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 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 for which the building permit was issued	in any way, the individual(s) that is(are) performing all the work d or helping me perform such work.
	that is currently in effect and covers the property listed on the attached ag individuals a total of less than 40 hours per week. (aggregate hours r which the building permit was issued.
I also agree to either:	
forms approved by the Chair of the NY	on coverage and provide appropriate proof of that coverage and provide S Workers' Compensation Board to the government entity issuing the adividuals a total of 40 hours or more per week (aggregate hours for all andicated on the building permit; OR
condominiums) listed on the building prompensation coverage or proof of exen Workers' Compensation Board to the government.	ne work on the 1, 2, 3 or 4 family, owner-occupied residence (including permit that I am applying for, provide appropriate proof of workers approved by the Chair of the NYS wernment entity issuing the building permit if the project takes a total of a pours for all paid individuals on the jobsite) for work indicated on the
(Signature of Homeowner)	(Date signed)
(Homeowner's Name Printed)	Home telephone
Property Address that Requires the Building Perm	Sworn to before me this day of,,
	(County Clerk or Notary Public)