



Village of Port Chester
Building Department
222 Grace Church Street, Room 100
Port Chester, New York 10573
Office (914) 939- 5203 Fax (914) 939-8747

Application for Building Permit and Zoning Permit

SBL # _____ - _____ - _____

Date: _____

Construction Located at: _____

Zoning District: _____

Owner: _____

Phone: _____

Mailing Address: _____

Agent: _____

Phone: _____

Mailing Address: _____

Description of work: _____

Use Classification: _____ Type Construction: _____ Number of Units: _____

New: _____ Addition: _____ Repair/Replacement: _____ Alteration Level: _____ Change in Use: _____

Building Systems: _____ Fire Protection Equipment & Systems: _____ Fuel Oil Tank: _____ Heating Appliance: _____

Demolition: _____ Special/Open Building Permit: _____ Area of Land Disturbance: _____

Record of Legal Use: _____ Located in a Special Flood Hazard Zone: Yes or No

Site Plan/Special Exception Approval: _____ ZBA Variance: _____

Design Professional: _____ Phone: _____ Email: _____

Contractor: _____ Lic.# _____ Phone: _____

I certify that the information provided above is correct. I understand that false statements made herein are punishable as a Class A misdemeanor. I further understand that upon discovery that I provided any false information, I may be subject to criminal penalties and my permit may be revoked.

All work shall be performed in accordance with the construction documents which were submitted with and accepted as part of this application for permit. I understand that as the owner, and permit holder, I shall immediately notify the Building Inspector of any changes occurring during the course of work and further understand that if the Building Inspector determines that such changes warrants a new or amended permit or plans, such changes shall not be made until and unless a new or amended permit reflecting such changes is issued. I agree not to occupy this building/structure until a certificate has been issued for same upon completion of the description thereof in compliance herewith.

Owner/Authorized Agent

Date

Email address - Required to Receive Correspondence

COST OF CONSTRUCTION: \$ _____

PERMIT FEES _____ **Received By:** _____

Department Stamped Received Date





Village of Port Chester
Building Department
222 Grace Church Street, Room 100
Port Chester, New York 10573
Office (914) 939- 5203 Fax (914) 939-8747

OWNER CONSENT & AUTHORIZED AGENT FORM

Property Address: _____

I, _____, owner or Corporate Officer of the above mentioned property and mailing address _____, do hereby authorize _____ and (mailing address) _____, to act as my agent representing me in applying for and obtaining, permits, scheduling inspection and obtaining certificates from the Village of Port Chester.

I, as owner or Corporate Officer of this property, understand that I am responsible for any information, work submitted and performed by my authorized agent. I further understand that each time my authorized agent applies for a permit, that he/she must resubmit a new updated agent authorization form to the Village of Port Chester.

Property Owner or Corporate Officers signature _____ Date: _____
Phone # () _____

State of _____

County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____

By _____, who is personally known to me or as identification shown: _____.

Notary Public Signature: _____

Printed Name of Notary: _____

My commission expires: _____ Commission # _____



Building Department

Village of Port Chester
222 Grace Church Street
Port Chester, New York 10573

(914) 939-5203
Fax (914) 939-8747

Requirements for Submission of Building Permit Application

- Application to obtain Building Permit must be completely filled out, signed, and **notarized** by the owner and applicant.
- The Section/Block/Lot may be obtained from the Tax Assessor's Office at 10 Pearl Street, Port Chester, NY (914) 939-3566, or online at <http://giswww.westchestergov.com/taxmaps/default.aspx?sMun=Portchester>
- **Three** sets of SEALED plans/ **Four** sets are required if application requires ABR approval.
- All plans/drawings and surveys submitted require an electronic submission in PDF format.
- A SURVEY is required and must be submitted for all new structures, additions, & decks.
- Insurance Certificates:
 - Accord Forms are not acceptable as proof of insurance.
 - Worker's Compensation insurance, on the NY state 105.2 form or similar.
 - Disability insurance, presented on the NY state 120.1 form or similar.
 - Notate location of work on all forms.
 - All insurance forms must name the Village of Port Chester as Certificate Holder, see below:

Village of Port Chester
222 Grace Church Street
Port Chester, NY 10573
 - Samples of insurance forms are included in the Building Permit Application packet.
- A copy of the Westchester County Home Improvement license must be submitted for all work done on 1 & 2 family dwellings.
- Plumbers, Electricians, and any other specialized trade requiring a license must obtain & submit a separate permit application and provide proof of licensing and insurance.
- If the application is to correct/remove/restore existing violations, a copy of said Violation Notice and/or Appearance Ticked **MUST** be submitted with the application.
- **APPLICATIONS can be submitted to the Building Department Monday thru Friday, from 9:00 am to 4:00 pm.**
- **ADDITIONS, DECKS & POOLS:**

Applications must be accompanied by a current survey of the property showing the addition, pool and/or deck on the property with the distance of the deck or pool from all property lines and structures. This survey is for the purpose of conducting a zoning review prior to the issuance of a building permit.



