

BUILDING DEPARTMENT

2919 Delaware Avenue, Kenmore, NY 14217

Building Inspector Michael D. Berns

Phone: (716) 873-5700 Fax : (716) 873-0004

PLUMBING AND ELECTRICAL PERMITS

Insurance Waiver for 1, 2, 3 or 4 Family Residences

	equired to show proof of Wor	, 2, 3 or 4 family residence listed on the permit rkers' Compensation Insurance coverage or Neuse (please check appropriate box):	
I am performing all the work for	or which the permit was issu-	ed.	
I am not hiring, paying or complete work for which the permit value.		dividual(s) that is (are) performing all rform such work.	
	ring or paying individuals a	ffect and covers the property listed on total of less than 40 hours per week which the permit was issued.	
I also agree to either:			
of that coverage on forms approved government entity issuing the permit (aggregate hours for all paid individual	d by the Chairman of the if I need to hire or pay included as on the jobsite) for work included the sound in the control of th		the ek
appropriate proof of Workers' Comp coverage on forms approved by the Ch	pensation and NYS disabilily nairman of the NYS Workers a total of 40 hours or more pe	on the permit that I am applying for, providity coverage or proof of exemption from the s' Compensation Board to the government entirer week (aggregate hours for all paid individual)	nat ity
Address		Telephone Number	
Homeowner's Name (print)		Homeowner's Signature	