



# VILLAGE OF BRONXVILLE BUILDING & PLANNING DEPARTMENT

200 Pondfield Road  
Bronxville, NY 10708

Phone: (914) 337-7338  
[www.VillageofBronxville.com](http://www.VillageofBronxville.com)

## ELECTRICAL PERMIT APPLICATION PACKAGE

(For generators, see Generator Permit Application)

### SUBMISSION REQUIREMENTS FOR ELECTRICAL PERMITS:

1. Complete the Electrical Permit Application and submit with the following information:
  - a. Electrical Inspection Service Application
  - b. Permit Fee: \$100.00
  - c. Contractor Information:
    - Electrical License
    - Liability Insurance
    - Workers' Compensation Insurance
    - Disability Insurance

**Note:** All application materials and fees must be submitted together as a complete set. Piecemeal submissions will not be accepted.

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### 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

