

*Incorporated Village of Malverne*

*Building Department*

99 Church Street, Malverne New York 11565-1726

Phone: (516) 599-1200 • Fax: (516) 823-0767

**HOMEOWNER’S AFFIDAVIT FOR PERFORMING OWN WORK**

Please note that it is under the discretion of the Superintendent of the Building Department to approve the homeowner as a contractor performing their own work. Please note this form cannot be used to perform any plumbing and electrical work. Only a Malverne licensed plumber and electrician can perform those services.

A contractor working under a permit without workers compensation and disability insurance with no registered CE-200 exemption with the project is not permissible per NYS law. Any violations shall be reported to the NYS Workers Compensation Board for investigation and a Stop Work will be immediately issued.

HOMEOWNERS MUST ALSO GO THE TO NYS WEBSITE,

[https://www.businessexpress.ny.gov/app/answers/cms/a\\_id/2263/kw/CE](https://www.businessexpress.ny.gov/app/answers/cms/a_id/2263/kw/CE)

CHOOSE APPLICABLE OPTION AND FILE THE CE-200 FORM ONLINE, PRINT CERTIFICATE AND ALONG WITH THIS FORM SUBMIT TO THE BUILDING DEPARTMENT PRIOR TO ISSUANCE OF ANY BUILDING PERMIT. SEE INSTRUCTION SHEET ATTACHED.

Date: \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, deposes and says that I reside at

\_\_\_\_\_, Malverne, New York

THAT I am this day making an application to the Building Department of the Incorporated Village of Malverne for a permit to

\_\_\_\_\_

At premises owned by me located at \_\_\_\_\_, Malverne, New York, also known as

Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_ on the Nassau County Tax Map.

THAT the work contemplated under such application is to be done solely by me and that I employ no help or other approved option as per the CE-200 form. Therefore, I / We are exempt from the provision of the Worker's Compensation Law and hereby agree to submit the required CE-200 and Affidavit of Exemption from the Worker's Compensation Board. If, during the course of construction, it shall become necessary to employ any persons or subcontractors, I, or they, will notify the building department and amend the permits accordingly, secure the necessary insurance under Workman's Compensation Law and comply in all respects with the applicable laws of the Incorporated Village of Malverne and New York State Building Codes.

THAT I am aware that there are Federal guidelines with respect to lead abatement and other environmental concerns as it pertains to residential structures.

THAT I shall indemnify and hold the Municipality, its elected and appointed officials, employees and volunteers, 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 permits holders/Licensee operations within the Municipality including losses arising our of the negligent acts or omissions of the owner, contractor, its servants or agents, and any subcontractors, its servants or agents.

THAT I make this affidavit with the full knowledge that the Building Department is relying upon the truth of the statements herein contained and in relying thereon will issue a permit called for in this application.

