



INCORPORATED VILLAGE OF
Roslyn Harbor

GENERATORS

BUILDING PERMIT APPLICATION FILING REQUIREMENTS

The following items **must** be included with this application. Incomplete applications will not be accepted.

DOCUMENTATION REQUIRED:

1. Completed Building Department Application signed and notarized, including contractor, electrician and plumber contact information. Include property address and owners mailing address if different.
2. Two copies of a current survey showing existing structures, with the location of the proposed generator indicated. *All Generators must comply with Roslyn Harbor Village Code Zoning Regulations for Accessory Uses (Chapter 275 Attachment 2, Table 2) OR Manufacturer's Specifications – whichever is greater.
3. Manufacturers' specifications for the generator to be installed.
4. Completed and signed Short Environmental Assessment Form.
5. Completed and signed Nassau County Assessors Form.
6. *For natural gas generators the plumber must prepare a 'Load' letter and application to National Grid.
7. Submit contractors' License, Indemnification/Hold Harmless, and Insurance Certificates for Liability, Worker's Compensation and Disability Insurance with Inc. Village of Roslyn Harbor listed as additional insured (see samples attached). If there is not a General Contractor, either the plumber or electrician must be listed as the lead contractor. If there is a General Contractor for the job, a copy of contractor's Nassau County Consumer Affairs license must be submitted.
8. *Propane Tanks* All projects which include the installation of a propane tank, will be required to submit a permit issued by the Nassau County Fire Marshall. This must be obtained prior to submitting the permit application.

OTHER REQUIREMENTS:

- Screening as required by the Building Inspector.
- Generators may not be located in the front yard.
- Noise Level: Maximum allowable decibel level to be 70 decibels at the property line.

APPLICATION FEES: \$500. Building permits expire one year from date of issue. If the work is not completed within one year of issuance date, renewal fees will apply. Renewal fees accrue until all requirements are met, a final inspection is passed and a Certificate of Occupancy or Certificate of Completion is issued. This is solely the responsibility of the property owners and/or their agents.

C.O. REQUIREMENTS:

- Electrical Underwriters Certificate (UL)
- As-Built Survey OR Generator located by Surveyor on Current Survey.



Roslyn Harbor

500 MOTTS COVE ROAD SOUTH, ROSLYN HARBOR, NY 11576
TEL # (516) 621-0368 FAX # (516) 621-1803
WWW.ROSLYNHARBOR.ORG

GENERATOR PERMIT APPLICATION

PERMIT NO: _____ DATE: _____ FEE \$ _____

C of O NO: _____ DATE: _____

Owner's Name: _____

Address: _____ Section: ____ Block: ____ Lot (s): ____ Zone: ____

Phone: _____ Email: _____

Applicant's Name: (If Other than Owner) _____

Address: _____

Phone: _____ Email: _____

Description of Work in Detail: _____

Estimated Construction Cost \$ _____ Any tree removal? Yes ___ No ___ Any Slope Disturbance? Yes ___ No ___

Areas: Lot _____ sq. ft. Lot Dimensions: _____

Lot Coverage: Existing Bldg. _____% Proposed Generator _____% Front Yard _____% Total _____%

Distances from Proposed Generator to Property Line:

Generator _____ Ft. _____ Ft. _____ Ft. _____ Ft. Is Construction within 100 ft. of Wetlands? Yes ___ No ___
Front Yard Side Yard Side Yard Rear Yard

Architect/Engineer: _____ Email: _____ Phone: _____

Contractor: _____ Email: _____ Phone: _____

Plumber: _____ Email: _____ Phone: _____

Electrician: _____ Email: _____ Phone: _____

Owner/Applicant's Name (Print) _____ Signature _____ Date _____

The following conditions and requirements must be met before a Certificate of Occupancy will be issued for the work described herein.

1. Approval is contingent on compliance with all provisions of the NYS Energy Conservation Construction Code and the NYS Building Construction Code.
2. Underwriters Electrical Certificate from Village approved agency.
3. Final as Built Survey.
4. Work must start within six (6) months and any extension must be granted by the Building Inspector.

