

TOWN of BABYLON
LONG ISLAND GREEN HOMES PROGRAM
2019 CLASS 9 LICENSE¹ –
BUILDING PERFORMANCE CONTRACTOR
REQUIREMENTS

License Application Fee	\$200 per license per year ² Make check payable to: <i>Town of Babylon</i>
Eligibility	Persons, Corporations, Businesses or Other Legal Entity
Eligibility Requirements A Class 9 license shall be required of all persons, corporations, businesses or any other entity engaged as a building performance contractor who can perform building performance modifications, improvements and/or construction within the Town of Babylon on any residential property.	1. Current Building Analyst <u>and</u> Envelope Professional Certification from the Building Performance Institute;
	2. Current licensed contractor by Suffolk County Consumer Affairs for at least one year in good standing;
	3. Successfully completed at least ten (10) building energy performance contracts; and
	4. General Liability Insurance in the sum of at least \$1,000,000.

General Liability
Accord Forms are Acceptable
Current Disability
Accord Forms are Acceptable
Workers Compensation Certificate
Certificate must be valid for the term of the license.
SIGNATURE MUST BE NOTARIZED
(last page of application)
MAIL YOUR COMPLETED APPLICATION and ALL REQUIRED INFORMATION TO:
Long Island Green Homes Town of Babylon 281 Phelps Lane, Room 26 North Babylon, New York 11703 ANY QUESTIONS: Call the Long Island Green Homes Hotline: (631) 893-2140 or visit the official website: www.ligreenhomes.com
Fax # (631) 893-1008
Hours: Monday through Friday 8:00 a.m. to 4:30 p.m.

¹ The license is valid from January 1, 2019 through December 31, 2019

² If applicant is simultaneously applying for a Class 8 and/or 10 license, the maximum fee charged shall be a total of \$250 in the aggregate, for all of the class licenses.



**TOWN of BABYLON
LONG ISLAND GREEN HOMES PROGRAM
CLASS 9 LICENSE APPLICATION:
BUILDING PERFORMANCE CONTRACTOR**

**Long Island Green Homes Program Building Performance Contractor
License Application**

Company Name: _____

Business Address: _____

City, State, Zip Code: _____

Mailing Address (if different from above): _____

City, State, Zip Code: _____

Federal Identification Number: _____

Or Social Security Number, if individual: _____

TELEPHONE NUMBERS:

Day: _____ Cell: _____

Night: _____ Fax: _____

Contact Person or Persons: _____

Class 9 License: For BUILDING PERFORMANCE CONTRACTOR for the Town of Babylon's *LONG ISLAND GREEN HOMES PROGRAM*

ALL PAGES MUST BE TYPEWRITTEN OR PRINTED IN INK.



**TOWN of BABYLON
LONG ISLAND GREEN HOMES PROGRAM
CLASS 9 LICENSE APPLICATION:
BUILDING PERFORMANCE CONTRACTOR**

1. Has the Corporation or any Officer, Director or Stockholder ever been convicted of a felony?

Yes _____ No _____ If yes, provide complete details including date and location. Attach copy of certificate of relief, if granted.

2. Does the Corporation or any Officer, Director or Stockholder hold an interest in any other Business?

Yes _____ No _____ If yes, please provide complete details.

3. Has the Corporation or any Officer, Director or Stockholder executed any consent decrees, stipulations or dispositions with any Government Agency or Municipality with regard to any Government or RICO suit?

Yes _____ No _____ If yes, please provide complete details.

4. Has the Corporation or any Officer, Director or Stockholder ever had any License or Permit denied, suspended or revoked?

Yes _____ No _____ If yes, please provide complete details.

