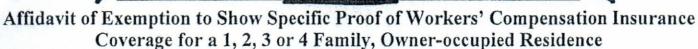
## PLEASE SUBMIT IF HOMEOWNER IS DOING THE WORK



\*\*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):

ate box):	
I am performing all the work for which the b	uilding 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.	
attached building permit AND am hiring or	s currently in effect and covers the property listed on the paying individuals a total of less than 40 hours per week he jobsite) for which the building permit was issued.
orms approved by the Chair of the NYS Worke he building permit if I need to hire or pay individ	verage and provide appropriate proof of that coverage on ers' Compensation Board to the government entity issuing duals a total of 40 hours or more per week (aggregate hours andicated on the building permit, or if appropriate, file a CE-
including condominiums) listed on the building workers' compensation coverage or proof of exe of the NYS Workers' Compensation Board to project takes a total of 40 hours or more per week	ork on the 1, 2, 3 or 4 family, owner-occupied residence a permit that I am applying for, provide appropriate proof of emption from that coverage on forms approved by the Chair the government entity issuing the building permit if the c (aggregate hours for all paid individuals on the jobsite) for
31	
(Signature of Homeowner)	(Date Signed)
Homeowner's Name Printed)	Home Telephone Number
Address that requires the building permit:	Sworn to before me this day of
	I am not hiring, paying or compensating in any for which the building permit was issued or have a homeowners insurance policy that is attached building permit AND am hiring or (aggregate hours for all paid individuals on the ree to either:  In the compensation conforms appropriate workers' compensation conforms approved by the Chair of the NYS Workers have building permit if I need to hire or pay individuals on all paid individuals on the jobsite) for work in the general contractor, performing the workers are the general contractor, performing the working condominiums listed on the building workers' compensation coverage or proof of execution forms and the conformation of the NYS Workers' Compensation Board to project takes a total of 40 hours or more per week work indicated on the building permit.  (Signature of Homeowner)  Homeowner's Name Printed)

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



## PLEASE SUBMIT IF HOMEOWNER IS DOING THE WORK



## Village of Ossining

16 Croton Avenue, Ossining, NY 10562

## **Hold Harmless and Indemnification Agreement**

Property Address	("Property")	
Name of Property Owner		
, possess full authority to enter into this Hold Harmless and Indemnification Agreement with the Village of Ossining in connection with work I am conducting without the aid of contractors at the Property for which I have applied, and I hereby agree to save, hold harmless and indemnify the said Village of Ossining, its officers, directors, employees and agents, from any liability whatsoever with respect to the issuance of the Building Permit and the work associated therewith. I further agree that I will neither commit nor omit any act which may result in any type of claim, loss, damage, liability, costs and/or expenses, including, but not limited to attorney fees against the said Village of Ossining in connection with the Building Permit and work associated therewith.  In the event that the said Village of Ossining suffers any loss whatsoever as a result of the Building Permit and the work associated therewith, except with respect to the Village's own negligence, I further agree to fully indemnify and defend the Village of Ossining for any such suffered loss.		
Signature	Date	
Mailing Address		
State of New York		
	SS:	
County of		
personally appeared proved to me on the basis of satisfactor within instrument and acknowledged to	in the year 20, before me, the undersigned,, personally known to me or y evidence to be the individual whose name is subscribed to the ome that he/she executed the same in his/her capacity, and that the individual, or the person upon behalf of which the individual	
	Notary Public	