City of Albany

Department of Buildings & Regulatory Compliance
200 Henry Johnson Boulevard
Albany, NY 12210
Phone (518) 434-5995
codes@albanyny.gov

PUBLIC MEMO

To: All
From: Richard J LaJoy
RE: CHANGE IN CITY OF ALBANY WINDOW PERMIT REQUIREMENTS
Date: 1/31/2019

Please be advised that the City of Albany Department of Buildings and Regulatory Compliance will require pictures for ALL window replacement building permits. Pictures must be specific to area of building where windows are being replaced, if all windows in building are being replaced pictures of the entire building must be submitted. This is a requirement regardless of Historic or NON Historic area(s).

Insurance Requirements

The Code of the City of Albany contains specific requirements that insurance be on file with the Department of Buildings & Regulatory Compliance prior to the issuance of any permits.

Specifically, either the owner of the contractor is required to have a liability policy naming the City of Albany as insured or co-insured during the time the permit is in use, or until the permit expires or is revoked. This liability policy must be in the following amounts:

$100,000.00 – Personal Injury – single incident
$300,000.00 – Personal Injury – cumulative
$ 50,000.00 – Property damage

The insurance requirements may be met in the following ways:

1. An individual property owner may have the City of Albany named as co-insured on a policy in the amounts equal to that required by the City, in connection with the individual job;
2. The contractor may file an Owner's and Contractor's Protective Liability Policy, naming the City of Albany as an additional insured, for the individual job, in the required amounts; or
3. The contractor may, as some have, file a blanket policy with the City, covering **all** work to be undertaken within the period of the policy.

Note: *All policies must read in the "Description Box"* – ***City of Albany as additionally insured.***

In addition, prior to releasing a permit, the Department of Buildings & Regulatory Compliance is required to obtain from the applicant proof of worker's compensation compliance in accordance with Section 125 of the General Municipal Law (NYS). One of the following must be submitted prior to the release of a permit:

1. Insurance Certificate showing worker's compensation coverage; and Certificate of Disability Coverage;
2. Completed Form CE-200 "Affidavit for New York Entities…with no Employees" stamped from the Worker's Compensation Office;
3. Completed Form WC/DB 101 "Affidavit that an OUT OF STATE OR FOREIGN EMPLOYER Working in NYS Does Not Require…" stamped from the Worker's Compensation Office; or
4. Form BP-1 "Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2,3 or 4 Family, Owner-Occupied Residence" – these forms can be filled out and Notarized here in the offices of the Department of Buildings & Regulatory Compliance.

Note: ***Option number 4*** *is only available to* ***OWNERS WHO RESIDE*** *in the 1, 2, 3 or 4 family residences* ***WHERE THE WORK IS TO BE PERFORMED****.*

As no permit can be issued by the Department of Buildings & Regulatory Compliance if the insurance requirements are not met, individuals seeking permits are urged to arrange for the required coverage prior to making an application.

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Revised 07/2015

Worker's Compensation

From the NYS Board of Workers' Compensation...

Applicant Instructions for Form CE-200 – Effective December 1, 2008

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. Each CE-200 will specifically list the issuing government agency and the specific type of permit, license or contract requested by the applicant. Applicants for building permits will also need to supply additional information including identifying the specific job location and the estimated cost of the project.

Please ensure that the legal entity name on Form CE-200 exactly matches the legal entity name that is applying for the permit, license or contract. Please also ensure that the applicant signs and dates Form CE-200. Each CE -200 will have a certificate number printed on it. Form CE-200s may be verified on the Board's web site at www.wcb.ny.gov. The applicant attests under penalty of perjury that the information contained in the CE-200 is accurate – the Board does not initially verify this information. However, Board staff may investigate applicants filing Form CE-200.

Government agencies have the authority to verify that the business is eligible for the workers' compensation and/or disability benefits exemption reason described on the CE-200 and notify the Board's investigative staff if there are discrepancies. For example, if you are applying for a license for a 150 seat restaurant and indicate on the CE-200 exemption form that you are a sole proprietor with no employees, this may indicate a problem.

To make this process as easy and as efficient as possible for business owners, the vast majority of these forms will be processed electronically on-line. Applicants having access to the internet will be able to fill out the CE-200 on the internet and **immediately** upon completion, **be able to print out a hard copy of the CE-200** that they will then submit to the government agency issuing the permit, license or contract. Computers with internet access will also be available for CE-200 electronic application processing at Customer Service Centers located in Workers' Compensation Board District Offices.