Print Name: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day

Signature: \_\_\_\_\_

of \_\_\_\_\_ 20

STATE OF NEW YORK

COUNTY OF NASSAU

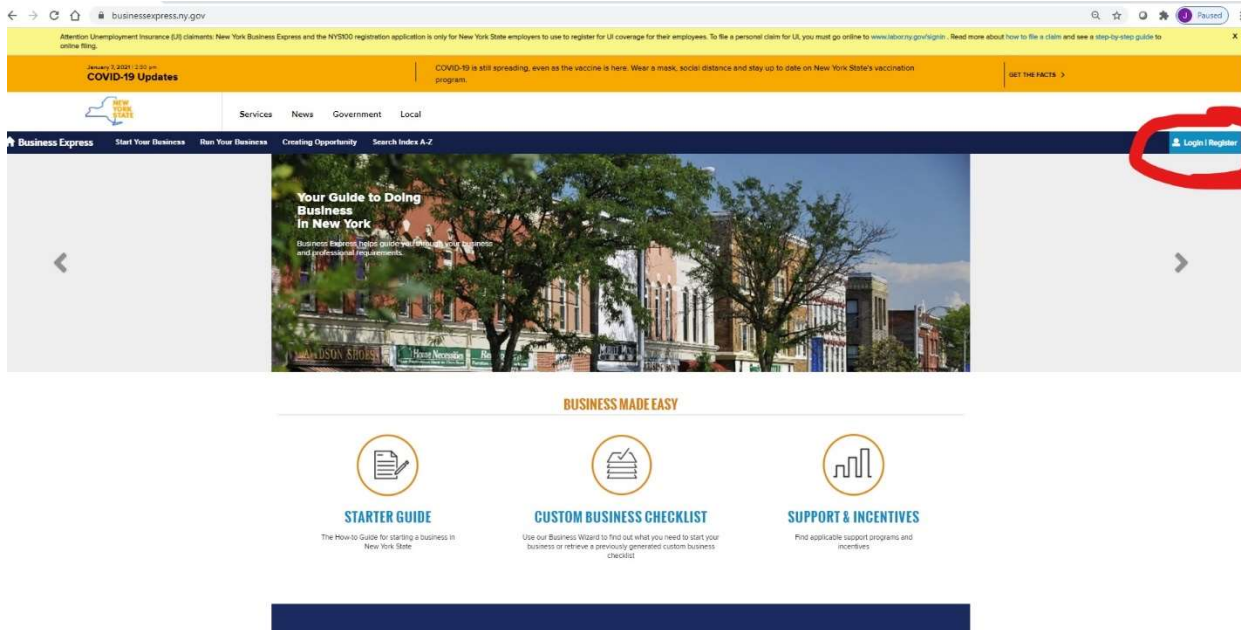
Notary Public stamp / seal

# Workman's Compensation CE-200 Homeowner Application

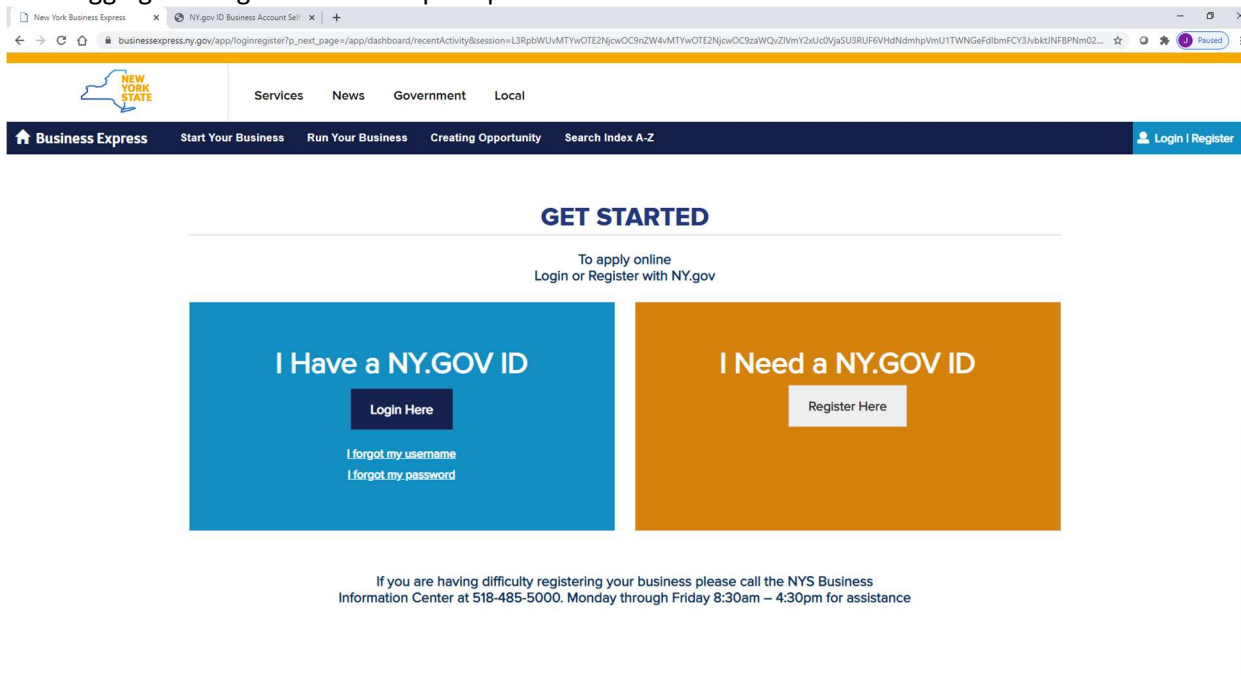
Open browser to:

