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.


7. NO BUILDING OR STRUCTURE SHALL BE OCCUPIED OR USED IN WHILE OR IN PART OF 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 of 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:

   a. Existing use and occupancy: _______________________________________________________________

   b. Intended use and occupancy: _____________________________________________________________

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

   a. [ ] New Building [ ] Addition [ ] Alteration [ ] Repair [ ] Replacement

      [ ] Mobile Home [ ] Deck [ ] Other __________________________

   b. Number of Stories: ______ Number of Bathrooms: ______ Number of Toilets: ______

      Number of Bedrooms: ______ Number of Families: ______ Heating System: ______

4. Description of work: ____________________________________________________________________________

5. Estimated Cost: __________________________ Fee: __________________________ ____________________________

   (To be paid upon filing of application)

6. If dwelling, number of dwelling units: _____________________________________________________________

   Number of dwelling units on each floor: ___________________________________________________________

   If garage, number of cars: ______________________________________________________________________

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

   _____________________________________________________________________________________________

   _____________________________________________________________________________________________

8. Dimensions of new construction and/or addition:

   Front: ______ Rear: ______ Depth: ______ Height: ______ Stories: ______
9. Dimensions of existing structures:
   Front: _______ Rear: _______ Depth: _______ Height: _______ Stories: _______

10. Dimensions of Deck:
    Front: _______ Rear: _______ Depth: _______ Total Square Footage: _______

11. Dimensions of Mobile Home:
    Front: _______ Depth: _______ Make: _______ Model: _______ Year: _______

12. Size of Lot:
    Front: _______ Rear: _______ Depth: _______ Front Yard: _______ Rear Yard: _______
    Side Yards: _______ Is this a corner lot? _______

13. Zone is which premises are situated: ____________________________________________

14. Does proposed construction violate any zoning law, ordinance or regulations:
    __________________________________________________________________________

15. Name of Contractor's Compensation Carrier: ______________________________________
    Number of Policy: ___________________ Date of Expiration: _______________________

16. Name of Contractor(s): _________________________________________________________
    Address: ___________________________________ Phone Number: ___________________

17. Name of Architect/Engineer: ___________________________________________________
    Address: ___________________________________ Phone Number: ___________________

18. Name of Electrician: ___________________________________________________________

19. Name of Electrical Inspection Agency: ___________________________________________

20. Name of Plumber: _____________________________________________________________

IMPORTANT

- Do not pour footing 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, exclusion of the cost of the land. If final cost shall exceed estimated costs, an additional fee may be required before the insurance of the Certificate of Occupancy.

SHOW PLOT PLAN ON REAR OF PAGE
(use additional sheet if necessary)
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. debris 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 $5,500 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 Occupancy 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.

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. job may be imposed for violation of the code section. I do hereby agree to provide suitable const. debris storage required by this code section and to keep the job site clean at all times.

Signature: ___________________________ Date: ___________________________
Title: ___________________________
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.

Owner’s signature          Date

Email address: ____________
ELECTRICAL CONTRACTORS VERIFICATION FORM

Electrical Contractor's Name:

Electrical Contractor's Business Name:

Electrician License #:

Electrician Phone #:

Property Owner:

Property Address:

UNIT #:

SBL#:

JOB DESCRIPTION:

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. Return this form signed by an electrician licensed in Sullivan County.
SULLIVAN COUNTY BOARD OF ELECTRICAL LICENSING
SULLIVAN COUNTY GOVERNMENT CENTER
100 NORTH STREET
PO BOX 5012
MONTICELLO, NY 12704-5192

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
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.
ELECTRICAL INSPECTORS

ERNEST BELLO
Electrical Underwriters 845-569-1759

ARMOND MURAD
NY Electrical Inspectors 845-586-2424

RON HENRY
Commonwealth Electrical Inspection Agency 845-562-8429

SWANSON CONSULTING INC.
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

October 11, 2018
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.
2. Select Log in/Register in the top right-hand corner. A NY.gov Business account is required, even though you are an individual.
3. If you do not have a NY.gov business account, go to step 4 to set up your account. If you have a NY.gov login and password, go to step 14.
4. Select Register with 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 account, the screen will display your existing accounts, either Individual or Business.
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 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.
   □ Select Save & Continue.

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 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.