

SBL # :

Permit # :
Date of issuance :

Paid CK. # :

Town of Fallsburg
CODE ENFORCEMENT OFFICE
5250 Main Street
South Fallsburg, N.Y. 12779
Phone: (845) 434-8811 ~ Fax: (845) 434-5883



ELECTRICAL PERMIT APPLICATION

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. **The work covered by this application may not be commenced before the issuance of an Electrical Permit.**
3. Be advised Sullivan County Local Law No. 13 of 1977 requires the use of Licensed Electrical Contractors.
4. **NO BUILDING OR STRUCTURE SHALL BE OCCUPIED OR USED IN WHOLE OR IN PART FOR ANY PURPOSE WHATSOEVER, UNTIL A CERIFICATE OF OCCUPANCY SHALL HAVE BEEN GRANTED BY THE BUILDING INSPECTOR.** Note: The homeowner is ultimately responsible for acquiring the Final electrical certificate prior to the certificate of occupancy.
5. Upon approval of this application, the Building Inspector will issue an Electrical Permit to the applicant. Such permit approved plans and specifications shall be kept on the premises, available for inspection throughout the progress of the work.
6. APPLICATION IS HEREBY MADE to the Building Inspector for the issuance of an Electrical 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 the applicable laws, ordinances and regulations.

Name of Applicant (Please Print)

Mailing Address

Signature of Applicant

Telephone #

Date



TOWN OF FALLSBURG
CODE ENFORCEMENT OFFICE

Member: New York State Building Officials Conference, Inc.

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

Name of Owner (Please Print) _____ Mailing Address _____

Telephone # _____
(Home #) (Cell #) Date

Applicant is (check box indicating which is applicable):

Owner Contractor

1. Street Address of Site where work will be done _____

Tax Map No./SBL: _____ Unit No. _____

2. State intended use and occupancy classification:

1) Intended use and occupancy: _____

3. Licensed Electricians: _____

Company Name License # Phone #

4. Inspection Agency: _____

Agency Name Inspector Phone #

5. Application Fee (to be paid by CHECK ONLY upon filing of application): **\$50.00**

6. Details of Electrical Work:

New Service Panel _____ amps Generator _____ # of lights _____

of receptacles _____ # of smoke detectors _____ # of CO₂ _____

of other details _____

7. Signature of CEO issuing permit _____