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

specific	penalty of perjury, I certify that I am the own g condominiums) listed on the building perm proof of workers' compensation insurance cate box):	wner of the 1, 2, 3 or 4 family, owner-occupied residence nit that I am applying for, and I am not required to show coverage for such residence because (please check the
	I am performing all the work for which the bu	ouilding permit was issued.
	I am not hiring, paying or compensating in any for which the building permit was issued or h	y way, the individual(s) that is(are) performing all the work helping me perform such work.
	attached building permit AND am niting or r	s currently in effect and covers the property listed on the paying individuals a total of less than 40 hours per week the jobsite) for which the building permit was issued.
I also agr	ee to either:	
♦ ac fo bu all	equire appropriate workers' compensation covers approved by the Chair of the NYS Workers ailding permit if I need to hire or pay individuals I paid individuals on the jobsite) for work indicates	
wo of tal	orkers' compensation coverage or proof of exementation by the NYS Workers' Compensation Board to the	rk on the 1, 2, 3 or 4 family, owner-occupied residence permit that I am applying for, provide appropriate proof of appropriate proof of approved by the Chair government entity issuing the building permit if the project gate hours for all paid individuals on the jobsite) for work
(5	Signature of Homeowner)	(Date Signed)
		(Date Signed)
		Home Telephone Number
(Hc	omeowner's Name Printed)	
		(×
D A	11. d	Sworn to before me this day of
Property A	address that requires the building permit:	day of,
×	-	(County Clerk or Notary Public)
BP-1 (3/99	 ,	