Building Department
 Village of Port Chester
 222 Grace Church Street
 Port Chester, New York 10573
 (914) 939-5203 Fax (914) 939-8747

Address: _____

Building Permit Application

- Building Permit Application *(Completed)*
- (Building Permit Application Can Be Used for: Sprinkler, HVAC, & Fire Alarm Installations)*
- Westchester County Home Improvement License *(Required for 1&2 Family Homes)*
- License For Specialized Trade *(Sprinkler, HVAC, & Fire Alarm if applicable)*
- 3 Sets of Architectural/Engineer Stamped Plans
- 1 Electronic Submission in PDF Format OR 1Set11x17 Architectural/Engineer Stamped Plans
- Proof of Workers Comp Insurance *(Village of Port Chester as Certificate Holder) Separate form*
- Proof of Disability Insurance *(Village of Port Chester as Certificate Holder) Separate form*
- Survey *(stamped and signed by a licensed surveyor, if applicable)*
- Check *(in the appropriate amount)* written out to the Village of Port Chester
- Owner Affidavit
- Copy of Violation or Building Department Referral *(if applicable)*

Certificate of Occupancy (CO)

- Certificate of Occupancy Application *(Completed)*
- As-Built Plans *(if applicable)*
- As-Built Survey *(if applicable)*
- Affidavit of Cost
- Underwriters Certificate of Electrical Inspection
- Check *(in the appropriate amount)* written out to the Village of Port Chester

Building Permit Amendment

- Building Permit Amendment Application *(Completed with original permit number)*
- 3 Sets of Architectural/Engineer Stamped Plans showing change(s)
- 1 Electronic Submission in PDF Format OR 1Set11x17 Architectural/Engineer Stamped Plans
- Check *(in the appropriate amount)* written out to the Village of Port Chester

Architectural Board of Review (check all that apply)

- 1 Building Permit Applications *(Completed) or*
- Sign Permit Applications *(Completed)*
- 3 Sets of Architectural/Engineer Stamped Plans
- 1 Electronic Submission in PDF Format OR 1Set11x17 Architectural/Engineer Stamped Plans
- Pictures *(left and right of structure or proposed structure) 3 pictures total*
- Check *(in the appropriate amount)* written out to the Village of Port Chester

Plumbing Permit/Electrical Permit/ Tank Permit

- Permit Application *(Building Permit No. if applicable)*
- Copy of Required License
- Proof of Workers Comp/Disability Insurance *(Village of Port Chester as Certificate Holder) Separate form*
- Check *(in the appropriate amount)* written out to the Village of Port Chester
- 3rd Part Electrical Underwriters Application *(Electrical Permits Only)*

PLEASE BE ADVISED: Incomplete or partial applications will **NOT** be accepted. Submittal does not guarantee that a Permit or Certificate of Occupancy will be issued. Permits will be reviewed for completeness and issued in **approximately 1 to 3 weeks**. A call will be made when the permit has been issued and is ready for pickup.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Village of Port Chester 222 Grace Church Street Port Chester, NY 10573</p>	<p>3a. Name of Insurance Carrier</p> <p>3b. Policy Number of entity listed in box "1a"</p> <p>3c. Policy effective period</p> <p style="text-align: center;">_____ to _____</p> <p>3d. The Proprietor, Partners or Executive Officers are Included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: _____
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: _____
(Signature) (Date)

Title: _____

Telephone Number of authorized representative or licensed agent of insurance carrier: _____

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

SAMPLE

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier

<p>1a. Legal Name and Address of Insured (Use street address only)</p>	<p>1b. Business Telephone Number of Insured</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Village of Port Chester 222 Grace Church Street Port Chester, NY 10573</p>	<p>3a. Name of Insurance Carrier</p> <p>3b. Policy Number of entity listed in box "1a":</p> <p>3c. Policy effective period: _____ to _____</p>

4. Policy covers:

a. All of the employer's employees eligible under the New York Disability Benefits Law

b. Only the following class or classes of the employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability Benefits insurance coverage as described above.

Date Signed _____ By _____
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number _____ Title _____

IMPORTANT: If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is **COMPLETE**. Mail it directly to the certificate holder.
If box "4b" is checked, this certificate is **NOT COMPLETE** for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 20 Park Street, Albany, New York 12207.

PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)

**State Of New York
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____
(Signature of NYS Workers' Compensation Board Employee)

Telephone Number _____ Title _____

Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in box "3" on this form is certifying that it is insuring the business referenced in box "1a" for disability benefits under the New York State Disability Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in box "2". *This Certificate is valid for the earlier of one year after this form is approved by the insurance carrier or its licensed agent, or the policy expiration date listed in box "3c".*

Please Note: Upon the cancellation of the disability benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability Benefits Law

DISABILITY BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article.

