



Date Received:	_____
Fees:	_____
Date Approved:	_____
Date Denied:	_____
Authorized by:	_____

**Building Permit Application**  
**New Single Family or Two-Family Dwelling or**  
**Residential Addition** (includes attached garage)

\*\*\*Refer to supplement for code requirements\*\*\*

Site Address: \_\_\_\_\_  
Subdivision Name (if applicable): \_\_\_\_\_ Lot #: \_\_\_\_\_  
Tax Map ID #: \_\_\_\_\_

(Must Be Completed)

**Property**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Email: \_\_\_\_\_

(Must Be Completed)

**Contractor's**

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

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**\*\*Workers Comp, Disability & Liability Certs. of Ins.**  
**Must be submitted with this application\*\***

Construction of (check applicable items):

\_\_\_\_\_ New Single- Family Dwelling      Sq. Ft. 1<sup>st</sup> Floor: \_\_\_\_\_      Sq. Ft. 2<sup>nd</sup> Floor: \_\_\_\_\_

\_\_\_\_\_ Addition to Existing Single-Family Dwelling      Total Sq. Ft. of addition: \_\_\_\_\_

First Floor Addition: \_\_\_\_\_      Second Floor Addition: \_\_\_\_\_      Both: \_\_\_\_\_

Use of new rooms/addition: \_\_\_\_\_

\_\_\_\_\_ New Two-Family Dwelling:      Sq. Ft. 1<sup>st</sup> Floor Unit: \_\_\_\_\_      Sq. Ft. 2<sup>nd</sup> Unit: \_\_\_\_\_

\_\_\_\_\_ New Accessory Apartment:      Sq. Ft. of apt. \_\_\_\_\_

\_\_\_\_\_ Addition to Existing Two-Family Dwelling      Total Sq. Ft. of addition: \_\_\_\_\_

First Floor Addition: \_\_\_\_\_      Second floor addition: \_\_\_\_\_      Both: \_\_\_\_\_

Use of new rooms/addition: \_\_\_\_\_

\_\_\_\_\_ Attached Garage:      New \_\_\_\_\_ or      Addition \_\_\_\_\_      Sq. Ft. \_\_\_\_\_

Site Information:

Dimensions or acreage of lot: (**Plot Plan/Survey is required**): \_\_\_\_\_

Corner Lot: \_\_\_\_\_ No      or      Yes

Grading Changes: \_\_\_\_\_ No      or      Yes (plan required)

Easements: \_\_\_\_\_ No      or      Yes (must be shown on plot plan/survey)

Water Source: \_\_\_\_\_ Public      or      Private Well (must be shown on plot plan/survey)

Sewage Disposal: \_\_\_\_\_ Sewers      or      Private Septic System (must be shown on plot plan)

**\*\*\* Separate permits are required for public water hookup and sewage disposal systems\*\*\***

**\*\*\* Percolation test is required as witnessed by Schenectady County DOH and Town of Glenville\*\*\***

**Construction Information: (This section must be completed even though data may be shown on plans)**

Total No. of bedrooms in dwelling upon completion : \_\_\_\_\_

For additions, how many new bedrooms: \_\_\_\_\_

**\*\*If adding bedroom(s) a design engineer must evaluate the septic system\*\***

Total No. of bathrooms in dwelling upon completion: \_\_\_\_\_

For additions, how many new bathrooms: \_\_\_\_\_

Basement: \_\_\_\_\_ Full \_\_\_\_\_ Crawlspc \_\_\_\_\_ Slab

Heat source: \_\_\_\_\_ Gas \_\_\_\_\_ Oil \_\_\_\_\_ Propane \_\_\_\_\_ Electric \_\_\_\_\_ Other -explain

Central air: \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*\*For central air and heat source design calculations are needed \*\***

Fireplace: \_\_\_\_\_ None \_\_\_\_\_ Gas \_\_\_\_\_ Wood \_\_\_\_\_ Pellet \_\_\_\_\_ Other

**\*\*Provide detailed drawings/cut sheet for fireplace\*\***

**APPLICANT'S CERTIFICATION:**

- I certify that this application and the construction documentation submitted are true and accurate.

**SIGNATURE OF PROPERTY OWNER:** \_\_\_\_\_

(Contractor/Builder's signature accepted with a copy of the signed agreement with the property owner)

**VALUE OF CONSTRUCTION WORK (labor & materials) \$** \_\_\_\_\_

**NOTES:**

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## **TOWN OF GLENVILLE**

18 Glenridge Road, Glenville, New York 12302  
Phone 518-688-1200, Ext. 8      Fax 518- 384-0140  
www.townofglenville.org

### **NEW RESIDENTIAL DWELLING OR ADDITION – SUBMITTAL REQUIREMENTS**

The following list of items are to be provided in order to apply for a building permit.  
Additional information or materials may be required by the Building Inspector.

