

**TOWN OF FALLSBURG**  
**CODE ENFORCEMENT OFFICE**

5250 Main Street  
South Fallsburg, NY 12779  
845-434-8811 Phone  
845-434-5883 Fax

**ACCESSORY STRUCTURE PERMIT APPLICATION**

Permit # \_\_\_\_\_ SBL \_\_\_\_\_ Submittal Date \_\_\_\_\_

Owners Name \_\_\_\_\_ Phone# \_\_\_\_\_

Physical Address of Accessory Structure \_\_\_\_\_

Size \_\_\_\_\_ X \_\_\_\_\_ Height \_\_\_\_\_ Electric Y \_\_\_ N \_\_\_ Plumbing Y \_\_\_ N \_\_\_

Estimated cost of structure \$ \_\_\_\_\_ Type of Foundation/base \_\_\_\_\_

Primary Use of Structure \_\_\_\_\_

Contractor/Manufacturer \_\_\_\_\_ Phone # \_\_\_\_\_

Installers Insurance Info: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of Electrician \_\_\_\_\_ Phone # \_\_\_\_\_

Elec. Inspection Agency \_\_\_\_\_ Phone # \_\_\_\_\_

**Accessory Structure Zoning And Building Code Guideline Requirements.**

Accessory structures over 576 Sq. ft. must be a minimum of 30 ft. from side and rear lot lines.  
Accessory structures less than 576 sq. ft. must be a minimum of 10 ft. from side and rear lot lines.

No structure shall extend further to the front lot line than the primary dwelling.

Accessory structures shall be a minimum of 10 ft. from the primary dwelling or fire protected.

Heated or air conditioned structures are subject to requirements of current energy code.

Swimming pools shall not be installed in required front yards and must be a minimum of 10 ft. from side lot lines and 20 ft. from rear lot lines. A pool alarm, 48" barrier and a GFI protected electric circuit for pool pump is required.

Signature of Applicant \_\_\_\_\_

By signing this document you are stating that you have read and understand the accessory structure and building code guideline requirements above.

Fee Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date Approved \_\_\_\_\_

**A survey or detailed plot plan must be submitted depicting the placement of the structure. You may use the back of this document for a plot plan where lot lines are not in question. Questionable lot lines must be verified by a licensed surveyor where required by the Code Enforcement Office PRIOR to permit approval.**



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MOLLIE MESSENGER  
Code Enforcement Officer

**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.**

**100-2 Suitable containers required**

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.

**§ 100-3 Covering containers**

Containers are to be covered each day and night when not in use.

**§ 100-4 Storage inside buildings**

Storage of construction-related debris may be inside the building.

**§ 100-5 Availability and submission of landfill receipts**

*Editor's Note: Amended at time of adoption of Code (see Ch. 1, General Provisions, Art. 1).*  
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.

**§ 100-6 Outside accumulation of debris prohibited**

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.

**§ 100-7 Stop-work order for noncompliance**

*Editor's Note: Amended at time of adoption of Code (see Ch. 1, General Provisions, Art. 1).*  
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 this 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.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

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

\*\*\*\*\*

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)

Water Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Sewer Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Road Cut Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

AN ACTIVE WORKMANS COMPENSATION POLICY  
OR EXEMPTION NUMBER MUST BE SUBMITTED  
WITH YOUR PERMIT APPLICATION BEFORE WE CAN  
PROCESS YOUR BUILDING PERMIT

**WORKER'S COMPENSATION EXEMPTION FORM**

GO TO [WWW.WCB.NY.GOV](http://WWW.WCB.NY.GOV)

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

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

YOU MUST SIGN AND DATE THE FORM AT THE BOTTOM

**THIS FORM MUST BE FILLED OUT IF YOU ARE GIVING  
SOMEONE ELSE PERMISSION TO ACT ON YOUR BEHALF  
DURING CONSTRUCTION**

**OWNERS PROXY**

(Owner) \_\_\_\_\_ deposes and states that he/she resides

at:

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

And that he/she is the owner of the premises described in the attached application for a building permit/zoning application/planning board 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.

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

\_\_\_\_\_  
Owners Signature

\_\_\_\_\_  
Witness' Signature



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MOLLIE MESSENGER
Code Enforcement Officer

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 Date

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.

TEL. 845-807-0512  
FAX 845-807-0494



**SULLIVAN COUNTY BOARD OF ELECTRICAL LICENSING**  
SULLIVAN COUNTY GOVERNMENT CENTER  
100 NORTH STREET  
PO BOX 5012  
MONTICELLO, NY 12701-5192

**STATEMENT**

Re: Local Law No.2 of 1990 entitled "The Electrical Licensing Law of Sullivan County"

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

\_\_\_\_\_

Recently, electrical work was done at said premises, in which electrical work was 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



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ELECTRICAL CONTRACTORS VERIFICATION FORM

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

Inspector License #: \_\_\_\_\_

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

Property Address - Street: \_\_\_\_\_

Hamlet: \_\_\_\_\_

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.

## ELECTRICAL INSPECTORS

ERNEST BELLO Electrical Underwriters	845-569-1759
ARMOND MURAD NY Electrical Inspectors	845-586-2424
CARL WALLMAN Middle Department Inspection Agency	586-3880
DON MAYNARD Middle Department Inspection Agency	800-607-6342
RON HENRY Commonwealth Electrical Inspection Agency	845-562-8429
SWANSON CONSULTING INC. John Taylor Electrical Underwriters	845-496-5160 845-569-1759
DAVID SMITH The Inspector, LLC	518-481-5300
JOHN WIERL NY Electrical Inspections & Consulting, LLC	845-343-6934
FRANK SCHMAUS SWITCH-ON ELECTRIC	845-733-4926 845-800-6909

January 25, 2013