

SEL #:

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

Name of Owner (Please Print) _____ Mailing Address _____

Telephone # _____ Date _____

Applicant is (check box indicating which is applicable):

Owner Lessee Agent Architect/Engineer Contractor/Builder

If applicant is a corporation, signature of duly authorized officer _____

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:

1. Existing use and occupancy: _____

2. Intended use and occupancy: _____

3. Nature of work (check box indicating which is applicable):

1. New Building Addition Alteration
 Repair Replacement Deck
 Mobile Home Other _____

2. Number of Stories: _____ Number of Bathrooms: _____
Number of Toilets: _____ Number of Bedrooms: _____
Number of Families: _____ Heating System: _____

4. Estimated cost: _____ Fee: _____
(To be paid upon filing of application)

5. If dwelling, number of dwelling units: _____

Number of dwelling units on each floor: _____

If garage, number of cars: _____

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

7. Dimensions of new construction and/or addition:

Front _____ Rear _____ Depth _____ Height: _____ Stories _____

Please calculate total square footage.

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)



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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

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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MOLLIE MESSENGER
Code Enforcement Officer

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 |
| DAVID WILLIAMS Middle Department Inspection Agency | 800-479-4504 518-273-0861 |
| RON HENRY Commonwealth Electrical Inspection Agency | 845-562-8429 |
| SWANSON CONSULTING INC. | 845-496-5160 |
| John Taylor Electrical Underwriters | 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 |
| EUGENIO SCARPELLI Atlantic-Inland Inc. | 845-747-4518 |

September 30, 2013