Work that is greater than twenty thousand dollars in value or involves structural changes requires plans that are signed and stamped by a NYS registered architect or licensed professional engineer.

1. Completed Building and Zoning Permit Application
  2. Completed Notice of Utilization of Truss Type Construction (attached)
  3. Plot plan and/or survey is required showing the following:
    - A) Property address and date prepared with any revision date(s).
    - B) Scale
    - C) All property lot lines, including length.
    - D) Length and width of proposed structure or addition including any bay windows, cantilevers, decks, stair, etc.
    - E) Location and size of all existing and proposed structures on property
    - F) Location of proposed structure or addition in relation to property lines and septic system.
      - a) All dwellings and additions must meet the minimum required setbacks from property lines in accordance with the Zoning Ordinance.
      - b) All dwellings and additions must be a minimum of 10' from a septic tank and 20' from a leachfield.
    - G) Location of existing and proposed wells (if applicable).
    - H) Proposed driveway, turn-around areas, parking areas and all other paved or gravel areas.
- NOTE:** A survey prepared by a registered architect, engineer or land surveyor will be required upon completion of foundation and/or project, prior to issuance of a Certificate of Occupancy.
4. Insurance Information: See Insurance Requirements Packet for more information.
    - A) Contractors must provide general liability insurance identifying the Town of Glenville as certificate holder.
    - B) Contractors must provide proof of workers compensation and disability benefits coverage or approved waivers. Only those documents listed on the Building and Zoning permit application will be accepted.



- C) Homeowners of an owner-occupied residence, performing their own work or acting as their own general contractor may submit the appropriately notarized waiver form available in the Building Dept.

## **5. Construction Plans:**

(Provide two sets with the following information as it applies to the work being performed)

### **A) Foundation Plan**

- a) complete and accurately dimensioned
- b) footing sizes, reinforcement, and locations:
  - a) exterior and interior bearing walls
  - b) post pad footings
  - c) porch and deck footings
  - d) fireplace footings
- c) brick ledge and stepped wall locations
- d) door and window locations and sizes
- e) interior wall construction materials
- f) identify cantilevers and method of construction
- g) identify plate materials
- h) size of all beams and headers
- i) crawl space location, access size, wall insulation
- j) floor joist size, spacing, and direction
- k) identify room use by name
- l) identify unexcavated areas
- m) location of furnace, smoke detector(s), water heater, floor drain(s), sump pump, bathroom fixtures, and water meter location and size of stairs, handrails, and direction of travel
- n) Slab on grade dwellings may have drain tile required at the footing level around the entire perimeter of the building, including the garage. The drain tile must be connected directly to the storm sewer if available. If storm sewer is not available, a sump basket and pump is required.
- o) Masonry foundations - identify wall thickness, reinforcement size, and location

### **B) Floor Plans**

- a) complete and accurately dimensioned
- b) identify room use by name
- c) door and window location and sizes
- d) size of all beams and headers
- e) floor joists size, spacing, and direction
- f) rafter/truss size and spacing
- g) location of any girder trusses
- h) identify cantilevers and method of construction
- i) location and size of stairs, stoops, landings and direction of travel
- j) handrail and/or guardrail - height and spacing of stiles or rails
- k) identify garage firewall construction and self-closing fire door
- l) attic access size and location

- m) location of fireplace, type of fireplace, hearth size
- n) location of furnace flue
- o) smoke and carbon monoxide detector(s) location
- p) location of plumbing fixtures and exhaust fans
- q) deck and/or porch construction:
  - a) floor joist size and spacing
  - b) beam and header size
  - c) rafter/truss size and spacing

### **C) Cross Sections**

(Provide cross sections which are sufficiently detailed so as to indicate the location, nature and extent of the work proposed)

- a) footing size and reinforcement for exterior and interior bearing walls and pads
- b) foundation wall type, size, number of courses if block, reinforcing
- c) anchor bolt size and spacings
- d) identify plate materials
- e) identify floor joist size and spacing
- f) identify flooring material
- g) stairway: rise, run, headroom and handrail
- h) exterior wall construction: siding, sheathing (type, thickness), stud size and spacing, sill plate material type, insulation, vapor barrier, interior finish
- i) roof construction: rafter/truss size and spacing, roof sheathing, attic insulation, ceiling vapor barrier, ice build-up protection, roof ventilation, soffit/fascia material, soffit ventilation, ceiling finish
- j) ceiling heights
- k) label foundation insulation, R-value and vapor barriers
- l) basement floor thickness
- m) drain tile location

### **D) Elevations**

- a) roof pitch
- b) roof ventilation
- c) roof overhang dimension
- d) siding material (exterior finish materials)
- e) location of doors and windows
- f) location of decks and/or porches
- g) location of cantilevers
- h) location and height of chimney
- i) location of chimney saddle
- j) location of house numbers