businessexpress.ny.gov

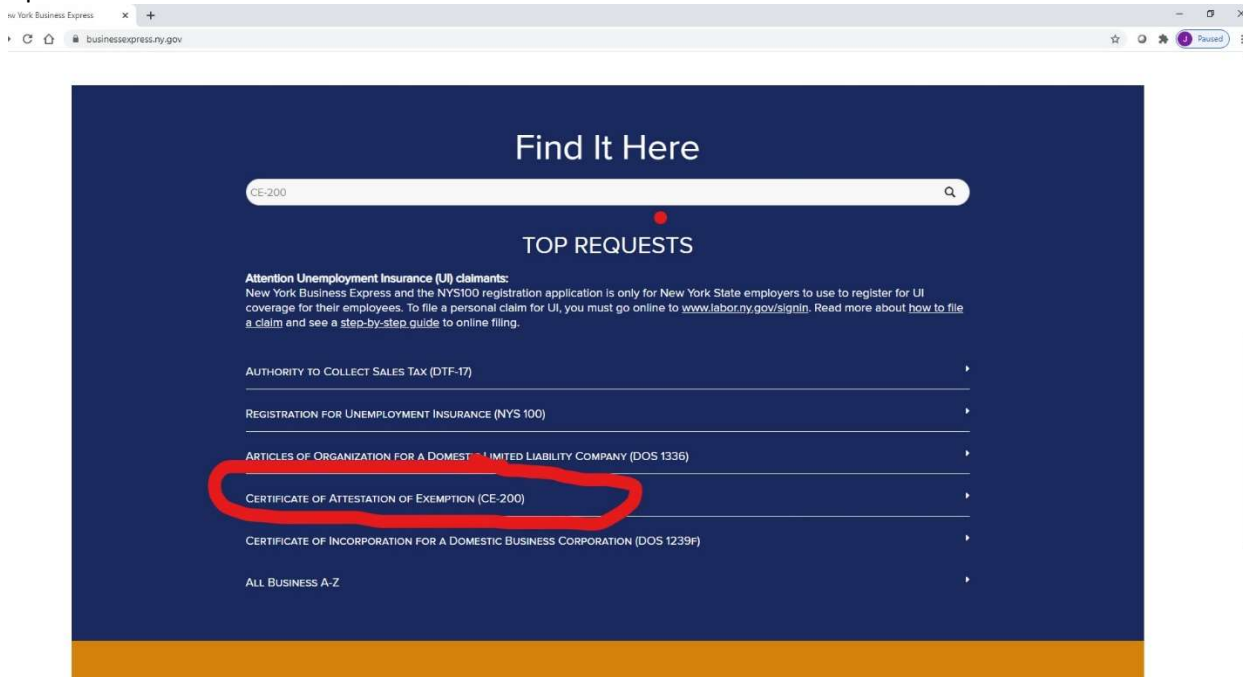
Click "Login/Register" light blue icon at top right of screen



Complete registration with "I need a NY.GOV ID" If you have an account already, you will be notified and will get help with logging in using the website's prompts.

