

Town of Scio
Bureau of Code Enforcement
PO Box 105
4355 Vandermark Road
Scio, NY 14880
Phone:

Proof of: Worker's Compensation Insurance Disability Benefits Coverage

New York General Municipal Law
Chapter 439
S. 6421
(Effective January 18, 1999)

CHECK ONE:

Applicant/Agent, Builder

Proof duly subscribed that worker's compensation insurance and disability benefits coverage issued by an insurance carrier in a form satisfactory to the chair of the Workers' Compensation Board as provided for in section fifty-seven of the Workers' Compensation Law is effective.

(Attach copy of Insurance Certificate)

Applicant/Owner Built/Gen. Contractor (with no employees)

I affirm that I have not engaged an employer or employees, as those terms are defined in Section Two of the Workers' Compensation Law; to perform work relating to this building permit.

THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

Signature: _____ Date: _____

Sworn to before me this _____ day of _____, 20____.

Notary Public