## **6. Energy Code Compliance Information**

Provide supporting documentation showing compliance with the Energy Conservation Construction Code of New York State. See information at [www.energycodes.gov/rescheck](http://www.energycodes.gov/rescheck)

## **7. Septic System / Public Sewer**

### **A) Private Septic System:**

a) **New Homes:**

- 1) A septic system permit application and required plans must be submitted to the Town of Glenville Engineering Department for review and approval. Perc tests and soil borings must be witnessed by the Town of Glenville and/or Schenectady County Health Dept. staff.
- 2) A building permit will not be issued without approval of a septic design by the Town of Glenville Engineering Department.

b) **Additions:**

- 1) The increase in the number of bedrooms requires the existing septic system to be evaluated by a professional engineer to determine if the system is adequate to accept the proposed changes.

**B) Public Sewers:**

- a) All new buildings are required to hook into a public sewer if available.
- b) A building permit will not be issued without a permit to hook into the sewer system from the Town of Glenville Sewer Dept. (518-688-1217)

**7. Private Water Wells / Public Water**

**A) Private Water Wells**

- a) Prior to issuance of a C.O. the well driller's certification is required.

**B) Public Water**

- a) All new buildings are required to hook into a public water supply if available.
- b) A building permit will not be issued without a permit to hook into the water supply from the Town of Glenville Water Dept. (518-688-1217)

**Note:** A final survey prepared by a registered architect, engineer or land surveyor will be required upon completion of a new dwelling, and in some instances an addition, prior to issuance of a Certificate of Occupancy.



**NOTICE OF UTILIZATION  
OF  
TRUSS TYPE CONSTRUCTION,  
PRE-ENGINEERED WOOD CONSTRUCTION,  
AND/OR  
TIMBER CONSTRUCTION**

ADDRESS OF PROPERTY: \_\_\_\_\_

OWNER OF PROPERTY: \_\_\_\_\_

ADDRESS OF OWNER: \_\_\_\_\_

PLEASE TAKE NOTICE that the (check applicable)

- \_\_\_\_\_ new residential structure
- \_\_\_\_\_ addition to existing residential structure
- \_\_\_\_\_ rehabilitation to existing residential structure  
(any repair, renovation, alteration or reconstruction)

to be constructed or performed at the subject property reference above will utilize  
(check each applicable line below):

- \_\_\_\_\_ truss type construction (TT)
- \_\_\_\_\_ pre-engineered wood construction (PW)
- \_\_\_\_\_ timber construction (TC)

in the following location(s) (check each applicable line below):

- \_\_\_\_\_ floor framing, including girders and beams (F)
- \_\_\_\_\_ roof framing (R)
- \_\_\_\_\_ floor framing and roof framing (FR)

DATE SIGNED: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_  
\_\_\_\_\_ Owner Or \_\_\_\_\_ Representative of Owner

Describe: \_\_\_\_\_

For Building Department Use Only:

Copy of this form was provided to the Chief of FD# \_\_\_\_\_ on \_\_\_\_\_

The diagram illustrates a property layout with the following structures and setbacks:

- Shed:** 5' min. setback from the front property line.
- Swimming Pool:** 10' min. setback from the front property line.
- Deck:** 10' min. setback from the front property line.
- Leachfield:** 10' min. setback from the front property line.
- Septic Tank:** 10' min. setback from the front property line.
- Detached Garage:** 10' min. setback from the front property line.
- Dwelling:** 10' min. setback from the front property line.
- Addition:** 10' min. setback from the front property line.
- Front Property Line:** Indicated by a dashed line with a downward arrow.
- Street Right of Way (grass area):** Located below the front property line.
- Street (Paved area):** Located below the grass area.

Setback dimensions are labeled as follows:

- 5' min. (Shed)
- 10' min. (Swimming Pool, Deck, Leachfield, Septic Tank, Detached Garage, Dwelling, Addition)
- 10' min. - ab. gr. (Leachfield)
- 20' min. - ingr. (Leachfield)
- 10' min. all pools (Leachfield)
- 20' min. (Septic Tank)
- 10' min. (Dwelling)
- 10' min. (Addition)
- 4' max (Front Property Line)
- 6' max (Front Property Line)

Revised 2/2015

Revised 3/2018



## INSURANCE REQUIREMENTS

The Workers' Compensation Law requires that before a New York State or municipal agency, department, board, commission or office issues any permit or license, they must be provided with the completed forms as shown below prior to permit issuance.

- 1) **Form BP-1 (9-07)** Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, **Owner-occupied Residence** (This is the Only Form Available from the Town of Glenville) **OR**,  
have the general contractor provide the Town with the information described in numbers 2 and/or 3 below.
  
