



## 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 \$ \_\_\_\_\_



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

5250 MAIN STREET  
SOUTH FALLSBURG  
NEW YORK 12779  
(845) 434-8811

SBL:

Permit #:

Address:

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 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 and 1977 requires use of Licensed Electrical Contractors.
7. NO BUILDING OR STRUCTURE SHALL BE OCCUPIED OR USED IN WHILE OR IN PART OF 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 of use of property, as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations.

Name of applicant:

Phone #:

Signature of applicant:

Mailing Address:

Email address:

\*\*\*\*\* **WE HAVE THE RIGHT TO REFUSE AN INCOMPLETE APPLICATION\*\*\*\*\***

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Owner (Please Print)

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Mailing Address

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Telephone #

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Date

Applicant is :

Owner  Lessee  Agent  Architect/Engineer  Contractor/Builder

If applicant is a corporation, signature of duly authorized offer \_\_\_\_\_

Name & Address of Corporate Officer \_\_\_\_\_

1. **Street address of site where work will be done:** \_\_\_\_\_

**Tax Map No./SBL:** \_\_\_\_\_ **Unit No:** \_\_\_\_\_

2. State existing use and occupancy of premises and intended use and occupancy of proposed construction:

a. Existing use and occupancy: \_\_\_\_\_

b. Intended use and occupancy: \_\_\_\_\_

3. **Nature of work:**

c. Addition  Alteration/Renovation  Finished Basement  Unfinished Basement  New Residential Construction  New Commercial Construction  Mobile Home Installation  Jacking and Shoring  Other  Please explain: \_\_\_\_\_

d. Number of Stories: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_ Number of Toilets: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

Number of Families: \_\_\_\_\_ Heating System: \_\_\_\_\_

4. **Description of ALL work:**

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**Estimated Cost of work:** \$ \_\_\_\_\_

If business, commercial, or mixed occupancy, specify nature and extent of each type of use:

1. **Dimensions of new construction and/or addition:**

Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Depth: \_\_\_\_\_ Height: \_\_\_\_\_ Stories: \_\_\_\_\_

2. Dimensions of existing structures:

Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Depth: \_\_\_\_\_ Height: \_\_\_\_\_ Stories: \_\_\_\_\_

3. Dimensions of Deck:

Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Depth: \_\_\_\_\_ Total Square Footage: \_\_\_\_\_

4. Dimensions of Mobile Home:

Front: \_\_\_\_\_ Depth: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

5. Size of Lot:

Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Depth: \_\_\_\_\_ Front Yard: \_\_\_\_\_ Rear Year: \_\_\_\_\_

Side Yards: \_\_\_\_\_ Is this a corner lot? \_\_\_\_\_

- **Name of Contractor(s):** \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
*Number of Policy:* \_\_\_\_\_ Date of Expiration: \_\_\_\_\_
- **Name of Architect/Engineer:** \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_
- **Name of Electrician:** \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name of Electrical Inspection Agency: \_\_\_\_\_
- **Name of Plumber:** \_\_\_\_\_ Phone #: \_\_\_\_\_

### Suitable Containers Required for Garbage

- All commercial or residential construction sites, whether a building permit is required or not, shall have suitable containers on site at all times to accommodate any and all construction related debris
- Containers are to be covered each day and night when not in use.
- Storage of construction related debris may be inside the building.
- Construction debris must be properly disposed of at the landfill at the end of the construction project. All landfill receipts must be made available upon request of the Code Enforcement Officer and must be submitted to the Code Enforcement Office prior to issuance of a certificate of occupancy.
- No outside storage of construction or project related debris shall be permitted to accumulate, and all outside areas of the work site must remain free of debris, trash and garbage and must be cleaned regularly to ensure compliance.
- In the event of noncompliance with the provisions of this article, a stop work order shall be posted on the property and all project related activities shall cease until the Code Enforcement Officer has inspected the property and compliance is verified. A stop work order shall encompass the whole of the job site that is deemed in violation.

I have read the above stated code section regarding construction debris and storage and fully understand that outside storage of const. debris is prohibited and a stop work order for the entire const. project may be imposed for violation of the code section. I do hereby agree to provide suitable const. debris storage as required by this code section and to keep the job site clean at all times.

Signature: \_\_\_\_\_

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

\*\*\*\*\*DON'T FORGET TO SUBMIT YOUR SITE PLAN. WE WILL NOT ACCPET AN INCOMPLETE APPLICATION!!\*\*\*



**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: \_\_\_\_\_



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**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:

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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:

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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

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Print Name

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Print Address

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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

## CODE ENFORCEMENT & DPW PERMIT TRACKING

REQUIRED DPW PERMITS MUST BE OBTAINED PRIOR TO ISSUANCE OF BUILDING PERMITS

### Code Enforcement Use:

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

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

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

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of work: \_\_\_\_\_

Will NEW construction involve underground water/sewer connections:

Yes - indicate: water  sewer   
 No

Site Plan:

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### DPW Office Use

Existing I&I Violations:  Yes  No

Check boxes for required permits:  Water  Sewer  Road Cut

If no DPW permits are required, CO can be issued at Code Enforcement's discretion

COMMENTS: \_\_\_\_\_

### Completed DPW Permit Inspection Sign-Off (required prior to CO Issuance)

<input type="checkbox"/> Water	Approved By: _____	Date: _____
<input type="checkbox"/> Sewer	Approved By: _____	Date: _____
<input type="checkbox"/> Road Cut	Approved By: _____	Date: _____

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## ELECTRICAL INSPECTORS

<b>COMMONWEALTH ELECTRICAL INSPECTION AGENCY</b>	800-801-0309 OFFICE
CHRIS AUSTIN	845-798-0011
KEITH SUTTON	845-527-8821
RON HENRY	845-562-8429
TERRY WEAVER	518-755-0324

### ELECTRICAL UNDERWRITERS

ERNEST BELLO, JOHN TAYLOR	845-569-1759 OFFICE
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### NY ELECTRICAL INSPECTORS

ARMOND MURAD	845-439-1090
GREGG MURAD	845-586-2424

### NYEIC

ANDREW TRAVERSE	845-343-6934 OFFICE
JOHN WIERL	845-629-7423
	845-551-8466

### SWANSON CONSULTING & ASSOC INC.

ADAM FRANK	845-401-4859
JOE SWANSON	845-549-8271
JOHN HAMILTON	845-549-0708

### SWITCH ON ELECTRIC

FRANK SCHMAUS	845-733-4926 OFFICE
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845-800-6909

### TRI-COUNTY INSPECTION AGENCY

TODD KLIKUS	570-493-1229
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# 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](http://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](http://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.