

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

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.



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

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