- 2) An Certificate from Group A attesting no need for both Workers Compensation and Disability Benefits Coverage (Note: If the Certificate does not exclude the need for BOTH Workers Compensation and Disability Benefits Coverage you must supply a form from Group B and/or C that proves you have the Workers Compensation and / or Disability Benefits Coverage) ,  
**OR**,
  
- 3) A form from **Group B and C**.

The ONLY ACCEPTABLE forms are as follows: (See below sheet " NYS Workers' Compensation Board page 5 dated December 1, 2008" )

Group	Form No.	Description
A	<u>CE-200</u>	Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities That New York State Workers' Compensation and/or Disability Benefits Insurance Coverage Is Not Required.
B	C-105.2 (9/07)	Certificate of Workers' Compensation Insurance.
	SI-12 (10/03)	Certificate of Workers' Compensation Self Insurance.
	GSI-105.2 (2/02)	Certificate of Participation in Workers' Compensation Group Self Insurance.
	U-26.3	New York State Insurance Fund Certificate of Workers' Compensation Insurance.
C.	DB-120.1 (5/06)	Certificate of Disability Benefits Insurance.
	DB-155 (1/98)	Certificate of Disability Benefits Self-Insurance.

"NYS Workers' Compensation Board page 5 dated December 1, 2008"

## WORKERS' COMPENSATION REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §57

To comply with coverage provisions of the Workers' Compensation Law ("WCL"), businesses must:

- A) be legally exempt from obtaining workers' compensation insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer or participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or seeking to enter into contracts MUST provide ONE of the following forms to the government entity issuing the permit or entering into a contract:

- A) CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage;

Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, [www.wcb.state.ny.us](http://www.wcb.state.ny.us), under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract. **OR**

- B) C-105.2 -- Certificate of Workers' Compensation Insurance (the business's insurance carrier will send this form to the government entity upon request) PLEASE NOTE: The State Insurance Fund provides its own version of this form, the U-26.3; **OR**

- C) SI-12 -- Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247), **OR** GSI-105.2 -- Certificate of Participation in Worker's Compensation Group Self-Insurance (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).



## DISABILITY BENEFITS REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §220(8)

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- A) be legally exempt from obtaining disability benefits insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or seeking to enter into contracts **MUST** provide **ONE** of the following forms to the entity issuing the permit or entering into a contract:

A) CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage; Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, [www.wcb.state.ny.us](http://www.wcb.state.ny.us), under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract. **OR**

B) DB-120.1 -- Certificate of Disability Benefits Insurance (the business's insurance carrier will send this form to the government entity upon request); **OR**

C) DB-155 -- Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).

Please note that for building permits **ONLY**, certain homeowners of 1, 2, 3 or 4 family owner-occupied residences serving as their own General Contractor may be eligible to file Form BP-1 (The homeowner obtains this form from either the Building Department or on the Board's website, [www.wcb.state.ny.us](http://www.wcb.state.ny.us), under the heading "Forms." )

<http://www.wcb.state.ny.us/content/main/forms/bp-1.pdf>



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

*\*\*This form cannot be used to waive the workers' compensation rights or obligations of any party.\*\**

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 workers' 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 homeowners insurance policy that is currently in effect and covers the 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.

I also agree to either:

- ♦ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on 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 hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; 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 proof 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 Telephone Number \_\_\_\_\_

Property Address that requires the building permit:

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

Sworn to before me this _____ day of _____, _____.
_____ (County Clerk or Notary Public)

Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.

LAWS OF NEW YORK, 1998  
CHAPTER 439

The general municipal law is amended by adding a new section 125 to read as follows:

125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

### Implementing Section 125 of the General Municipal Law

#### 1. General Contractors – Business Owners and Certain Homeowners

For businesses and certain homeowners listed as the general contractors on building permits, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is ONE of the following forms that indicate that they are:

- ♦ insured (C-105.2 or U-26.3),
- ♦ self-insured (SI-12), or
- ♦ are exempt (CE-200),

under the mandatory coverage provisions of the WCL. Any residence that is not a 1, 2, 3 or 4 Family, Owner-occupied Residence is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

#### 2. Owner-occupied Residences

For homeowners of a 1, 2, 3 or 4 Family, Owner-occupied Residence, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file form BP-1 (12/08).

- ♦ Form BP-1 shall be filed if the homeowner of a 1, 2, 3 or 4 Family, Owner-occupied Residence is listed as the general contractor on the building permit, and the homeowner:
  - ♦ is performing all the work for which the building permit was issued him/herself,
  - ♦ is 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 the homeowner perform such work, or
  - ♦ has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
- ♦ If the homeowner of a 1, 2, 3 or 4 Family, Owner-occupied Residence is hiring or paying individuals a total of 40 hours or MORE in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" form, BP-1 (12/08), but shall either:
  - ♦ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit (the C-105.2 or U-26.3 form), 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) provide appropriate proof 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.