This application is subject to all the Terms and Conditions of the following:

Board of Zoning Appeals Order Dated _____
Planning Board Order Dated _____

Owner/Applicant's Name (Print) _____ Signature _____ Date _____

FOR VILLAGE USE ONLY

BUILDING INSPECTOR APPROVAL

Signed: _____

Date: _____

**NEW YORK 811: BY LAW YOU MUST CONTACT 811
AT LEAST 2 BUSINESS DAYS PRIOR TO DIGGING
PERMIT & APPROVED PLANS MUST BE
KEPT AT WORK SITE**

APPLICANT MUST BE IN GOOD STANDING WITH THE VILLAGE OFFICE BEFORE A PERMIT OR C of O WILL BE ISSUED



INCORPORATED VILLAGE OF
Roslyn Harbor

BUILDING PERMIT APPLICATION

TO COMPLETE YOUR BUILDING PERMIT APPLICATION, PLEASE INCLUDE THE FOLLOWING INFORMATION AND COPIES OF ALL LICENSES AND CERTIFICATE OF INSURANCE

1. Architect's Name: _____
Address: _____
Phone: _____
Email: _____

2. Engineer's Name: _____
Address: _____
Phone: _____
Email: _____

3. Contractor's Name: _____
Address: _____
Phone: _____
Email: _____

4. Plumber's Name: _____
Address: _____
Phone: _____
Email: _____

5. Electrician's Name: _____
Address: _____
Phone: _____
Email: _____

**COPIES OF ALL LICENSES AND CERTIFICATE OF INSURANCE
MUST BE INCLUDED WITH THE APPLICATION**

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
Name of Action or Project:			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor:		Telephone:	
		E-Mail:	
Address:			
City/PO:		State:	Zip Code:
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?		NO	YES
If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		<input type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency?		NO	YES
If Yes, list agency(s) name and permit or approval:		<input type="checkbox"/>	<input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation services available at or near the site of the proposed action?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:		
<input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources?	NO	YES
If Yes,	<input type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe: _____ _____		
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)?	NO	YES
If Yes, explain the purpose and size of the impoundment: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?	NO	YES
If Yes, describe: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?	NO	YES
If Yes, describe: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: _____ Date: _____ Signature: _____ Title: _____		



**BUILDING PERMIT
RESIDENTIAL PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: _____

NBHD# (ASSESSOR USE ONLY)

DATE REC'D (ASSESSOR USE ONLY)

TOWN
SCHOOL DISTRICT
SECTION
BLOCK
LOTS)
CA # OR BLDG #
UNIT #
DATE

SECTION	BLOCK	LOT (S)	SCH DIST #	PERMIT #	SPECIFIC ZONING DESIGNATION

Location of Building: N.E.S.W. SIDE OF (OR CORNER OF) _____ N.E.S.W. SIDE OF _____

ADDRESS OF PROPERTY: _____ Check one: OWNER OR LESSEE NAME OF BUSINESS _____

CITY, TOWN, VILLAGE: _____ ZIP: _____ CONTACT PERSON/OWNER: _____

ESTIMATED COST OF CONSTRUCTION: _____ ADDRESS: _____
CITY, STATE, ZIP: _____

WORK MUST BEGIN BY: _____ PRINCIPLE TYPE OF CONSTRUCTION: STEEL MASONRY FRAME PHONE: _____
PERMIT EXP DATE: _____ EMAIL: _____

LOT SIZE S.F.: _____ # BLDGS ON LOT: _____ IF YOU WISH TO GROUP OR APPORTION LOTS PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION

DETAILED DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)
*INCLUDING, BUT NOT LIMITED TO: LOCATION, TYPE AND DIMENSIONS OF IMPROVEMENT