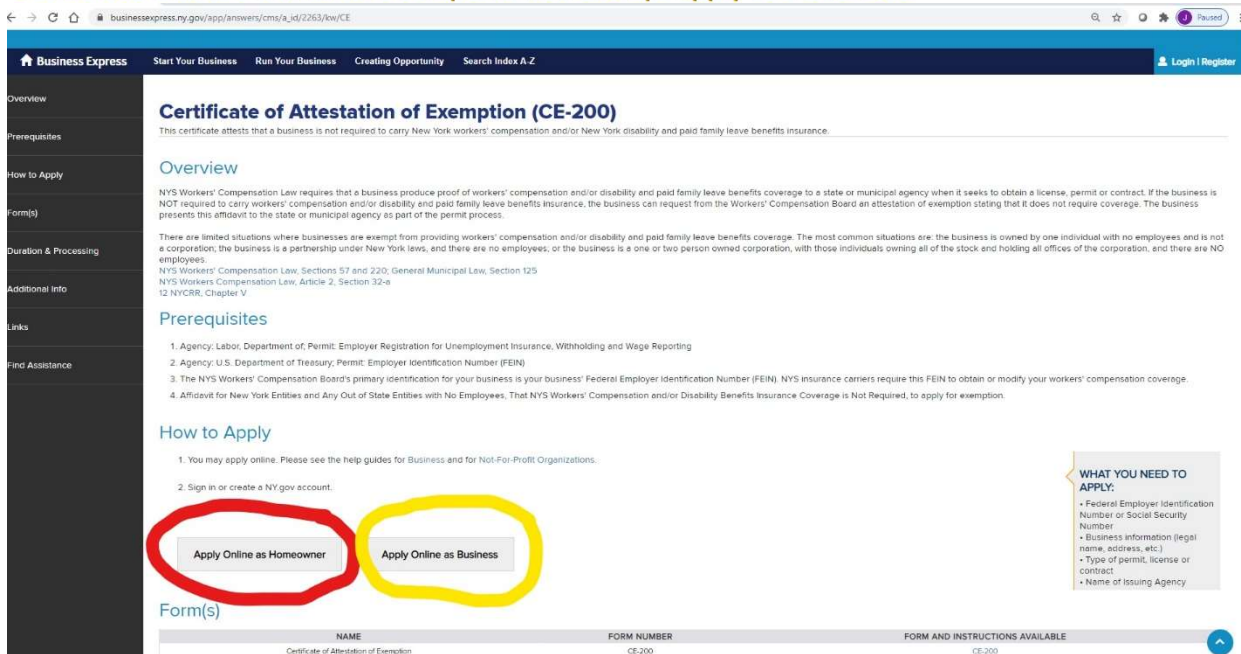


Once signed in, go back to [businessexpress.ny.gov](http://businessexpress.ny.gov) and Scroll to “Find It Here” and click “Certificate of Attestation of Exemption”

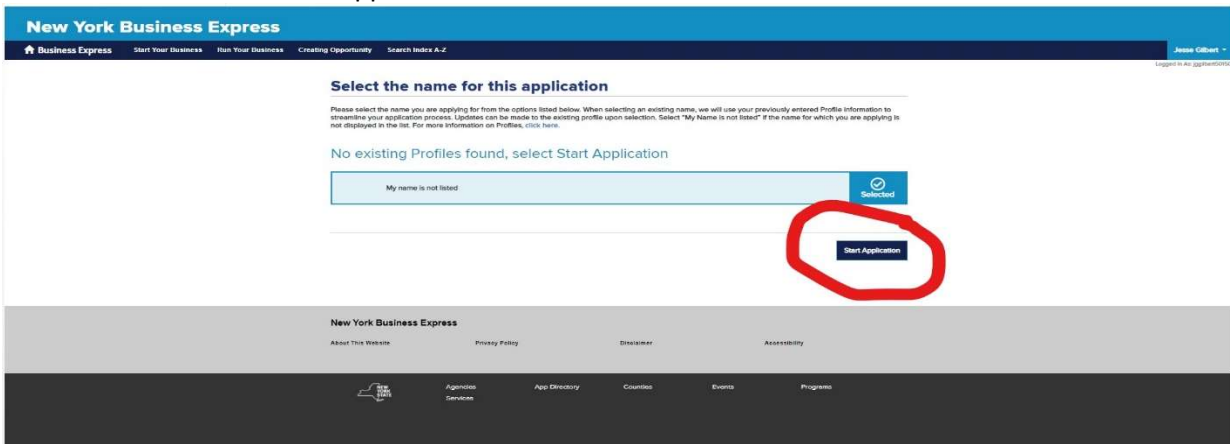


Homeowners apply as a homeowner.

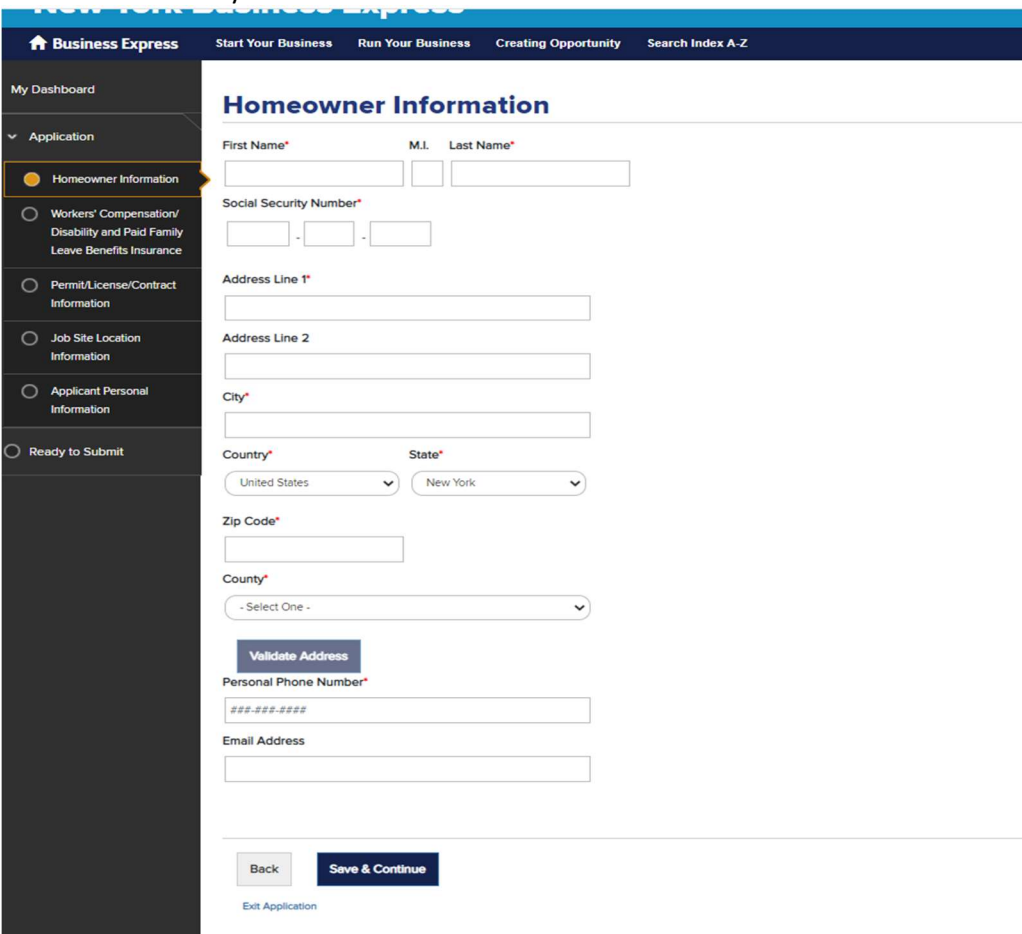
Businesses that are workman’s compensation exempt apply as a business.