**COMPLETE THE FOLLOWING
FOR EACH DIRECTOR, OFFICER AND STOCKHOLDER OWNING MORE
THAN 5% OF CORPORATE STOCK
(USE ADDITIONAL SHEETS IF NECESSARY)**

NAME:			
Also Known As:			
Title:		Date of Birth:	
Home Address:			
Social Security Number:			
Citizen of U.S.?	Yes _____	No _____	If no, Citizen of _____
PERCENTAGE OF OWNERSHIP: _____%			

NAME:			
Also Known As:			
Title:		Date of Birth:	
Home Address:			
Social Security Number:			
Citizen of U.S.?	Yes _____	No _____	If no, Citizen of _____
PERCENTAGE OF OWNERSHIP: _____%			

NAME:			
Also Known As:			
Title:		Date of Birth:	
Home Address:			
Social Security Number:			
Citizen of U.S.?	Yes _____	No _____	If no, Citizen of _____
PERCENTAGE OF OWNERSHIP: _____%			

**LIST INDIVIDUALLY AT LEAST 10 BUILDING ENERGY
PERFORMANCE CONTRACTS**

1. NAME OF BUILDING OWNER/CLIENT:
Building Address:
Telephone Number:
Approximate Date of Work:
Type of Work Completed:

2. NAME OF BUILDING OWNER/CLIENT:
Building Address:
Telephone Number:
Approximate Date of Work:
Type of Work Completed:

3. NAME OF BUILDING OWNER/CLIENT:
Building Address:
Telephone Number:
Approximate Date of Work:
Type of Work Completed:

**LIST INDIVIDUALLY AT LEAST 10 BUILDING ENERGY
PERFORMANCE CONTRACTS
(Cont.)**

4. NAME OF BUILDING OWNER/CLIENT:
Building Address:
Telephone Number:
Approximate Date of Work:
Type of Work Completed:

5. NAME OF BUILDING OWNER/CLIENT:
Building Address:
Telephone Number:
Approximate Date of Work:
Type of Work Completed:

6. NAME OF BUILDING OWNER/CLIENT:
Building Address:
Telephone Number:
Approximate Date of Work:
Type of Work Completed:

**LIST INDIVIDUALLY AT LEAST 10 BUILDING ENERGY
PERFORMANCE CONTRACTS
(Cont.)**

7. NAME OF BUILDING OWNER/CLIENT:
Building Address:
Telephone Number:
Approximate Date of Work:
Type of Work Completed:

8. NAME OF BUILDING OWNER/CLIENT:
Building Address:
Telephone Number:
Approximate Date of Work:
Type of Work Completed:

9. NAME OF BUILDING OWNER/CLIENT:
Building Address:
Telephone Number:
Approximate Date of Work:
Type of Work Completed:

**LIST INDIVIDUALLY AT LEAST 10 BUILDING ENERGY
PERFORMANCE CONTRACTS
(Cont.)**

10. NAME OF BUILDING OWNER/CLIENT:
Building Address:
Telephone Number:
Approximate Date of Work:
Type of Work Completed:



**TOWN of BABYLON
LONG ISLAND GREEN HOMES PROGRAM
CLASS 9 LICENSE APPLICATION:
BUILDING PERFORMANCE CONTRACTOR**

Applicants must attach the following information to License Application:

1. Copy of current Building Performance Institute Certifications for: i) Building Analyst; and ii) Envelope Professional;
2. Copy of current Suffolk County Contractor's License; and
3. Proof of General Liability Insurance in the sum of at least One Million Dollars (\$1,000,000.00) with the *TOWN of BABYLON* listed as Additional Insured. Copy of Accord Form is acceptable.

This Class 9 License Application is made by your deponent and intended to be filed with the Town of Babylon to fulfill the requirements of Section 133-14 of the Town of Babylon Code.

The applicant hereby consents that any authorized representatives of the Town of Babylon will be permitted to make random on-site inspections during the hours of operation of any and all locations the applicant maintains for the purpose of determining compliance with the conditions of any license issued hereunder.

The applicant is familiar with and agrees to comply with the Code of the Town of Babylon, Chapter 57 and Chapter 133 and the regulations of the Sanitation Commission which are available on line at www.townofbabylon.com or through the Town Clerk's Office.

The signatory below affirms the truth and accuracy under penalty of perjury of this application and any attached lists or information.

_____, being duly sworn, deposes and says that (s)he resides at _____ in the County of _____, and State of _____, and that (s)he is the (owner in fee) or (_____ of the _____ Corporation, which is the owner in fee) of the entity making the application for a Class 9 License to the Sanitation Commission of the Town of Babylon and the (s)he has authorized _____ to make the foregoing application.

Sworn to me this _____	(Corporate Seal)
Day of _____, 20__	
Notary Public	
<hr/> Owner, Partner, Corporate Officer or Other (state title)	