PERMIT TYPE - CHECK ALL ITEMS THAT APPLY	DOES RESIDENCE HAVE THE FOLLOWING
<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> ADDITION (CHANGE IN S.F.) <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.) <input type="checkbox"/> MAINTAIN (PRE-EXISTING) <input type="checkbox"/> RECONSTRUCTION <input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT <input type="checkbox"/> DORMERS <input type="checkbox"/> OTHER _____	CENTRAL AIR YES <input type="checkbox"/> NO <input type="checkbox"/> FINISHED ATTIC YES <input type="checkbox"/> NO <input type="checkbox"/> BASEMENT FINISH 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/>
<input type="checkbox"/> FIRE DAMAGE <input type="checkbox"/> GARAGE/ OUT BUILDING <input type="checkbox"/> HVAC <input type="checkbox"/> PLUMBING <input type="checkbox"/> RELOCATION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> TENNIS COURT <input type="checkbox"/> CHANGE IN USE	

PROPOSED TOTAL PLUMBING FIXTURES				
FLOOR/FIXTURE	BASEMENT	1ST FLOOR	2ND FLOOR	3RD FLOOR
BATHROOM SINK				
TOILET				
BATHTUB				
STALL SHOWER				
BIDET				
KITCHEN SINK				
WET BAR				

NUMBER OF EXISTING AND PROPOSED BATHS			
NUMBER OF EXISTING FULL BATHS		NUMBER OF PROPOSED FULL BATHS	
NUMBER OF EXISTING HALF BATHS		NUMBER OF PROPOSED HALF BATHS	

HALF BATH EQUALS TWO FIXTURES, FULL BATH EQUALS THREE OR MORE FIXTURES

NEW C/O NEEDED YES NO
 VARIANCE OBTAINED YES NO
 CONSTRUCTION/RENOVATION IN EXCESS OF 50% YES NO
 SURVEY ENCLOSED YES NO

PLEASE ATTACH ALL PERMITS & SURVEY IF AVAILABLE

DATE OF GRANTING OF PERMIT _____ Signature of Applicant/Contact Person - Sign & Print _____

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

Address of Applicant/Contact Person _____ Telephone _____

FIELD REPORT ON REVERSE



INCORPORATED VILLAGE OF

Roslyn Harbor

AFFIDAVIT OF PROPERTY OWNER

STATE OF NEW YORK) : SS
COUNTY OF NASSAU)

_____, being duly sworn, deposes and says that Applicant resides at _____, and is the owner of the property hereinbefore described and is the Applicant herein; that the statements contained in the foregoing Application and in any papers submitted herewith are in all respects true and complete to Deponent's knowledge, and hereby authorizes _____ with address at _____ as his agent to make this application and to enter into agreements with respect to the subject property.

• ***If Corporate Applicant:***

Full Name of Corporation

Title

Address of Corporation

Owner's Signature

Sworn to before me this _____
Day of _____ 20____

Notary Public

AFFIDAVIT OF APPLICANT DESIGNEE

STATE OF NEW YORK) : SS
COUNTY OF NASSAU)

(Applicant) _____, being duly sworn, deposes and says that he resides at _____; and that he is the _____ of the property herein described and is authorized by

(Architect, Engineer, Builder, Contractor)

the Owner to make the foregoing application and that the statements contained herein and in any papers submitted herewith are in all respects true and complete.

Applicant's Signature

Sworn to before me this _____
Day of _____ 20____

Notary Public



INCORPORATED VILLAGE OF
Roslyn Harbor

DISCLOSURE AFFIDAVIT
GENERAL MUNICIPAL LAW SECTION 809
(Conflict of Interest Affidavit)

1. Every application, petition or request submitted for a variance, amendment, change of zoning, approval of a plat, exemption from a plat or official map, license or permit, pursuant to the provisions of any ordinance, local law, rule or regulation constituting the zoning and planning regulations of a municipality shall state the name, residence and the nature and extent of the interest of any state officer or any officer or employee of such municipality or of a municipality of which such municipality is a part, in the person, partnership or association making such application, petition or request (hereinafter called the applicant) to the extent known to such applicant.

2. For the purpose of this section an officer or employee shall be deemed to have an interest in the applicant when he, his spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them
(a) is the applicant, or
(b) is an officer, director, partner or employee of the applicant, or
(c) legally or beneficially owns or controls stock of a corporate applicant or is a member of a partnership or association applicant, or
(d) is a party to an agreement with such an applicant, express or implied, whereby he may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of such application, petition or request.

