



CONTRACTOR INFORMATION FORM

See instructions. Print clearly.

Application No _____ Taken by _____ Date filed _____ Permit N° _____

PART A- GENERAL INFORMATION

1. Location of work: _____

Map page _____ Block _____ Lots _____ Zone _____

2. Applicant's name: _____ tel.: _____ fax: _____

Address: _____ city/state/zip: _____

3. Construction company name: _____

Contractor's name: _____ Title: _____

Business phone: _____ fax: _____ Cell phone: _____

Address: _____ city/state/zip: _____

PART B- CONTRACTOR'S AFFIDAVIT

State of New York
County of Westchester} ss.:

_____ being duly sworn, deposes and says: that he/she is the
Name of contractor -Printed
Contractor, duly authorized by the owner of the property, to perform the work proposed under the subject
application, and that: (check applicable boxes)

- He/she has the required liability, New York State Worker's compensation and disability insurances.
- The provisions of the Workmer's Compensation Law do not apply to him/her in that:
 - all work to be performed under this application will be performed by him and that no laborer is or will be at any time employed by him/her at the subject location in the City of Mount Vernon,
 - all work shall be sub-contracted to sub-contractors who carry the required Worker' Compensation and disability insurances,

And that he/she will submit a Worker's Compensation waiver form signed and stamped by the NYS Worker's Compensation Board.

- He/she is duly licensed under Mount Vernon Home Improvement License No. _____

The undersigned further states that the work will be performed in accordance with the New York State Uniform Fire Prevention and Building Code, the City of Mount Vernon Building and Zoning Codes, and all other applicable law, codes and regulations whether or not shown on the plans and the specifications in the subject application, and that he assumes responsibility for all acts and work performed by Sub-Contractors, Laborers and Material men in connection with the work performed.

Sworn to before me this _____
Day of _____ 20 _____

Signature of Contractor

Signature of Notary-Commissioner of Deeds

PART B-APPLICANT'S AUTHORIZATION

State of New York
County of Westchester} ss.:

_____, hereby states that _____
Name of Applicant- Printed-Footnotes 1 & 2. *Name of Owner- Printed-Footer 1.*
is the owner of the property, and that he/she authorizes the contractor named in this document to perform the work proposed under this application.

Sworn to before me this _____
Day of _____ 20 _____

Signature of Applicant

Signature of Notary/Commissioner of Deeds

- 1. If the owner is the applicant, he/she shall print his/her name as both where requested, and sign as applicant.
- 2. If the owner is a Corporation, the applicant shall be a principal of the Corporation or a duly authorized agent.
- 3. The applicant shall be the applicant who applied for the permit to which this form applies.

PART C- OWNER'S AFFIDAVIT

For work to be performed by the owner of a 1-, 2-, 3- or 4-family owner-occupied residence.

State of New York
County of Westchester} ss.:

_____, being duly sworn, deposes and says: that he/she is the owner
(Owner's name- Printed)
of the property to which this application applies, that he/she resides at the premises, and that he/she is not required to show specific proof of Worker's Compensation insurance coverage because he/she will be performing all the work proposed in the subject application, and will not hire, pay or compensate in any way the individuals that may help perform the work;

The undersigned also agrees to acquire appropriate insurance coverage as required for any contractor performing work in the City of Mount Vernon, N.Y., if he/she decides to hire or pay individuals to perform the work;

The undersigned also states that the work will be performed in accordance with the New York State Uniform Fire Prevention and Building Code, the Mount Vernon Building and Zoning Codes, and all other applicable laws, codes and regulations, whether or not shown on plans and specifications in the subject application;

The undersigned further states that he/she assumes responsibility for all acts and work performed by him or any individuals helping to perform the work, and that the City of Mount Vernon is hereby free and clear of any and all claims incident to contracting work done by him/her and any individuals helping to perform the work.

Sworn to before me this _____
Day of _____ 20 _____

Signature of Owner

Signature of Notary/Commissioner of Deeds

SAMPLE ONLY

Obtain filing application from
Bldg. Dept. - City Hall