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

(including	ig condominiums) listed on the building permit that	wner of the 1, 2, 3 or 4 family, owner-occupied residence t I am applying for, and I am not required to show specific uch 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. 		
9	attached building permit AND am hiring or	s currently in effect and covers the property listed on the paying individuals a total of less than 40 hours per week e jobsite) for which the building permit was issued.	
I also ag	ree to either:		
r ti	orms approved by the Chair of the NYS Worke	verage and provide appropriate proof of that coverage on rs' Compensation Board to the government entity issuing als a total of 40 hours or more per week (aggregate hours adicated on the building permit; OR	
(i V O tz	uncluding condominiums) listed on the building p workers' compensation coverage or proof of exem of the NYS Workers' Compensation Board to the	ck on the 1, 2, 3 or 4 family, owner-occupied residence ermit that I am applying for, provide appropriate proof of ption from that coverage on forms approved by the Chair government entity issuing the building permit if the project gate hours for all paid individuals on the jobsite) for work	
	(Signature of Homeowner)	(Date Signed)	
		. 1	
Œ	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)	
BP-1 (3/9	99)		