3. In the county of Nassau the provisions of subdivisions one and two of this section shall also apply to a party officer. "Party officer" shall mean any person holding any position or office, whether by election, appointment or otherwise, in any party as defined by subdivision four of section two of the election law. 1

4. Ownership of less than five per cent of the stock of a corporation whose stock is listed on the New York or American Stock Exchanges shall not constitute an interest for the purposes of this section.

5. A person who knowingly and intentionally violates this section shall be guilty of a misdemeanor.

_____, being duly sworn, deposes and says

1. I am the _____ of the attached application.
(Owner, Contractor Vendee)

2. I make this affidavit for the purposes of complying with the requirements for the General Law Municipal Law Section 809.

3. No state officer of the State of New York, and no officer or employee of the County of Nassau, Town of North Hempstead, Town of Oyster Bay, or the Village of Roslyn Harbor has any interest in the person, partnership or association making the application to which is attached.

SUBSCRIBED AND SWORN TO BEFORE ME

THIS ____ DAY OF _____, 20 ____

NOTARY PUBLIC

Signature

Date



INCORPORATED VILLAGE OF
Roslyn Harbor

INDEMNIFICATION/HOLD HARMLESS AGREEMENT

The Vendor/Contractor shall indemnify and hold harmless the Inc. Village of Roslyn Harbor, its officers, employees, and/or agents from any and all liability, damage, loss, claims, demands and actions of any nature whatsoever, for any reason whatsoever, foreseeable or unforeseeable, which arises out of or is connected with, or is claimed to arise out of to be connected with, any undertaking, product, goods, merchandise, products, services sold and/or work supplied, furnished or performed by the Vendor/Contractor or its subcontractors, agents, servants, or employees, including without limiting the generality of the forgoing, all liability, damages, loss, claims, attorneys, court and adjusting fees, demands and actions on account of personal injury, death or property loss to the Inc. Village of Roslyn Harbor its officers, employees, agents or to any other persons, third parties, or property, but shall not include claims resulting from the gross negligence or willful misconduct of the Inc. Village of Roslyn Harbor. This indemnity and hold harmless is intended to be as broad as is permitted by law and to include claims of every kind and nature – for tort, under contract; for strict liability or other liability without fault; under statute, rule, regulation or order; and otherwise.

IN WITNESS WHEREOF, the undersigned has duly executed this Agreement the ____ day of _____, 202__.

Name of Firm

Address

Contractor's Signature

(Please Print Name and Title)

Witness:

Signature

Date

Print Name



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/11/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER SALERNO BROKERAGE CORPORATION 117 Oak Drive Syosset NY 11791 INSURED NAME ADDRESS CITY NY ZIPCODE	CONTACT NAME: Nicole Morton PHONE (A/C, No, Ext): (516) 364-4044 FAX (A/C, No): (516) 364-5901 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: INSURANCE CARRIER NAME INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
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COVERAGES **CERTIFICATE NUMBER: PERMIT SAMPLE** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY X POLICY # EFF DATE EXP DATE GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ JUDIL INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PERMIT NAME:

PERMIT ADDRESS:

The Inc. Village of Roslyn Harbor and all appointed and elected officials, employees and volunteers are included as an additional insured using ISO form CG2026 or equivalent.

CERTIFICATE HOLDER Inc. Village of Roslyn Harbor 500 Motts Cove Road South Roslyn Harbor, NY 11576	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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**INSURANCE REQUIREMENTS FOR OBTAINING A PERMIT &/OR TO REGISTER / LICENSED
CONTRACTOR TO WORK WITHIN THE MUNICIPALITY**

Page One of Two

Applicant shall maintain at a minimum the following insurance coverages, giving evidence of same to the Municipality, on the form of Certificates of Insurance stating all work performed at any and all locations, copies of the General Liability Declaration Page and copy of the Additional Insured Endorsement, providing 30 days notice of cancellation, non-renewal or material change. New York State licensed carrier is preferred; any non-licensed carriers will be accepted at the Municipalities discretion. The insurance carrier must have an A.M. Best Rating of at least A- IX. All subcontractors must adhere to the same insurance requirements.

