



## Town of Fallsburg Building Permit Checklist:

(Please **READ** and **CHECK** boxes prior to submission. We will not accept incomplete applications.)

1. I have read the instructions on page 2 of the permit application. ☐
2. I have submitted a plot plan showing the lot and building 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 Workman's Comp. exemption # or policy must be submitted. ☐
8. I understand that construction debris 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. ☐  
A fine of \$1,500 per day for occupying without a C/O
12. I understand that a C/O must be issued prior to occupancy of 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 Occupancy the building department

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use ONLY:

- Owners Proxy (if applicable) ☐
- Home Owners Association (if applicable) ☐
- Electrical Verification (if applicable) ☐
- Insurance ☐
- Plot plan/ Site plan ☐
- DPW Fee's \$ \_\_\_\_\_ ☐
- Permit Fee's \$ \_\_\_\_\_



**HOME HEATING & DOMESTIC HOT WATER EQUIPMENT APPLICATION**

Wood Stove, Home Heating or Hot Water Furnace (oil or LP) Hot Water Tanks, Pellet Stove, Outdoor Wood Boiler (OWB) or Fireplace.

Permit #: \_\_\_\_\_

SBL: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Email: \_\_\_\_\_

Applicants Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Wood Stove ☐ Home Heating ☐ Hot Water Tank ☐ Pellet Stove ☐ Outdoor Wood Boiler ☐ Fireplace ☐  
Hot Water Furnace Oil ☐ **or** Hot Water Liquid Propane ☐

*If applicable, describe:*

\_\_\_\_\_  
\_\_\_\_\_

Where the unit will be installed: Inside the home ☐ Outside the home ☐

Contractor Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Electrician Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

TOWN OF FALLSBURG  
CODE ENFORCEMENT OFFICE

**OWNERS PROXY**

\_\_\_\_\_deposes and states that he/she resides at:

(Owner)

\_\_\_\_\_

(Location where work is being done)

And that he/she is the owner of the premises described in the attached application for a building permit application and further states that he/she has authorized \_\_\_\_\_ to make said application, secure any necessary permits and approvals, call for inspections, and request a certificate of occupancy upon satisfactory completion of the work described in said application.

Owner's signature:\_\_\_\_\_ Date: \_\_\_\_\_

Email address:\_\_\_\_\_



## **H.O.A. Building Permit Permission Form**

**I, [board member]** \_\_\_\_\_

have received a request from, [applicant]

The owner of **unit #** \_\_\_\_\_ **SBL#** \_\_\_\_\_

located at [property name] \_\_\_\_\_

for a [purpose of request] \_\_\_\_\_

Having reviewed the applicants request the association has decided to:

### **Check Box:**

**Approve [ ] with the following conditions** \_\_\_\_\_

**Denied [ ]** -----

I assert that **I** am a board member of the homeowners association and this matter has been discussed with other board members and this is the decision of the majority of the board.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### **Attention!**

The Code Enforcement Office must be made aware  
when new board members are elected or replaced.

The names, phone numbers and mailing addresses of all board members should  
be updated regularly in the event of an emergency and to prevent  
any confusion or delays in the permit process.

Please add a copy of this required information on a  
separate sheet along with this form to avoid delays in the permit process

SULLIVAN COUNTY BOARD OF ELECTRICAL LICENSING  
STATEMENT

Re: Local Law No. 2 of 2019 entitled "Electrical licensing Law"

I hereby state under penalties of perjury that I own and occupy the premises located at:

\_\_\_\_\_  
Electrical work will be done at said premises, in which electrical work will be installed, maintained and/or replaced by myself, the homeowner or the property described above.

Description of type of electrical work:

\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

Note: False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

X \_\_\_\_\_

Homeowner Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Address

ELECTRICAL CONTRACTORS' VERIFICATION FORM

Electrical Contractor's Name: \_\_\_\_\_

Electrician's License #: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Address/Street: \_\_\_\_\_

Signature of Electrical Contractor: \_\_\_\_\_

Date: \_\_\_\_\_

No walls are to be covered until this form is returned to the Building Department and they have verification that the electrical contractor mentioned above is performing said work.

