

SBL #:

Permit #:

PAID CK. #:

**TOWN OF FALLSBURG
CODE ENFORCEMENT OFFICE**

5250 Main Street,
South Fallsburg, NY 12779
Phone: (845) 434-8811 • Fax: (845) 434-5883



APPLICATION FOR BUILDING PERMIT

Only Checks Or Money Orders Are Acceptable And Must Be Made Payable to the Town of Fallsburg

INSTRUCTIONS:

1. This application must be completely filled in by typewriter or in ink and submitted to the Building Inspector.
2. A plot plan showing location of lot and buildings on premises with appropriate dimensions, relationship to adjoining premises or public streets and giving a detailed description of layout of property must be drawn on the diagram which is part of this application.
3. This application must be accompanied by two complete sets of plans showing proposed construction and two complete sets of specifications. Plans and specifications shall describe the nature of the work to be performed, the materials and equipment to be used and installed, and details of structural, mechanical and plumbing installations.
4. **The work covered by this application may not be commenced before the issuance of a Building Permit.**
5. Upon approval of this application, the Building Inspector will issue a Building Permit to the applicant, together with approved set of plans and specifications. Such permit, approved plans and specifications shall be kept on the premises, available for inspection throughout the progress of the work.
6. Be advised Sullivan County Local Law No. 13 of 1977 requires use of Licensed Electrical Contractors.
7. **NO BUILDING OR STRUCTURE SHALL BE OCCUPIED OR USED IN WHOLE OR IN PART FOR ANY PURPOSE WHATSOEVER, UNTIL A CERTIFICATE OF OCCUPANCY SHALL HAVE BEEN GRANTED BY THE BUILDING INSPECTOR.** Note: The homeowner is ultimately responsible for acquiring the certificate of occupancy.
8. APPLICATION IS HEREBY MADE to the Building Inspector for the issuance of a Building Permit pursuant to the New York Building Construction and Code Ordinances of the Town of Fallsburg for the construction of buildings, additions or alterations, or for the removal or demolition or use of property, as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations.

Name of Applicant (Please Print)

Mailing Address

Signature of Applicant

Telephone #

Date

THIS IS NOT A PERMIT

8. Dimensions of existing structures:

Front _____ Rear _____ Depth _____ Height: _____ Stories _____

9. Dimensions of Deck:

Front _____ Rear _____ Depth _____ Total Square Footage _____

10. Dimensions of Mobile Home:

Front _____ Depth _____ Make _____ Model _____ Year _____

11. Size of Lot:

Front _____ Rear _____ Depth _____ Front yard: _____

Rear Yard _____ Side Yards _____ Is this a corner lot? _____

12. Zone in which premises are situated: _____

13. Does proposed construction violate any zoning law, ordinance or regulation:

14. Name of Contractor's Compensation Carrier: _____

Number of Policy: _____ Date of Expiration: _____

15. Name of Contractor(s): _____

Address: _____ Phone Number: _____

16. Name of Architect/Engineer: _____

Address: _____ Phone Number: _____

17. Name of Electrician: _____

18. Name of Electrical Inspection Agency: _____

19. Name of Plumber: _____

IMPORTANT

- Do not pour footings until the location of building on lot and soil has been inspected.
- Defer backfilling until waterproofing of foundation is approved by the Building Department.
- Walls are not to be covered until inspected by the Building Department.

Costs for work described in the Application for Building Permits include the cost of all the construction and other work done in connection therewith, exclusive of the cost of the land. If final cost shall exceed estimated costs, an additional fee may be required before the issuance of the Certificate of Occupancy.

**SHOW PLOT PLAN ON REAR OF PAGE
(use additional sheet if necessary)**



**TOWN OF FALLSBURG
CODE ENFORCEMENT OFFICE**

Member: New York State Building Officials Conference, Inc.

5250 Main St
South Fallsburg, NY 12
(845) 434-8
Fax: (845) 434-5

Attention Building Permit Applicants.

This Checklist Must Be Submitted Along With Your Completed Application.

Write N/A where not applicable

1. I have read the instructions on the front of the permit application. _____
2. I have submitted a plot plan showing the lot and buildings on the premises. _____
3. I have submitted legible detailed plans as per the instructions on the permit. _____
4. I understand the work may not be started until a permit is issued. _____
5. I understand that all electrical work must be independently inspected. _____
6. I understand that not displaying the permit placard is a \$50.00 fine. _____
7. I understand that a Workmans Comp. exemption # or policy must be submitted. _____
8. I understand that const. debri must not be left outside during const. _____
9. I understand that a minimum of 24 hours is required for inspections. _____
10. I understand that any change requires updating the permit. _____
11. I understand that it is illegal to occupy or use without a C/O. _____
12. I understand that a C/O must be issued **prior** to occupancy or use. _____
13. I understand that a 911 number must be installed at the property. _____
14. I have given a copy of this checklist to my contractor. _____

By signing below I am stating that I have read and agree to the statements above and the dwelling, structure, fuel burning device, etc. will not be used or occupied until the issuance of a Certificate of Occupant by the building department.

Signature of applicant _____ Date _____

While not a requirement for a building permit, it is strongly suggested that final payment to contractors be subject to the issuance of a C/O.

A ACTIVE WORKMANS COMPENSATION POLICY OR
EXEMPT NUMBER MUST BE SUBMITTED WITH YOUR
PERMIT APPLICATION FOR IT TO BE PROCESSED

WORKER'S COMPENSATION EXEMPTION FORM

GO TO WWW.WCB.STATE.NY.US

GO TO WC/DB EXEMPTIONS FORM CE-200 IN LOWER
RIGHT HAND CORNER

ANSWER ALL QUESTIONS AND PRINT FORM WHEN
FINISHED. IT WILL GIVE YOU AN EXEMPTION NUMBER.