Form CE-200 can be filled out electronically on the Board's website, www.wcb.ny.gov. Click on the button entitled "WC/DB Exemptions Form CE-200" (In bright yellow letters). Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Filling out the electronic Form CE-200 on the internet is very similar to filling out a hotel reservation request on the internet for frequent travelers. The applicant will create a pin and password so that they can easily access their information. Once an applicant enters his/her basic information on the Board's web site, it can be retrieved by that applicant in the future by using that pin number and password when the applicant is applying for another permit, license or contract.

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. This delay results from Workers' Compensation Board staff having to manually enter information from the applicant's paper application into the web based application.

Employees of the Workers' Compensation Board cannot assist applicants in answering questions about this form. Please contact an attorney if you have any questions regarding Form CE-200. However, if you have questions regarding workers' compensation coverage requirements, please call the Bureau of Compliance at (866) 546-9322. An instruction manual that will further clarify the requirements is available for download at http://www.wcb.ny.gov/content/main/Employers/ProveItToMoveIt.pdf

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GENERAL BUILDING PERMIT APPLICATION

A building permit is needed before any general construction, repair, rehab, gutting, or other work may be done. Project-specific building permit applications may be available. Additional permits are required for specialized work such as electric or plumbing work which requires a license. Please refer to our website or ask our staff if you have any questions about what permits your project requires.

JOB SITE ADDRESS: _____ ZIP: _____ **1**

PROPERTY ACCT #: _____ ZONE: _____ OVERLAYS: _____

THIS INFORMATION IS AVAILABLE AT HTTPS://ALBANYNY.MAPGEO.IO

APPLICANT: _____ **2**

ADDRESS: _____ ZIP: _____

EMAIL: _____ PHONE: (_____)_____

HOW WOULD YOU LIKE TO RECEIVE YOUR PERMIT? (PLEASE CHOOSE ONE): PICK-UP ☐ MAIL ☐ OR EMAIL ☐ **3**

THE APPLICANT WILL BE NOTIFIED BY EMAIL ONLY WHEN THE PERMIT IS READY FOR PICK-UP. WHERE "PICK-UP" IS SELECTED, PERMITS THAT ARE NOT PICKED UP AT OUR OFFICE WITHIN 6 MONTHS OF ISSUANCE WILL BE MARKED "VOID". IF YOU WOULD LIKE TO RECEIVE YOU PERMIT BY MAIL, PLEASE INCLUDE A STAMPED, SELF-ADDRESSED ENVELOPE WITH THIS APPLICATION.

OWNER (*IF DIFFERENT*): _____ **4**

ADDRESS: _____ ZIP: _____

EMAIL: _____ PHONE: (_____)_____

PROPOSED PROJECT: (PLEASE PROVIDE A DETAILED DESCRIPTION OF THE WORK TO BE DONE): _____ **5**

_____

_____

_____

_____

_____

_____

DETAILED SITE PLANS OR OTHER DOCUMENTS DETAILING THE PROJECT ARE ATTACHED (*RECOMMENDED*): YES ☐ NO ☐ **6**

CURRENT USE OF THE PROPERTY: _____ **7**

CHANGE OF USE: DOES THIS PROJECT INVOLVE A CHANGE OF USE OR TENANCY AT THE PROPERTY? YES ☐ NO ☐ **8**

IF "YES", PLEASE COMPLETE OUR "CHANGE OF USE OR TENANT" APPLICATION (BRC FORM 033) AND ATTACH IT TO THIS PERMIT APPLICATION.

DEVELOPMENT PERMIT: IS THIS PROJECT THE SUBJECT OF A PLANNING DEP'T ISSUED DEVELOPMENT PERMIT. YES ☐ NO ☐ **9**

10

TOTAL COST OF WORK: _____

INCLUDING LABOR & MATERIALS. BRC STAFF RESERVE THE RIGHT TO CONDITION CLOSURE OF A PERMIT, INCLUDING ISSUANCE OF A CERT. OF OCCUPANCY ON PROOF OF TOTAL WORK COST.

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PERMIT FEE: $_____

FEES DEPEND ON THE PROJECT TYPE. SEE OUR WEBSITE FOR OUR FEE SCHEDULE OR CALL OUR OFFICE AT (518) 434-5995 TO SPEAK WITH OUR STAFF ABOUT FEE CALCULATION.