Job: \_\_\_\_\_

TAX MAP #: \_\_\_\_\_

Return this form signed by a Sullivan County Licensed Electrician

TOWN OF FALLSBURG  
CODE ENFORCEMENT OFFICE  
Member: New York State Building Officials  
Conference. Inc



5250 MAIN STREET  
SOUTH FALLSBURG  
NEWYCR% 12779  
(845)434-8811

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## ELECTRICAL INSPECTORS

### **COMMONWEALTH ELECTRICAL INSPECTION AGENCY**

CHRIS AUSTIN

KEITH SUTTON

RON HENRY

TERRY WEAVER

800-801-0309 OFFICE

845-798-0011

845.527.8821

845-562-8429

518-755-0324

### **ELECTRICAL UNDERWRITERS**

ERNEST BELLO, JOHN TAYLOR

845-569-1759 OFFICE

### **NY ELECTRICAL INSPECTORS**

ARMOND MURAD

GREGG MURAD

845-439-1090

845-586-2424

### **NY EIC**

ANDREW TRAVERSE

JOHN WIERL

845-343-6934 OFFICE

845-629-7423

845-551-8466

### **SWANSON CONSULTING & ASSOC INC.**

ADAM FRANK

JOE SWANSON

JOHN HAMILTON

845-401-4859

845-549-8271

845-549-0708

### **SWITCH ON ELECTRIC**

FRANK SCHMAUS

845-733-4926 OFFICE

845-800-6909

### **TRI-COUNTY INSPECTION AGENCY**

TODD KLIKUS

570-493-1229

(2/5/2021)

# Certificate of Attestation of Exemption



**Workers' Compensation Board**

Instructions for obtaining and filing a Certificate of Attestation of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits (CE-200) through New York Business Express

## Follow these steps:

1. Go to [businessexpress.ny.gov](https://businessexpress.ny.gov).
2. Select **Log in/Register** in the top right-hand corner. A NY.gov Business account is required.
3. If you do not have a NY.gov business account, go to [step 4](#) to set up your account.  
If you have a NY.gov log-in and password, go to [step 16](#).
4. Select **Register with NY.gov** under New Users.
5. Select **Proceed**.
6. Enter the following:
  - First and Last Name
  - Email
  - Confirm Email
  - Preferred Username (check if username is available)
7. Select **I'm not a robot**.
  - You may have to complete a Captcha Verification before proceeding.
8. Select **Create Account**.
  - If you already have a NY.gov account, the screen will display your existing accounts, either Individual or Business.
  - Do one of the following:
    - If the account(s) shown is a NY.gov Individual account, select **Continue**.
    - If the account(s) shown is a NY.gov Business account, select **Email Me the Username(s)**.
9. Verify that the account information is correct.
  - Select **Continue**.
10. An activation email will be sent.
  - If you do not receive an email, see the **No Email Received During Account Creation** page.
11. Open your activation email and select **Click Here**.
  - Specify three security questions.
  - Select **Continue**.
12. Create a password (must contain at least eight characters).
13. Select **Set Password**. You have successfully activated your NY.gov ID.
14. Select **Go to MyNy**.
  - At the top of the screen select **Services**.
  - Select **Business**.
  - Select **New York Business Express**.
  - Select **Log in/Register**.
15. On the New York Business Express home page, do one of the following:
  - Scroll down to Top Requests and select **Certificate of Attestation of Exemption, or**
  - Search Index A-Z for **CE-200**.
16. Under **How to Apply**:
  - Select **Apply as a Business, or**
  - Select **Apply as a Homeowner** (applies to those obtaining permits to work on their residence).
17. Complete application screens.
18. Review Application Summary.
19. Attest and submit.

## You will receive an email when your certificate has been issued.

To view your certificate:

- Select **Access Recent Activity** from your email, or
- Access [businessexpress.ny.gov](https://businessexpress.ny.gov), and then access your **Dashboard** (under your login name on right).

Print and sign the **Certificate of Attestation of Exemption**.

Submit your **CE-200** for your license, permit or contract to the issuing Agency.