You will need to start a new application



Enter Homeowner Contact Information and Address. Save and Continue. You will need to validate address after entering before it will allow you to save and continue.



NO SCREENSHOT AVAILABLE FOR PERMIT/LICENSING/CONTRACT PAGE

Select permit type that corresponds to the project. VILLAGE OF MALVERNE is the permitting agency.

Enter Jobsite Information and Project Dates. CE-200 is good for one year, as are building permits. They can be renewed if permit needs to likewise be renewed. Cost of job should include materials AND labor.

**Business Express** Start Your Business Run Your Business Creating Opportunity Search Index A-Z

My Dashboard

Application

- Homeowner Information
- Workers' Compensation/ Disability and Paid Family Leave Benefits Insurance
- Permit/License/Contract Information
- Job Site Location Information**
- Workers' Compensation Coverage Exemptions
- Disability and Paid Family Leave Benefits Coverage Exemptions
- Applicant Personal Information

Ready to Submit

### Job Site Location Information

Project Dates Cannot Exceed 1 Year

Project From Date \*  
12/29/2020

To Date \*  
12/28/2021

Estimated Dollar Value \*  
- Select One -

Address Line 1\*

Address Line 2

City\*  
buffalo

State\*  
New York

Zip Code\*

County\*  
Erie

[Exit Application](#)

Select pertinent option for Worker's Compensation Exemption as detailed in the job.

**New York Business Express**

**Business Express** Start Your Business Run Your Business Creating Opportunity Search Index A-Z

My Dashboard

Application

- Homeowner Information
- Workers' Compensation/ Disability and Paid Family Leave Benefits Insurance
- Permit/License/Contract Information
- Job Site Location Information
- Workers' Compensation Coverage Exemptions**
- Disability and Paid Family Leave Benefits Coverage Exemptions
- Applicant Personal Information

Ready to Submit

### Workers' Compensation Coverage Exemptions

You must select ONE option which best describes why the Legal Entity is exempt from New York State workers' compensation insurance coverage\*

- The applicant is a homeowner serving as the general contractor for a primary/secondary owner-occupied residence. The homeowner is performing all the work, has only uncompensated friends and family working on his/her residence, or is hiring individuals a total of less than 40 aggregate hours per week and has a current homeowners insurance policy that covers the property.
- Other than the business owner(s) and individuals obtained from a temporary service agency, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. Other than the business owner(s), all individuals providing services to the business are obtained from a temporary service agency and that agency has covered these individuals for New York State workers' compensation insurance. A Temporary Service Agency is a business that is classified as a temporary service agency under the business's North American Industrial Classification System (NAICS) code.
- The applicant is acting as a general contractor with no employees, day laborers, leased employees, borrowed employees, part-time employees, unpaid volunteers and only has independent contractors that meet the standards of the New York Construction Industry Fair Play Act (Section 861 of the New York State Labor Law).
- None of the above apply to applicant's situation

