

TOWN OF ESOPUS
Building Department
P.O. Box 700
Port Ewen, NY 12466
845-331-8630

Liability Insurance Waiver

I, _____, being the owner/applicant, intend to perform all
work under the application submitted _____.
Date

For _____
Description of Work

If it becomes necessary for other person/persons to be employed, a Certificate of
Insurance will be submitted to the Building Department before said person/persons
being(s) work.

Owner/Applicant

Witness from Building Dept.