

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

**HOME HEATING & DOMESTIC HOT WATER EQUIPMENT PERMIT APPLICATION**

**This permit application is appropriate for: Wood Stove; Home Heating or Hot Water Furnace-oil or LP Hot Water Tanks; Pellet Stove; Outdoor Wood Boiler (OWB); or Fireplace.**

*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 Home Heating Equipment Permit.**
3. Be advised Sullivan County Local Law No. 13 of 1977 requires the use of Licensed Electrical Contractors.
4. **NO BUILDING, STRUCTURE OR EQUIPMENT SHALL TBE 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 a Home Heating Equipment 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 a Home Heating Equipment Permit pursuant to the New York Building Construction and Local Ordinances of the Town of Fallsburg for the installation of new, used or replacement home heating equipment, 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



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

## Attention Building Permit Applicant

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 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 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. \_\_\_\_\_  
**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 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.

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## 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 debri and storage and fully understand that outside storage of const. debri 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. debri storage as required by this code section and to keep the job site clean at all times.

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

Title: \_\_\_\_\_

OWNER PROXY

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

(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 authorizes \_\_\_\_\_ 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

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 [property name] \_\_\_\_\_

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 prevents 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.

**Code Enforcement and DPW Permit Tracking Form**  
Required DPW Permits must be obtained prior to Issuance of Building Permits

Code Enforcement Use:      Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address of Work: \_\_\_\_\_  
Section: \_\_\_\_\_      Block: \_\_\_\_\_      Lot: \_\_\_\_\_

Description of work being done: \_\_\_\_\_

Will NEW construction involve underground water or sewer connections?  No or  Yes -  Water  Sewer

Site Plan:

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DPW Office Use

Existing I & I Violation:  Yes  No

Check Boxes for Required Permits:  Water  Sewer  Road Cut

If no DPW Permits are required, a CO can be issued at the discretion of the Code Enforcement Office

Comments: \_\_\_\_\_

Completed DPW Connection Inspection Sign – Off (required prior to CO Issuance)

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

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

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

**SULLIVAN COUNTY BOARD OF ELECTRICAL LICENSING**

**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
DAVID WILLIAMS Middle Department Inspection Agency	800-479-4504 518-273-0861
RON HENRY Commonwealth Electrical Inspection Agency	845-562-8429
SWANSON CONSULTING INC. John Taylor Electrical Underwriters	845-496-4443 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

June 9, 2014