[Exit Application](#)

## Select Disability and Paid Family Leave Benefits Coverage Exemptions

### New York Business Express

Business Express Start Your Business Run Your Business Creating Opportunity Search Index A-Z

My Dashboard

Application

- Homeowner Information
- Workers' Compensation/ Disability and Paid Family Leave Benefits Insurance
- Permit/License/Contract Information
- Job Site Location Information
- Workers' Compensation Coverage Exemptions
- Disability and Paid Family Leave Benefits Coverage Exemptions**
- Applicant Personal Information
- Ready to Submit

## Disability and Paid Family Leave Benefits Coverage Exemptions

You must select ONE option which best describes why the Legal Entity is exempt from New York State disability and paid family leave benefits insurance coverage\*

The applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner 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 and Paid Family Leave Benefits Law)

None of the above apply to applicant's situation.

[Back](#) [Save & Continue](#)

[Exit Application](#)

Enter Applicant Information. Homeowner would write same information as homeowner information page.

### New York Business Express

Business Express Start Your Business Run Your Business Creating Opportunity Search Index A-Z

My Dashboard

Application

- Homeowner Information
- Workers' Compensation/ Disability and Paid Family Leave Benefits Insurance
- Permit/License/Contract Information
- Job Site Location Information
- Workers' Compensation Coverage Exemptions
- Disability and Paid Family Leave Benefits Coverage Exemptions**
- Applicant Personal Information**
- Ready to Submit

## Applicant Personal Information

Select the individual who is submitting the application\*

Other

Title\*

First Name\* MI Last Name\*

Address Line 1\*

Address Line 2

City\*

Country\* State\*

United States New York

ZIP/Postal code

Personal Phone #\*

Personal E-mail

[Back](#) [Save & Continue](#)

[Exit Application](#)

Attestation is a statement conveying information is true and accurate as submitted under penalty of law.

The screenshot shows the 'Attestation' page in the New York Business Express portal. The header includes the logo and navigation links: 'Business Express', 'Start Your Business', 'Run Your Business', 'Creating Opportunity', and 'Search Index A-Z'. The left sidebar shows a progress menu with 'Attestation' selected. The main content area has the title 'Attestation' and a paragraph explaining that the user is attesting to the accuracy of the information provided. Below this is a checkbox labeled 'I agree'. At the bottom, there are 'Back' and 'Save & Continue' buttons, and a link for 'Exit Application'.

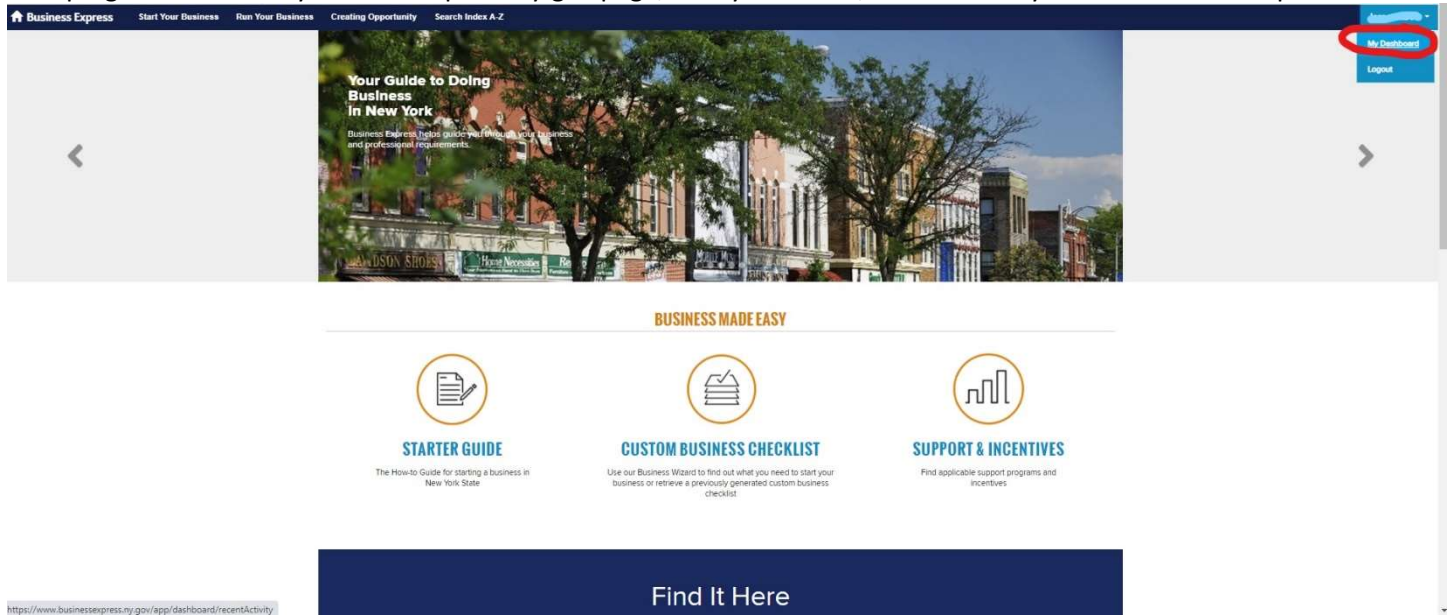
Submit application if all information is correct and you have attested to its accuracy.

