

**DUTCHESS COUNTY
DEPARTMENT OF EMERGENCY RESPONSE
9-1-1 ADDRESSING OFFICE**

Office Phone: (845) 486-6532
392 Creek Road, Poughkeepsie New York 12601

Fax Number: (845) 486-6529
E-Mail address dc41@idsi.net

Name of Firm or Person requesting address information: _____

Contact person: _____ Date: _____

Office Phone #: _____ Fax #: _____

TO BE FILLED IN BY PERSON REQUESTING NEW ADDRESS:

1. Type of request: Resale New Construction
 Sub-division Other _____

2. Real Property Tax Parcel Grid Number:

13- _____ - _____ - _____ - 0000
 Town Code Section Subsection Block

3. Parcel old address (if applicable):

4. Former owner of parcel or structure:

5. New owner of parcel or structure:

6. Attach a plot plan showing actual location of driveway

TO BE COMPLETED BY 9-1-1 STAFF MEMBER:

New assigned 9-1-1 address: _____

Name of Technician: _____ Date Assigned: _____

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

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):

- I am performing all the work for which the building 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.
- I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ◆ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit; OR
- ◆ have the general contractor, performing the work on the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:

<p><i>Sworn to before me this _____ day of</i> _____, _____.</p> <p>_____ <i>(County Clerk or Notary Public)</i></p>
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