- APPLICATIONS MUST BE ACCOMPANIED BY PROOF OR WORKER'S COMP INSURANCE OR A FORM BP-1 "AFFIDAVIT OF EXEMPTION" AND FOR PROJECTS WHERE THE TOTAL COST OF WORK IS MORE THAN $10,000 PROOF OF LIABILITY INSURANCE NAMING THE CITY OF ALBANY AS ADDITIONALLY INSURED.
- WORK THAT WILL OBSTRUCT A PUBLIC RIGHT OF WAY WILL REQUIRE A SIDEWALK & BARRICADE PERMIT.
- AN ADDITIONAL INSPECTION FEE OF $100 MAY BE CHARGED WHERE PREVIOUSLY CITED CORRECTIONS HAVE NOT BEEN MADE, NO ONE IS AVAILABLE TO MEET OUR INSPECTOR OR THE WORK IS NOT READY FOR INSPECTION AT A SCHEDULED INSPECTION, AND WHERE THE INSPECTION IS REQUESTED TO ISSUE A TCO.
- NEW STRUCTURES AND SUBSTANTIAL ADDITIONS OR ALTERATIONS, INCLUDING TWO-STORY DECKS AND ALTERATIONS TO OR REMOVAL OF LOAD-BEARING BUILDING COMPONENTS, MUST BE ACCOMPANIED BY PLANS STAMPED BY A LICENSED ENGINEER OR ARCHITECT.

STAFF USE ONLY

PERMIT NO.: _____ DATE REC'D: _____ REC'D BY: _____ S&B PENDING ☐ SCANNED & SAVED ☐

JOB SITE ADDRESS: _____

ADDITIONAL CONTRACTOR/CONTACT INFORMATION (WHERE APPLICABLE) **12**

CONTRACTOR: _____

TYPE: ELECTRIC ☐ PLUMBING ☐ HVAC ☐ ELEVATOR ☐ SPRINKLER ☐ OTHER ☐ COST: $_____

ADDRESS _____ ZIP: _____

EMAIL: _____ PHONE: (_____) _____

CONTRACTOR: _____

TYPE: ELECTRIC ☐ PLUMBING ☐ HVAC ☐ ELEVATOR ☐ SPRINKLER ☐ OTHER ☐ COST: $_____

ADDRESS _____ ZIP: _____

EMAIL: _____ PHONE: (_____) _____

CONTRACTOR: _____

TYPE: ELECTRIC ☐ PLUMBING ☐ HVAC ☐ ELEVATOR ☐ SPRINKLER ☐ OTHER ☐ COST: $_____

ADDRESS _____ ZIP: _____

EMAIL: _____ PHONE: (_____) _____

CONTRACTOR: _____

TYPE: ELECTRIC ☐ PLUMBING ☐ HVAC ☐ ELEVATOR ☐ SPRINKLER ☐ OTHER ☐ COST: $_____

ADDRESS _____ ZIP: _____

EMAIL: _____ PHONE: (_____) _____

Certification: I hereby certify that I have examined this application and know the information contained therein to be correct. I understand that the granting of a permit does not grant authority to violate or ignore any law, that this permit authorizes only the work described herein and will expire, unless otherwise noted, in one year from the date of issuance.

Applicant Signature:_____ **Date**: _____

APPLICATION VALIDATION (STAFF USE ONLY)

☐ **APPLICATION ACCEPTED** (ALL REQUIRED INSURANCE, WORKER'S COMPENSATION, AND PLANS HAVE BEEN SUBMITTED).

☐ **APPLICATION REJECTED.** WE ARE UNABLE TO ACCEPT YOUR APPLICATION BECAUSE IT IS MISSING THE FOLLOWING:

- INSURANCE INFORMATION ☐ - WORKER'S COMP INFORMATION ☐ - DETAILED PLANS ☐
- PLANS STAMPED BY A LICENSED ARCHITECT OR ENGINEER ☐ - APPLICATION ILLEGIBLE ☐

ADDITIONAL INFORMATION: _____

_____

_____

APPLICATION PROCESSING (STAFF USE ONLY)

OTHER PERMITS/APPROVALS PENDING: PLUMBING ☐ ELECTRIC ☐ SITE PLAN ☐ HVAC ☐

OTHER: _____ ☐

ASSIGNED TO: _____ DATE ASSIGNED: _____

APPROVED BY (SUBJECT TO CONDITIONS): _____ DATE: _____

ALL EXTERIOR WORK REQUIRES A PHOTO

CITY OF ALBANY

DEPARTMENT OF BUILDINGS & REGULATORY COMPLIANCE

Photographic Record

Address _____

Photo by _____

Photo Date _____

INSERT PHOTOS HERE OR INCLUDE THEM AS AN ATTACHMENT

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