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

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, owner-occupied residence (including condominium) listed on the building permit that I am applying for, and I am not required to show specific proof of workers compensation insurance coverage for such residence because:

(Please check the appropriate box)		
I am performing all the work for which the building	g permit was issued.	
I am not hiring, paying or compensating in any way the building permit was issued or helping me perfo	the individual(s) that is(are) per orm such work.	forming all the work for which
I have a homeowner's insurance policy that is curre building permit AND am hiring or paying individual paid individuals on the jobsite) for which the build	is a total of less that 40 hours per	perty listed on the attached week (aggregate hours for all
 I also agree to either: ➤ Acquire appropriate workers compensation cover approved by the Chair of the NYS Workers Compermit if I need to hire or pay individuals a total individuals on the jobsite) for work indicated on ➤ Have the general contractor, performing the workincluding condominiums) listed on the building workers compensation coverage or proof of exercise NYS Workers Compensation Board to the good total of 40 hours or more per week (aggregate in the building permit. 	pensation Board to the governme of 40 hours or more per week (ag the building permit; OR ork on the 1, 2, 3 or 4 family, owned permit that I am applying for, pro- emption from that coverage on for overnment entity issuing the build	ent entity issuing the building geregate hours for all paid er-occupied residence ovide appropriate proof of rms approved by the Chair of ling permit if the project take a
Signature of Homeowner		Date
Homeowner's Name Printed	· · · · · · · · · · · · · · · · · · ·	Phone Number
Property Address that required the building permit:	Sworn to before me this, 20	day of
	(County Clerk or N	Notary Public)