



# TOWN OF DURHAM

7309 Route 81, East Durham, NY 12423

Building and Code Department

Telephone: 518-239-6122 ext. 4

Fax: 518-239-4140

Email: [durhambldg@durhamny.com](mailto:durhambldg@durhamny.com)

Web: [www.durhamny.com](http://www.durhamny.com)

**Building Inspector** – David Cunningham

**Code Officer** – Len Asaro

**Department Clerk** – Lois Rockefeller

## Affidavit of Exemption to Show Special Proof of Workers' Compensation Insurance

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, owner-occupied residence including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of worker's compensation insurance coverage for such 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
- I have a homeowner's insurance policy that is currently in effect and covers that property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

**Also agree to either:**

- Acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage of forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate housing for all paid individuals on the jobsite) for work indicated on the building permit; OR
- Have the general contractor, performing the work on the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, provide appropriate process of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

\_\_\_\_\_  
(Signature of Homeowner)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Homeowner's Name Printed)

\_\_\_\_\_  
(Home Phone No.)

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Property Address that requires the building permit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(County Clerk or Notary Public)