

CITY OF TONAWANDA
BUILDING INSPECTOR'S OFFICE
200 NIAGARA STREET
TONAWANDA, NEW YORK 14150-1099
Phone: 716-695-1806 Fax: 716-743-8870
email:krank@ci.tonawanda.ny.us

FEE: \$100.00 YEARLY

LICENSE # _____

MAKE CHECKS PAYABLE TO: TONAWANDA CITY TREASURER

ALL LICENSES EXPIRE 12/31 OF THE ISSUING YEAR

APPLICATION FOR CONTRACTOR'S LICENSE

Name of Concern or Corp: _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____ No. of years in Business _____

Name of Principal owner or owners _____

Address _____ City _____ State _____ Zip _____

E-MAIL: _____ **Date of Birth:** _____

Home Phone: _____ Have you ever been arrested? _____ Approximate No. of Employees _____

Name of Insurance Company _____

Required insurance coverage in order to apply for the License:

\$300,000 General Liability Coverage

Workers' Compensation Insurance required or Certificate of Exemption

NYS Disability Insurance required or Certificate of Exemption

****CERTIFICATE OF INSURANCE TO BE ISSUED TO THE CITY OF TONAWANDA****

Check appropriate types of contractor:

____ New Home-General Contractor

____ Home Improvement-Additions, Dormers Etc.

____ Interior Remodeling

____ Exterior Remodeling/Siding

____ Roofing or Gutters

____ Electrical

____ Dry Wall

____ Garage

____ Sub Contractor

____ Concrete

____ Blacktop or Concrete Driveway

____ Heating & Air conditioning

____ Fence Contractor

____ Swimming Pool Installer

____ Other

Signature of Applicant

Title

Date

Printed Name of Applicant

INSTRUCTIONS FOR OBTAINING A CITY OF TONAWANDA CONTRACTOR'S LICENSE

1. Completely fill out the enclosed application.
2. Please carefully read the reverse side of this letter regarding Workers Compensation and N.Y.S. Disability insurance requirements.
3. Supply all correct insurance documents with the form numbers that apply. Provide a Certificate of Insurance for General Liability with the City of Tonawanda named as Certificate Holder.
4. Enclose a check in the amount of \$100.00 payable to TONAWANDA CITY TREASURER.
5. Mail all documents: check, application & proper insurance forms to:

Kevin A. Rank,
Building Inspector
200 Niagara Street
Tonawanda NY 14150

No license will be issued unless we have a current **CERTIFICATE OF LIABILITY INSURANCE IN AN AMOUNT OF AT LEAST \$300,000 AND THE REQUIRED WORKERS' COMPENSATION FORM AND A DISABILITY FORM.** Information regarding the necessary forms is on the reverse side of this letter. You must call your insurance agent, who in turn will call the Insurance Carrier of the policies and request the correct forms. Not all agents have the required forms. For information regarding any of these forms (Disability and Compensation) call the Compensation Board at 1-866-211-0645 TOLL FREE (OFFICE HOURS ARE 8:00 AM TO 4:30 PM).

NYS WORKERS' COMPENSATION LAW

The New York State Workers' Compensation Board has recently informed this office of the following requirement in processing building permits and building licenses.

Effective immediately this office will not be able to issue any permits or licenses without compliance with the following statutes.

Section 125 of General Municipal Law of The State of New York states:

§ 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.*

Any Business listed as a contractor on a permit or License must prove that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) by producing **ONE** of the following forms indicating that they are:

- ◆ insured (C-105.2 or U-26.3) – The business' insurance carrier will send this form to the building department upon the business' request
- ◆ self-insured (SI-12) – The business calls the Board's Self-Insurance Office at (518) 402-0247 or
- ◆ are exempt (C-105.21) – forms obtained from Workers' Compensations Board offices, under the mandatory coverage provisions of the WCL

Section 220 8 (a) of The Workers' Compensation Law states:

§ 220. *The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article.*

Any Business listed as a contractor on a permit or License must prove that they are in compliance with Section 220 of the Workers' Compensation Law (WCL) pertaining to disability insurance by producing **ONE** of the following forms indicating that they are:

- ◆ insured (DB-120.1) – The business' insurance carrier will send this form to the building department upon the business' request
- ◆ self-insured (SI-12) – The business calls the Board's Self-Insurance Office at (518) 402-0247 or
- ◆ are exempt (C-105.21) – Forms obtained from Workers' Compensations Board offices, under the mandatory coverage provisions of the WCL.

If you have any questions regarding these forms please contact the **Workers' Compensation Board at 1-866-211-0645 TOLL FREE- HOURS ARE 8:00 AM TO 4:30 PM** or call your insurance carrier.

Kevin A. Rank
Building Inspector