I. WORKER'S COMPENSATION AND NYS DISABILITY

Coverage	Statutory
Extensions	Voluntary compensation All states coverage; Employers liability -- unlimited
Required Form for Workers Comp:	C105.2 -- certificate of NYS Workers Compensation Insurance Coverage OR if you are insured with the State Insurance Fund, form SI-26.3 -- State Insurance Fund Certificate of Workers Compensation Insurance
Required Form for NYS Disability:	DB120.1 -- Certificate of Disability Benefits Insurance

II. COMMERCIAL GENERAL LIABILITY

Coverage	Occurrence -- 1988 ISO or equivalent
Limits	General Aggregate \$2,000,000 Products-Comp/Ops Aggregate \$1,000,000 Personal. & Advertising. Injury \$1,000,000 Each Occurrence \$1,000,000 Fire Legal (Any one Fire) \$ 50,000 Medical Exp. (Any one Person) \$ 5,000
Additional Insured	Inc. Village of Roslyn Harbor and all appointed and elected officials, employees and volunteers Using ISO form CG2026 or equivalent
Mandatory	Contractual Liability to coverage the Hold Harmless; Aggregate Limits per project;

III. AUTOMOBILE INSURANCE

Coverage	Standard New York policy insuring all owned, hired, and non-owned vehicles
Limits	Minimum Limit - \$1,000,000 CSL
Additional Insured	Inc. Village of Roslyn Harbor and all appointed and elected officials, employees and volunteers

**INSURANCE REQUIREMENTS FOR OBTAINING A PERMIT &/OR TO REGISTER / LICENSED
CONTRACTOR TO WORK WITHIN THE MUNICIPALITY**

Page Two of Two

IV. UMBRELLA LIABILITY - RECOMMENDED

Coverage	Umbrella Form or Excess following form of primary General Liability and Automobile Liability
Suggested Limit	\$2,000,000
Additional Insured	Inc. Village of Roslyn Harbor and all appointed and elected officials, employees and volunteers

V. HOLD HARMLESS/INDEMNIFICATION AGREEMENT

The contractor shall indemnify and hold the Inc. Village of Roslyn Harbor and all appointed and elected 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 permit holder's or Licensee's operations within the Inc. Village of Roslyn Harbor, including losses arising out of the negligent acts or omissions of the contractor, its servants or agents, and any subcontractors, its servants or agents.

SPECIAL NOTATIONS:

1. Per the Workers Compensation Law, all municipal and State entities are to ensure that all applicants applying for permits, licenses or contracts have appropriate workers compensation and disability benefits insurance coverage. Businesses must provide evidence of proper coverage by using:

Workers Compensation: C105.2 OR (State Insurance Fund Form) SI-26.3

NYS Disability: DB120.1

2. If you do not maintain Workers Compensation and NYS Disability due to a valid exemption, the following form must be submitted to the Municipality:

CE-200 – Certificate of Attestation of Exemption from NYS Workers Compensation and/or Disability Benefits Insurance Coverage.

Starting December 1, 2008, ONLY applicants eligible for exemptions must file a new CE-200 for each and every new or renewed permit, license or contract issued by a government agency. You can obtain this form from the Workers Compensation Boards' website, <http://www.wcb.state.ny.us/> or by calling (518) 486-6307.

3. If Applicant is a Homeowner serving as the General Contractor for his/her primary Residence, the applicant must provide the following:
 1. Affidavit of Exemption to Show Specific Proof of Workers Compensation Insurance Coverage for a 1, 2, 3, or 4 Family Owner-occupied Residence – Form BP-1 OR if after reviewing this form, you do not qualify for a Workers Compensation Exemption, you must acquire appropriate Workers Compensation Coverage and provide appropriate proof as mentioned above.
 2. Provide copy of Homeowners Insurance that is currently in effect and covers the property listed on the Building permit.