



TO: ALL CONTRACTOR'S
FROM: JOSEPH MCMAHON, BUILDING INSPECTOR
SUBJECT: CONTRACTOR'S ANNUAL REGISTRATION FEE

On August 1, 1991, the City of Plattsburgh Common Council approved a resolution to collect a contractor's registration fee. This fee will be collected by the Building Inspector's Office, 41 City Hall Place, Plattsburgh, NY 12901. The purpose of this registration fee is to reimburse the general fund for monitoring the insurance of contractor's who conduct business within the City Limits.

Unlike licensing, we are not governing qualifications or setting standards of contractor's to operate within.

The contractor will complete the contractor's registration form, pay the fee of \$25.00 and supply this office with proof of insurance to be a registered contractor in the City of Plattsburgh.

Any further information needed please contact our office at (518) 563-7707.

Checks may be made payable to "City Clerk".

CITY OF PLATTSBURGH CONTRACTOR'S REGISTRATION FORM
BUILDING AND ZONING OFFICE
41 CITY HALL PLACE
PLATTSBURGH, NY 12901
(518) 563 7707
buildinginspector@cityofplattsburgh-ny.gov

CUSTOMER NUMBER **REGISTRATION NUMBER**
(above to be filled in by Building Inspector Office Staff)

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

PHONE NUMBER: _____

CELL PHONE NUMBER: _____

EMAIL: _____

PRINCIPLE OWNER: _____

OWNER ADDRESS: _____

PHONE NUMBER: _____

OTHER OWNER NAME
(If partnership) _____

PHONE NUMBER: _____

Contractor's Signature: _____

BUILDING INSPECTOR'S OFFICE
CITY HALL
41 CITY HALL PLACE
PLATTSBURGH, NY 12901
(518) 563-7707
FAX: (518) 563-6426
EMAIL: buildinginspector@cityofplattsburgh-ny.gov

Attached is the **Contractor Registration** (our office will assign a number to it) and the insurance checklist. A **\$25.00 registration fee** is required and is renewable annually (checks can be made payable to: City Clerk).

Three separate insurance certificates are required for:

- **Liability**
- **NYS Workers Compensation**
- **NYS Disability.**

***If you are exempt from carrying the Workers Compensation and/or Disability, **Form CE-200**, a Certificate of Attestation of Exemption may be completed online at businessexpress.ny.gov for each Building Permit application. The State of New York requires that this form be completed and signed and submitted to our office to process building permits if you are exempt. Please refer to attached Certificate of Attestation of Exemption instruction sheet or contact our office for assistance.

City of Plattsburgh Building Inspector's Office
City Hall, 41 City Hall Place, Plattsburgh, NY 12901
Phone: (518) 563-7707 | Fax: (518) 563-6426
Email: buildinginspector@cityofplattsburgh-ny.gov

Office Hours: Monday – Friday, 8:00 a.m. – 4:00 p.m.-----Contractor Registration Requirements

To process any Building Permit application, a complete Contractor Registration is required.

Steps to Complete Your Registration:

1. **Submit the Contractor Registration Form:** The attached form must be completed. Our office will assign a registration number upon processing.
2. **Pay the Annual Registration Fee:** A **\$25.00 registration fee** is required. This fee is renewed annually. Checks should be made payable to the *City Clerk*.
3. **Provide Three Separate Insurance Certificates:** You must submit certificates for the following:
 - Liability Insurance
 - NYS Workers Compensation
 - NYS Disability
 -

Workers' Compensation and Disability Exemption:

If you are exempt from carrying NYS Workers Compensation and/or Disability insurance, you must complete and submit **Form CE-200**, a Certificate of Attestation of Exemption, with each Building Permit application. This form must be completed and signed.

