



# CITY OF TONAWANDA, NEW YORK

OFFICE OF THE BUILDING INSPECTOR  
200 Niagara Street · Tonawanda, New York 14150-1099  
Phone: 716.695.1806 Fax: 716.743.8870  
Email: bldginsp@tonawandacity.com

**JOHN WHITE**  
Mayor

**ERIK LINDHURST**  
Building Inspector

## ***CITY OF TONAWANDA CONTRACTOR LICENSE*** ***FEE: \$100.00***

City of Tonawanda Contractor's Licenses are effective from January 1<sup>st</sup> to December 31<sup>st</sup> of the issuing year.

This license may be renewed by mailing the attached completed application (please provide a legible email where possible so license can be emailed), the required fee of \$100.00 and the following required insurance forms:

1. A Certificate of Insurance showing General Liability Insurance in the amount of at least \$300,000.00
2. One of the following forms indicating compliance with NYS Compensation Insurance requirements
  - a. C-105.2 - Workers' Compensation provided by your insurance company, or
  - b. U-26.3 - Workers' Compensation provided by the State Insurance Fund, or
  - c. SI-12 - Workers' Compensation provided by the Self Insurance Office, or
  - d. CE-200 - Certificate of Exemption - Available at [www.wcb.state.ny.us](http://www.wcb.state.ny.us)
3. One of the following forms showing compliance with NYS Comp. Law pertaining to Disability Insurance
  - a. DB-120.1 - Disability Insurance provide by your insurance company, or
  - b. SI-12 - Disability Insurance provided by the Self-Insurance Office, or
  - c. CE-200 - Certificate of Exemption - Available at [www.wcb.state.ny.us](http://www.wcb.state.ny.us)

**\*\*If you have any questions regarding these forms please call the Workers Compensation Board @ 866.211.0465 or your insurance carrier. This office can only answer questions regarding the expiration date(s) of the current form (s) on file in this Office.**

**Mail To: Office of the Building Inspector  
200 Niagara Street  
Tonawanda NY 14150-1099**

***Make checks payable to the "TONAWANDA CITY TREASURER".***

**Please make sure all required insurance forms are included with your application and check.**  
**If not, your application and check will be returned to you..**

**\*\*Upon receipt of the above items a new license will be processed and either mailed or emailed to you.**

**Failure to renew may result in any and all work being stopped and possible legal action.**

**\*\* Please note that the City of Tonawanda does not remove debris generated by contractors.**  
**All contractors are responsible for disposal of all construction related debris.**

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200 NIAGARA STREET  
TONAWANDA, NEW YORK 14150-1099  
Phone: 716.695.1806 Fax: 716.743.8870  
email: bldginsp@tonawandacity.com

(Office use only)  
License No. \_\_\_\_\_

**FEE: \$100.00 YEARLY**

**MAKE CHECKS PAYABLE TO: TONAWANDA CITY TREASURER**

**ALL LICENSES EXPIRE 12/31 OF THE ISSUING YEAR**

**APPLICATION FOR CONTRACTOR'S LICENSE**

Name of Concern or Corp: \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone (Incl. Area Code) \_\_\_\_\_ No. of years in business \_\_\_\_\_

Approximate No. of Employees \_\_\_\_\_ Email: \_\_\_\_\_

Name of Principal owner(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Have you ever been arrested? \_\_\_\_\_

Home Phone (Incl. Area Code) \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Required insurance coverage in order to apply for the License:

\$300,000 General Liability Coverage

Workers' Compensation Insurance required or Certificate of Exemption

NYS Disability Insurance required or Certificate of Exemption

**PLEASE MAKE SURE ALL REQUIRED INSURANCE FORMS ARE INCLUDED WITH YOUR APPLICATION AND CHECK. IF NOT, YOUR APPLICATION AND CHECK WILL BE RETURNED.**

\*\*CERTIFICATE OF INSURANCE TO BE ISSUED TO THE CITY OF TONAWANDA\*\*

**Check appropriate types of contractor:**

- |  |   |
|--|---|
| <input type="checkbox"/> New Home-General Contractor   | <input type="checkbox"/> Home Improvement-Additions, Dormers Etc. |
| <input type="checkbox"/> Interior Remodeling           | <input type="checkbox"/> Exterior Remodeling/Siding               |
| <input type="checkbox"/> Roofing or Gutters            | <input type="checkbox"/> Electrical                               |
| <input type="checkbox"/> Dry Wall                      | <input type="checkbox"/> Garage                                   |
| <input type="checkbox"/> Sub Contractor                | <input type="checkbox"/> Concrete                                 |
| <input type="checkbox"/> Blacktop or Concrete Driveway | <input type="checkbox"/> Heating & Air conditioning               |
| <input type="checkbox"/> Fence Contractor              | <input type="checkbox"/> Swimming Pool Installer                  |
| <input type="checkbox"/> Other                         |   |

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Please Print Name of Applicant)