



# TOWN of GREENBURGH

## DEPARTMENT OF BUILDINGS

177 Hillside Avenue, Greenburgh, New York 10607-1409

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# Annual Elevator/Conveyance Installer or Inspector Permit Application

### REQUIREMENTS FOR OBTAINING AN ELEVATOR/CONVEYANCE INSTALLER'S/INSPECTOR'S PERMIT:

1. Complete Elevator/Conveyance Installer's/Inspector's Permit Application.
2. Copy of ASME certification.
3. Check or Money Order Made Payable to *Town of Greenburgh* for \$100.00
4. Insurance Information
  - a. Certificate of **Liability** insurance naming the "Town of Greenburgh Building Department" as additional insured
  - b. New York State **Workers Compensation** and **Disability Insurance** Forms naming "Town of Greenburgh Building Department" as "Certificate Holder" or "Entity Requesting Certificate"
    - WC & DB CE-200 *Certificate of Attestation of Exemption from NYS Worker's Compensation and/or Disability Benefits Coverage*; or
    - WC form C-105.2 *Certificate of Workers Compensation Insurance*; or
    - WC form SI-12 – *Certificate of Workers Compensation Self-Insurance*
    - WC Form U-26.3 *Certificate of NY Worker's Compensation Insurance from the New York State Insurance Fund*
    - WC Form GSI-105.2 *Certificate of Participation in New York State Workers' Compensation Group Self-Insurance*
    - DB form BD-120.1 *Certificate of Disability Benefits*
    - DB form DB-155 *Certificate of Disability Benefits Self-Insurance*

ACCORD Forms are **NOT** acceptable Workers Compensation and Disability Insurances. Please visit the New York State Workers Compensation Board's Website at [www.WCB.State.NY.US](http://www.WCB.State.NY.US) .

Applying for (Check One):  INSTALLER      or       INSPECTOR

Installer/Inspector Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

QEI/ASME Certification No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Company: \_\_\_\_\_ Telephone # \_\_\_\_\_

Company's Address: \_\_\_\_\_

Installer/Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_