The screenshot shows the 'Ready to Submit Application' page in the New York Business Express portal. The header and navigation are the same as the previous page. The left sidebar shows 'Ready to Submit Application' selected. The main content area has the title 'Ready to Submit Application' and a paragraph explaining that clicking the 'Submit Application' button confirms the user has reviewed and attested to the information. It also states that the application will be sent for processing and that the user can track its status on the dashboard. At the bottom, there are 'Back' and 'Submit Application' buttons, and a link for 'Exit Application'.

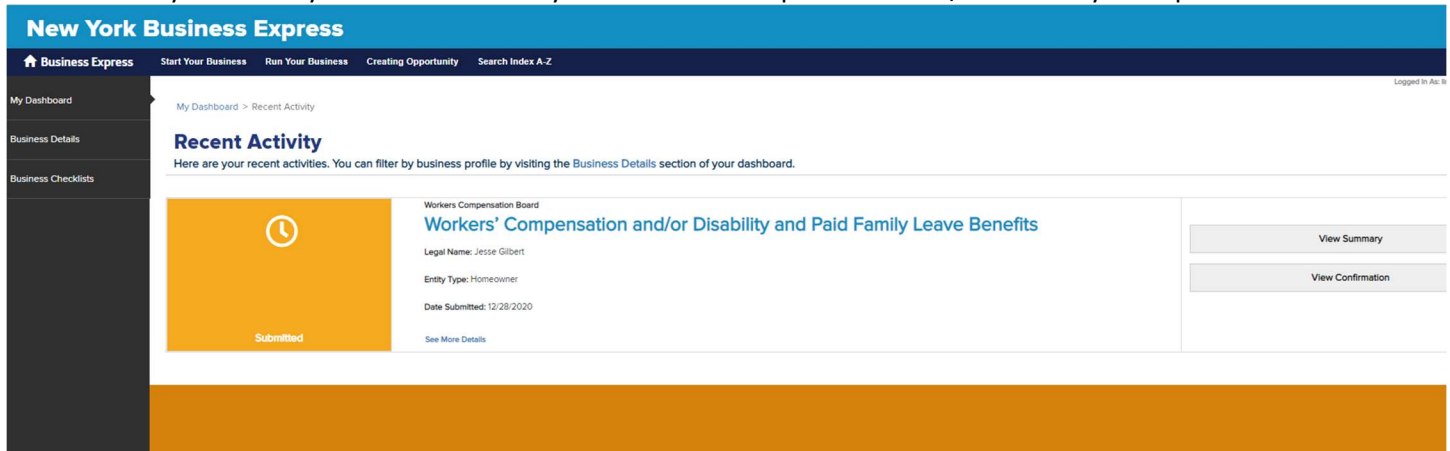
You will see an application confirmation page if application is successfully submitted.

The screenshot shows the 'Application Confirmation' page in the New York Business Express portal. The header and navigation are the same. The left sidebar is not visible. The main content area has the title 'Application Confirmation' and a paragraph confirming that the application for a Certificate of Attestation of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits Insurance has been successfully submitted on 12/28/2020 10:18 AM. It lists the 'Entity Name' and 'Application ID' with redacted information. A paragraph below explains that the user can check the status of the application in the 'Recent Activity' section and provides a thank you message. At the bottom, there are links for 'Return to Home Page' and 'Logout'.