LAWS OF NEW YORK, 1998
CHAPTER 439

The general municipal law is amended by adding a new section 125 to read as follows:

125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' 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; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

Implementing Section 125 of the General Municipal Law

1. General Contractors -- Business Owners and Certain Homeowners

For businesses and certain homeowners listed as the general contractors on building permits, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is ONE of the following forms that indicate that they are:

- ◆ insured (C-105.2 or U-26.3),
- ◆ self-insured (SI-12), or
- ◆ are exempt (CE-200),

under the mandatory coverage provisions of the WCL. Any residence that is not a 1, 2, 3 or 4 Family, Owner-occupied Residence is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

2. Owner-occupied Residences

For homeowners of a 1, 2, 3 or 4 Family, Owner-occupied Residence, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file form BP-1 (12/08).

- ◆ Form BP-1 shall be filed if the homeowner of a 1, 2, 3 or 4 Family, Owner-occupied Residence is listed as the general contractor on the building permit, and the homeowner:
 - ◇ is performing all the work for which the building permit was issued him/herself,
 - ◇ is 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 the homeowner perform such work, or
 - ◇ has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
- ◆ If the homeowner of a 1, 2, 3 or 4 Family, Owner-occupied Residence is hiring or paying individuals a total of 40 hours or MORE in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" form, BP-1(12/08), but shall 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 (the C-105.2 or U-26.3 form), 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) 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.



**Certificate of Attestation of Exemption
From New York State Workers' Compensation
and/or Disability Benefits Insurance Coverage**

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Certificate of Attestation of Exemption **ONLY** to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may **NOT** use this form to show another business or that business's insurance carrier that such insurance is not required.

Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

<p align="center">In the Application of (Legal Entity Name and Address):</p> <p>Company/Owner NAME Street Address City, State Zip Code Telephone Federal ID Number</p>	<p align="center">Business Applying For: BUILDING PERMIT</p> <p>From: VILLAGE OF PORT CHESTER 222 Grace Church Street Port Chester, NY 10573</p> <p>The location of where work will be performed is:</p> <p>Estimated dates necessary to complete work associated with the building permit are from to</p>
---	---

Workers' Compensation Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:

The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, dry labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

Disability Benefits Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason:

The business is owned by one individual or is a partnership (LLC, LLP, PLLP or a RLLP) under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock) or is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)

I, JOHN SMITH, am the Sole Proprietor with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

SIGN HERE	Signature: _____	Date: _____
Exemption Certificate Number		Received
NYS Workers' Compensation Board		

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

This form cannot be used to waive the workers' compensation rights or obligations of any party.

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 if appropriate, file a CE-200 exemption form; 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>_____.</p> <p>_____ <i>(County Clerk or Notary Public)</i></p>
--

Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.

**IF YOU'RE NOT
LEAD-SAFE CERTIFIED,
DISTURBING
JUST SIX
SQUARE FEET
COULD COST YOU
BIG TIME**

GET LEAD-SAFE CERTIFIED BY APRIL 22, 2010.



If you're working on homes, schools or day care centers built pre-1978, you now must be EPA Lead-Safe Certified.

WHAT

The Lead-Based Paint Renovation, Repair and Painting (RRP) rule is a federal regulatory program affecting anyone who disturbs painted surfaces where lead may be present.

- Submit an application to certify your firm for five years.
- A one-day class will certify your renovators for five years.
- Learn the required steps to contain the work area, minimize dust and thoroughly clean up every day.

WHO

• Any contractor, including renovators, electricians, HVAC specialists, plumbers, painters and maintenance staff, who disrupts more than six square feet of lead paint in pre-1978 homes, schools, day care centers and other places where children spend time.

WHY

1. Avoid risk of government fines and civil liability:
 - Without certification and by not following approved practices, you and your company can face tens of thousands of dollars in fines and put yourself and your company at risk of potential lawsuits.
2. Protect your workers, yourself and your customers from a health risk:
 - Dust from renovation, repairs and painting can contaminate an entire home and, if inhaled or ingested, can cause irreversible damage to children and adults.
3. Gain competitive advantage:
 - Certification makes you stand out from others and positions you as a professional contractor consumers can trust. Using your company's certification in your marketing materials may help attract business.
 - Consumers will look for the certification before hiring contractors and may be more accepting of additional costs and time associated with doing the job safely.
 - Upon certification of your firm, your company will be listed as a Lead-Safe Certified Contractor on the EPA website, giving your firm the potential for new customers.

WHERE

To find an accredited trainer in your local area or get additional info, go to epa.gov/getleadsafe or call 800-424-LEAD.

WHEN

Now – Certification requirements begin April 22, 2010.