- **How to Obtain Form CE-200:** The form may be completed online at businessexpress.ny.gov.
- *Please refer to the attached instruction sheet for the Certificate of Attestation of Exemption or contact our office for assistance.*

Submitting Documents:

- **Mailing Address:**
Building Inspector's Office
41 City Hall Place
Plattsburgh, NY 12901
- **Fax:** Insurance forms can be faxed to (518) 563-6426.
- **Email:** Insurance forms may be emailed to buildinginspector@cityofplattsburgh-ny.gov.

-----Once we receive the \$25.00 registration fee, the registration form, and required insurance certificates (Liability, NYS Workers Compensation, and Disability), your Contractor Registration will be considered complete and ready to process Building Permits.

Please contact our office with any questions.



Certificate of Attestation of Exemption

Instructions for obtaining and filing a Certificate of Attestation of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits (CE-200) through New York Business Express

Follow these steps:

1. Go to businessexpress.ny.gov.
2. Select **Log in/Register** in the top right-hand corner. A NY.gov Business account is required.
3. If you **do not have** a NY.gov business account, go to [step 4](#) to set up your account. If you **have** a NY.gov log-in and password, go to [step 16](#).
4. Select **Register with NY.gov** under New Users.
5. Select **Proceed**.
6. Enter the following:
 - First and Last Name
 - Email
 - Confirm Email
 - Preferred Username (check if username is available)
7. Select **I'm not a robot**.
 - You may have to complete a Captcha Verification before proceeding.
8. Select **Create Account**.
 - If you already have a NY.gov account, the screen will display your existing accounts, either Individual or Business.
 - Do one of the following:
 - If the account(s) shown is a NY.gov Individual account, select **Continue**.
 - If the account(s) shown is a NY.gov Business account, select **Email Me the Username(s)**.
9. Verify that the account information is correct.
 - Select **Continue**.
10. An activation email will be sent.
 - If you do not receive an email, see the **No Email Received During Account Creation** page.
11. Open your activation email and select **Click Here**.
 - Specify three security questions.
 - Select **Continue**.
12. Create a password (must contain at least 14 characters).
13. Select **Set Password**. You have successfully activated your NY.gov ID.
14. Select **Go to MyNy**.
 - At the top of the screen select **Services**.
 - Select **Business**.
 - Select **New York Business Express**.
 - Select **Log in/Register**.
15. On the New York Business Express home page, do one of the following:
 - Scroll down to Top Requests and select **Certificate of Attestation of Exemption, or**
 - Search Index A-Z for **CE-200**.
16. Under **How to Apply**:
 - Select **Apply as a Business, or**
 - Select **Apply as a Homeowner** (applies to those obtaining permits to work on their residence).
17. Complete application screens.
18. Review Application Summary.
19. Attest and submit.

You will receive an email when your certificate has been issued.

To view your certificate:

- Select **Access Recent Activity** from your email, [or](#)
- Access businessexpress.ny.gov, and then access your **Dashboard** (under your login name on right).

Print and [sign](#) the **Certificate of Attestation of Exemption**.

Submit your **CE-200** for your license, permit or contract to the issuing Agency.

INSURANCE REQUIREMENTS FOR CITY OF PLATTSBURGH

- 1) Contractors registering with the City of Plattsburgh to perform work within the City limits will provide proof of insurance based on the required limits (as listed below) and provide a certificate of insurance (Accord 25) to the City.
- 2) The City must be named as additional insured for work the contractor will be doing within the City limits that will hold the City harmless in case of physical injury or property damage to any public or private concern rising out of performing that work in the City limits.
- 3) The following insurance requirements are clarified and required for City of Plattsburgh Users of Facilities, City Properties, Non Owner-Occupied Properties and Registered Contractors performing work within the City limits:

A) Commercial General Liability:

Products Comp/Op Aggregate:	\$2,000,000
General Aggregate:	\$2,000,000
Personal & Adv. Injury:	\$1,000,000
Med Exp:	\$ 5,000
Damage to Rented Premises:	\$ 50,000
Each Occurrence:	\$1,000,000

1. Occurrence box must have "X."
2. City of Plattsburgh named as additionally insured under General Liability.
3. If Demolition, it needs to state so on certificate.

