

# **RESIDENTIAL WINDOW REPLACEMENT APPLICATION**

## **NOTICE TO APPLICANT**

This application must be type written or neatly printed (**blue or black ink only**), and accompanied by (1) complete set of specifications on window.

**NO PROPOSED WORK MAY COMMENCE UNTIL A BUILDING PERMIT HAS BEEN ISSUED.**

**\*\*ALL APPLICATIONS EXPIRE 6 MONTHS FROM SUBMISSION DATE IF NOT APPROVED.\*\***

Please be advised that a building permit application will not be accepted without the following information:

### **Window Replacement**

- ☐ Completed application form, signed by the current property owner (**original only**, no copies accepted).
- ☐ (1) Set of complete specifications
- ☐ Project location and occupancy
- ☐ Name, Address and Telephone Number of Owner/Lessee
- ☐ Description of the proposed work
- ☐ Estimated Value of proposed work
- ☐ Contractor, Westchester County License, Insurances, address and phone Number
- ☐ Architect or Engineer, address and phone number (if any)
- ☐ Photos of current windows
- ☐ Filing Fee Due \$150 Filing Fee plus permit fee \$20 per \$1,000 of value of job for residential and \$25 per \$1,000 for commercial (must round up).
- ☐ DPW Sidewalk Encroachment Permit required if work is being done over a sidewalk

### **Apartment/Co-op/Condo Requirements**

- ☐ Any Apartment/Co-ops/Condo applications **must** be submitted with a letter from Board approving work.
- ☐ **Asbestos Report Required: Asbestos testing must be done on all areas that will be disturbed. (Each window must be tested)**
- ☐ **ONLY Planning Board previously approved standard window design allowed. NO CHANGE IN DESIGN**

**UPON COMPLETION OF WORK, A CERTIFICATE OF OCCUPANCY APPLICATION AND C.O. FILING FEE MUST BE SUBMITTED.**

## **INSURANCE REQUIREMENTS**

In accordance with Workers' Compensation Law §57 and §220(8)

### **3 Separate Insurance Certificates are REQUIRED**

1. **LIABILITY INSURANCE:** ONLY liability insurance is permitted on the ACORD form.
2. For **WORKERS' COMPENSATION INSURANCE**, ONLY the following forms are acceptable:
  - **CE-200** - Certificate of Attestation of Exemption from NYS Workers' Compensations and/or Disability Benefits Coverage
  - **C-105.2** – Certificate of Workers' Compensation Insurance (Note: the State Insurance Fund provides its own version of the form – the **U-26.3**)
  - **SI-12** – Certificate of Workers' Compensation Self-Insurance
  - **GSI-105.2** – Certificate of Participation in Workers' Compensation Group Self-Insurance
3. For **DISABILITY INSURANCE**, ONLY the following forms are acceptable:
  - **CE-200** - Certificate of Attestation of Exemption from NYS Workers' Compensations and/or Disability Benefits Coverage
  - **DB-120.1** – Certificate of Disability Benefits Insurance
  - **DB-155** – Certificate of Disability Benefits Self-Insurance

**Certificate holder must be listed as:** Village of Bronxville, 200 Pondfield Rd, Bronxville, NY 10708

**Permitted hours of construction:** 8:00 am–6:00 pm, Monday–Friday

## RESIDENTIAL WINDOW REPLACEMENT APPLICATION

Office Use

Date Received: \_\_\_\_\_ Application Number: \_\_\_\_\_

Appl. Fee: \_\_\_\_\_ Check #: \_\_\_\_\_ Permit Fee: \_\_\_\_\_ Check #: \_\_\_\_\_

Single Family: ☐ Apartment/Co-op/Condo: ☐

**Section:** \_\_\_\_\_ **Block:** \_\_\_\_\_ **Lot(s):** \_\_\_\_\_

**1) Project Street Address:** \_\_\_\_\_

Property Owner: \_\_\_\_\_

Owner Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**2) Lessee (if any):** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**3) Architect (if any):** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**5) Builder or Contractor:** \_\_\_\_\_

Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Estimated value of proposed work:** (Please round up to the nearest thousand) \$ \_\_\_\_\_

**Description of Proposed Project:** \_\_\_\_\_

**Please list number of window and dimensions below**

Basement: \_\_\_\_\_

1<sup>st</sup> Floor: \_\_\_\_\_

2<sup>nd</sup> Floor: \_\_\_\_\_

3<sup>rd</sup> Floor: \_\_\_\_\_

4<sup>th</sup> Floor: \_\_\_\_\_

Attic: \_\_\_\_\_

## AFFIDAVIT OF OWNERSHIP

State of New York )  
County of Westchester ) SS:

I, \_\_\_\_\_, being duly sworn, deposes and says:  
(Clearly print first and last name of property owner)

(Check appropriate box)

- ☐ I am the owner of the property for which this application is being submitted.
- ☐ I am an officer of the corporation that owns the property for which this application is being submitted.

**Further** (check applicable box):

- ☐ I am submitting this application on my own behalf.
- ☐ I am authorizing the following individual to submit this application on my behalf:

\_\_\_\_\_  
(Clearly print name of individual authorized to submit this application)

**Further:**

To the best of my knowledge, information and belief, all statements contained in this application are true, complete and correct, and all work will be performed in the manner set forth in the application and in the plans and specifications filed therewith, and in accordance will all applicable laws, ordinances and regulations.

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
(Print Name of Owner)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)