

TOWN OF FALLSBURG CODE ENFORCEMENT OFFICE

5250 Main Street  
South Fallsburg, NY 12779  
845-434-8811 Phone  
845-434-0791 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*.

## 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 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 the 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.

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

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

**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: \_\_\_\_\_

OWNER PROXY

THIS FORM MUST BE FILLED OUT IF YOU ARE GIVING SOMEONE ELSE PERMISSION TO ACT ONYDUR 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.

SULLIVAN COUNTY BOARD OF ELECTRICAL LICENSING  
STATEMENT

Re: Local Law No. 2 of 2019 entitled "Electrical licensing Law"

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

\_\_\_\_\_

Electrical work will be done at said premises, in which electrical work will be 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 CONTRACTORS VERIFICATION FORM

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

Electrician's 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

Mollie Messenger  
Code Enforcement Officer



5250 MAIN STREET  
SOUTH FALLSBURG  
NEW YORK 12779  
(845) 434-8811  
FAX:(845) 434-0791

TOWN OF FALLSBURG  
CODE ENFORCEMENT OFFICE  
Member: New York State Building Officials Conference, Inc.

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## ELECTRICAL INSPECTORS

### COMMONWEALTH ELECTRICAL INSPECTION AGENCY

CHRIS AUSTIN  
KEITH SUTTON  
RON HENRY  
TERRY WEAVER

800-801-0309 OFFICE  
845-798-0011  
845-527-8821  
845-562-8429  
518-755-0324

### ELECTRICAL UNDERWRITERS

ERNEST BELLO, JOHN TAYLOR

845-569-1759 OFFICE

### NY ELECTRICAL INSPECTORS

ARMOND MURAD  
GREGG MURAD

845-439-1090  
845-586-2424

### NYEIC

ANDREW TRAVERSE  
JOHN WIERL

845-343-6934 OFFICE  
845-629-7423  
845-551-8466

### SWANSON CONSULTING & ASSOC INC.

ADAM FRANK  
JOE SWANSON  
JOHN HAMILTON

845-401-4859  
845-549-8271  
845-549-0708

### SWITCH ON ELECTRIC

FRANK SCHMAUS

845-733-4926 OFFICE  
845-800-6909

### TRI-COUNTY INSPECTION AGENCY

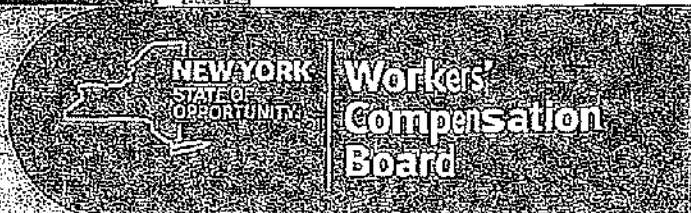
TODD KLIKUS

570-493-1229

(2/5/2021)



## Certificate of Attestation of Exemption (CE-200)



While New York Business Express is designed and developed to support business formation in New York, individual homeowners can file their exemption here as well!

### Follow these steps:

1. Go to [businessexpress.ny.gov](http://businessexpress.ny.gov).
2. Select Log in/Register in the top right-hand corner.  
A [NY.gov](http://ny.gov) Business account is required, even though you are an individual.
3. If you do not have a [NY.gov](http://ny.gov) business account, go to step 4 to set up your account.  
If you have a [NY.gov](http://ny.gov) login and password, go to step 14.
4. Select Register with [NY.gov](http://ny.gov) under New Users.
5. Select Proceed.
6. Enter the following:  
First and last name  
Email  
Confirm email  
Preferred username  
(check if username is available)
7. Select I'm not a robot.  
You may have to complete a Captcha verification before proceeding.
8. Select Create Account.  
If you already have a [NY.gov](http://ny.gov) account, the screen will display your existing accounts, either Individual or Business.
8. (Continued)  
Do one of the following:  
If the account(s) shown is a [NY.gov](http://ny.gov) Individual account, select Continue.  
If the account(s) shown is a [NY.gov](http://ny.gov) Business account, select Email Me the Username(s).
9. Verify that the account information is correct.  
Select Continue.
10. An activation email will be sent.  
If you do not receive an email, see the No Email Received During Account Creation page.
11. Open your activation email and choose Select Here.  
Specify three security questions. .  
Select Continue.
12. Create a password (must contain at least eight characters).
13. Select Set Password. You have successfully activated your [NY.gov](http://ny.gov) ID.
14. Select Go to MyNy:  
At the top of the screen, select Services.  
Select Business.  
Select New York Business Express.  
Select Log in/Register.

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15. On the New York Business Express home page, scroll down to Top Requests:
  - ▣ Select *Certificate of Attestation of Exemption* or
  - ▣ Search Index A-Z for *CE-200*.
16. Under How to Apply:
  - ▣ Select Apply Online as Homeowner.
17. At the Entity Type screen:
  - ▣ Select Individual (Sole Proprietor).
  - ▣ Select Save & Continue.
18. At the Business Identification screen:
  - ▣ Enter your name and Social Security Number.
  - ▣ Select Save & Continue.
19. At the Business Physical Location screen:
  - ▣ Enter your home address.
  - ▣ Select the This is Also my Mailing Address button, if applicable.
20. At the Additional Physical Locations screen:
  - ▣ Select Save & Continue.
21. At the Mailing Address(es) screen, your mailing address will appear.
  - ▣ Select Save & Continue.
22. At the Business Industry Classification screen, - 814110 Private Households for principal NAICS code is the default. No secondary NAICS code necessary.
  - ▣ Select Save & Continue.
23. At the Sole Proprietor/Owner screen, enter the remaining blank fields. Some information has been provided for you.
  - ▣ Validate address.
  - ▣ Select Save & Continue.
24. At the Workers' Compensation and Disability and Paid Family Leave screen, answer these questions:
  - ▣ Do you have New York Workers' Compensation Insurance?
  - ▣ Do you have New York Disability and Paid Family Leave Benefits Insurance?
  - ▣ Select Save & Continue.
25. At the Permit, License, or Contract Information screen:
  - ▣ Select Building, Electrical or Plumbing Permit.
  - ▣ Issuing Agency — Enter the Town, City, or Village Building Department.
  - ▣ Select Save & Continue.
26. At the Workers' Compensation Exemption Reason screen, select the appropriate exemption reason. If Fair Play exemption is selected, an additional screen will display criteria to review. Check the box I understand.
  - ▣ Select Save & Continue.
27. At the Disability and Paid Family Leave Exemption Reason screen, select the appropriate exemption reason.
  - ▣ Select Save & Continue.
28. Review the Application Summary.
29. Attest & Submit.

You will receive an email when your certificate has been issued. To view your certificate:

- ▣ Select Access Recent Activity from your email, or access [businessexpress.ny.gov](http://businessexpress.ny.gov) and then access your Dashboard (under your login name on right).
- ▣ Print and sign the *Certificate of Attestation of Exemption*.
- ▣ Submit your *CE-200* for your license, permit or contract to the issuing Agency.

**Questions? Call the NYBE Contact Center. (518) 485-5000**