B) Automobile Liability:

Combined Single Limit: \$1,000,000.

Check boxes: Any Auto, All Owned Autos or Scheduled Auto's.

C) Workers Compensation:

In addition to the normal New York Statutory coverage that is required in All States or New York, endorsement is required from lessee's or users domiciled in a state other than New York. Any contractor with employees must provide a Certificate of Workers Compensation Insurance.

If a leesee or user of the city facility requires an employee or is employed at that facility to enter the confines of the Inter-state water of Lake Champlain, the Worker's Compensation policy is to include a United States Longshoremen's and Harbor Workers Compensation Act endorsement as part of their policy.

D) Disability:

Statutory coverage is required from all lessees or users regardless if they are domiciled in New York State or a State other than New York. Any contractor employing workers must provide a Disability Form (DB-120.1 or DB-155). A CE 200 Certificate of Attestation of Exemption should be provided to City when claiming Exemption for Workers Comp and Disability requirements .

E) Liquor Law Liability (if deemed necessary):

Any persons or organizations that are permitted to use City building or property for the sale, consumption or distribution of alcoholic beverages are subject to written lease containing an indemnification clause which holds the City of Plattsburgh harmless against any and all claims, regardless of the term of the lease. They are required to provide evidence of insurance as follows:

Premises-Operations: BI/PD: \$1,000,000 CSL

F) Submit on Accord 25 form with following information:

- 1) Agent/Broker name must appear on Accord 25 Form.
- 2) Contact name, Phone number and email address must be provided on Accord 25 Form.
- 3) Certificate must have signature/stamp of authorized insurance representative.
- 4) Proper insured's name must be included.
- 5) Current date on certificate.
- 6) Insurance companies inserted.
- 7) Company letter inserted next to coverage
- 8) Policy numbers/Binder numbers must be inserted.
- 9) Policy effective/expiration date must be inserted.
- 10) Certificate Holder should be:

City of Plattsburgh
41 City Hall Place
Plattsburgh, NY 12901

G) If applicable, Excess Liability Box needs to be checked and filled out with amount of coverage.

The City of Plattsburgh reserves the right to increase these requirements as necessary.

CITY OF PLATTSBURGH
INSURANCE REQUIREMENT CHECKLIST

Contractor: _____

General Information

- 1. Agent/Broker's name must appear on Certificate _____
- 2. Proper insured's name must be included _____
- 3. Current date is required _____
- 4. Insurance companies inserted _____
- 5. Company letter inserted next to coverage _____
- 6. Commercial General Liability must have "X" _____
- 7. Occurrence box must have "X" _____
- 8. Any Auto or All Owned Autos or Scheduled Autos "X" _____
- 9. Hired & Non-owned Auto "X" _____
- 10. If applicable, Excess Liability-Box would need "X" _____
- 11. Policy numbers/Binder numbers must be inserted _____
- 12. Policy effective/expiration date must be inserted _____
- 13. Certificates must name "City of Plattsburgh" as Additional Insured _____

General Liability

- 14. Each Occurrence limit must be \$1,000,000 _____
- 15. Each Aggregate limit must be at least \$1,000,000 _____
- 16. Products-Completed Operations must be at least \$1,000,000 _____
- 17. If Demolition, it needs to state so on Certificate _____
- 18. Purpose of Certificate should be noted _____
- 19. Certificate Holder must have at least 10 days _____

Worker's Compensation

- 20. Worker's Compensation form C-105.2 must be attached _____
- 21. Longshoreman's needs to be identified if working or, on or near any waterways, lakes, rivers, etc. _____

Disability

- 22. NY Disability form DB120.1 must be attached _____
- 23. Certificate holder must have at least 10 days Cancellation Notice _____

Miscellaneous

- 24. Certificate must have signature/stamp of Authorized Insurance Representative _____
- 25. NY State Disability should be inserted in the other box _____