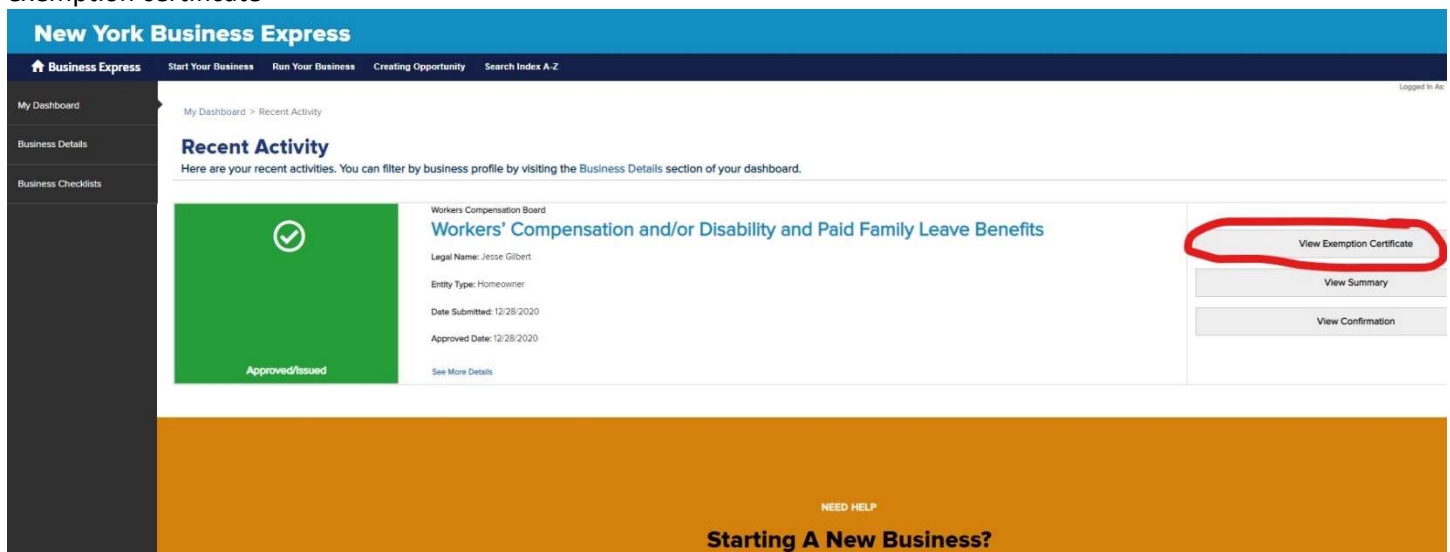
At top right corner of any [businessexpress.ny.gov](https://www.businessexpress.ny.gov) page, click your name, then click “My Dashboard” on drop down menu



Recent activity will show you have submitted your Worker’s Compensation and/or Disability Exemptions



Within a few minutes, it should change to a green rectangle showing approved. You will now be able to click “view exemption certificate”



**\*\*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 and paid family leave 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.**

<b>In the Application of (Legal Entity Name and Address):</b> [Redacted] <b>PHONE:</b> [Redacted] <b>FEIN:</b> [Redacted]	<b>Business Applying For: Building Permit</b> <b>From:</b> Town of Lancaster The location of where work will be performed is [Redacted] Estimated dates necessary to complete work associated with the building permit are from December 29, 2020 to December 28, 2021. The estimated dollar amount of project is \$0 - \$10,000
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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 applicant is a homeowner serving as the general contractor for a primary/secondary owner-occupied residence. The homeowner has **ONLY** uncompensated friends and family working on his/her residence or is hiring individuals a total of less than 40 aggregate hours per week and has a current homeowners insurance policy that covers the property.

**Disability and Paid Family Leave Benefits Exemption Statement:**  
The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY AND PAID FAMILY LEAVE BENEFITS INSURANCE COVERAGE** for the following reason:  
The applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner 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 and Paid Family Leave Benefits Law.)

I, Jesse Gilbert, am the Homeowner 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 and paid family leave benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability and paid family leave 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.

<b>SIGN HERE</b>	<b>Signature:</b> [Redacted]	<b>Date:</b> December 28, 2020
<b>Exemption Certificate Number</b> 2020-070672		<b>Received</b> December 28, 2020

**SIGN AND DATE CERTIFICATE AT BOTTOM OF PAGE. THIS IS A LEGALLY BINDING DOCUMENT AND MUST BE SIGNED TO BE OFFICIAL. YOU WILL MAKE 2 TRIPS TO TOWN HALL IF YOU FORGET TO SIGN AND DATE THIS PAGE.**

**We will accept a digitally signed certificate if you do not have a printer, but ask anyone capable of printing this document.**