ Wood/Pellet stove _____ Demolition _____

Other (describe): _____

Accessory structure sq. ft. _____

Addition sq. ft. _____

Single family dwelling 1st floor sq. ft. _____ 2nd floor sq. ft. _____ Finished Basement sq. ft. _____

The following must accompany the building permit application: Stamped plans from an architect or PE, Plot Plan, survey or sketch showing location, dimensions and setbacks from all property lines.

Contractor Name : _____ Address: _____ Phone: _____

Liability Ins. : _____ Workers Comp: _____ Disability & Paid Family Leave _____ or CE-200 _____ (done online)

Be advised that the Town of Clarendon is NOT liable for insured, uninsured, or self contractors. New York State General Municipal Law Section 125 requires that contractors carrier Workers' Compensation and Disability Insurance. Contact the Code Enforcement Officer for additional details.

A certificate of occupancy must be issued before a building can be used.

State of New York | County of Orleans | Town of Clarendon

I agree that all construction will meet all State, County, Town, and Health Department codes. I also agree that all construction will meet all the requirements set forth in the Town of Clarendon Zoning Ordinance.

Property Owner	Date	Contractor	Date

Date Application Received: _____

Date of Denial: _____

Date Building Permit Issued: _____

Date C/O Issued: _____

Code Enforcement/ OIO _____

Total Fee \$ _____

[Attestation of Exemption \(CE-200\) Online Application](#)

Homeowners who are doing the work themselves need to follow the following link to supply the Town of Clarendon with a CE-200, Exemption from workers' compensation and disability insurance:

Here is a link to follow to fill out the application for the CE-200:

<https://www.wcb.ny.gov/icexempt/index.jsp> **Please follow this link and print the CE-200, sign it and submit it with your application.**

Make sure to disable pop-up blockers so that you will be able to view and print your CE-200 certificate once completed.

Create a unique pin by following the instructions given.

If you already have created a pin, please sign on with the information requested.

*If you are completing the CE-200 as a Homeowner:

Nature of the Business select - Homeowner

Applying for select - Building permit

Issuing Governmental Agency – Town of Clarendon

Enter the project dates (when work will start and estimate of when it will be completed)

Address (the address where the work will be done)

Complete and submit the application.

Please print, sign and date the certificate and turn in with your completed building permit application to the Town of Clarendon– Building Department.



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.



**Certificate of Attestation of Exemption
From New York State Workers' Compensation
and/or Disability 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 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 123 MAIN STREET ALBANY, NY 12207 111-111-1111 Federal ID Number: XXXXX6789</p>	<p align="center">Business Applying For: BUILDING PERMIT</p> <p align="center">From: CITY OF ALBANY, DEPT OF BUILDING AND CODES</p> <p>The location of where work will be performed is 123 ACME AVENUE, ALBANY, NY 12203.</p> <p>Estimated dates necessary to complete work associated with the building permit are from October 14, 2008 to March 31, 2009.</p> <p>The estimated dollar amount of project is \$25,001 - \$50,000</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 owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

Disability Benefits Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason:

The business is owned by one individual or is a partnership (LLC, LLP, PLLP or a RLLP) under the laws of New York State and is not a corporation; or 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 is a business with no NYS location. In addition, the business does not require disability 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 Benefits Law.)

I JOHN SMITH, am the Sole Proprietor 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 benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability 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: _____	Date: _____
Exemption Certificate Number 2008-00197		Received October 2, 2008 NYS Workers' Compensation Board