

\$250.00 Application Fee

_____ Surety Amount

TIMBER HARVESTING PERMIT APPLICATION

No. _____ Date: _____

Owner's Name: _____

Address: _____ Telephone: _____

Logger's Name: _____

Address: _____ Telephone: _____

Location of Property: _____ Tax Map #: _____

Total Acres of Parcel: _____ Total Acres To Be Logged: _____

Date Work Is To Begin: _____

Property Owner

Building Inspector

IMPORTANT

Certificate of Compensation Insurance for the Logging Company must be submitted prior to the Building Department granting a permit.

I, _____, have read the Timber Harvesting Law and do hereby agree to the requirements as stated in the Timber Harvesting Law.

Date: _____

Sworn to before me this _____ day of _____, _____.

Notary Public

Expiration Date



**TOWN OF FALLSBURG
CODE ENFORCEMENT OFFICE**

Member: New York State Building Officials Conference, Inc.

5250 Main Street
South Fallsburg, NY 12779
(845) 434-8811
Fax: (845) 434-5883

MOLLIE MESSENGER
Code Enforcement Officer

- 1) Please be advised that your building permit will expire 18 months from the date that it was issued. You may re-new the building permit for an additional 18 months for an additional fee.
- 2) If you do not call this office to schedule a certificate of occupancy inspection and your building permit expires, there will be a \$50.00 fee for the certificate of occupancy.
- 3) If you occupy the premises without obtaining the certificate of occupancy prior to occupancy, there will be a \$50.00 fine.
- 4) Prior to obtaining a building permit from our office, it may be in your best interest to speak with Michael Pilmenstein, our assessor, in regards to the changes in your assessment.

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