

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.

SBL:

Permit #:

Paid CK.#:

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.
6. Be advised Sullivan County Local Law No. 13 and 1977 requires use of Licensed Electrical Contractors.
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):

c.  New Building     Addition     Alteration     Repair     Replacement  
 Mobile Home     Deck     Other \_\_\_\_\_

d. 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 in 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 issuance 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 construction 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 \$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 Occupancy 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 kite clean at all times.

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

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

**Mollie Messenger**

Code Enforcement Officer



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**TOWN OF FALLSBURG  
CODE ENFORCEMENT OFFICE**

Member: New York State Building Officials Conference, Inc

**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.



TOWN OF FALLSBURG  
CODE ENFORCEMENT OFFICE

MOLLIE MESSENGER  
Code Enforcement Officer

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: \_\_\_\_\_

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Code Enforcement Officer



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**TOWN OF FALLSBURG  
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Member: New York State Building Officials Conference, Inc.

**APPLICATION FOR DRIVEWAY/ENTRANCE PERMIT**

**SBL**\_\_\_\_\_ **Permit #**\_\_\_\_\_

Application is hereby made to construct, change location, grade or use served by a driveway or entrance to property.

**Property Owner Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Road Name: \_\_\_\_\_ \_North \_South \_East West — side of highway

Distance/Name from nearest intersection: \_\_\_\_\_

Nearest utility pole #, \_\_\_\_\_ Attach survey data (if available)

Proposed Location of Driveway/Entrance shall be staked and flagged by applicant. If change of use, describe use and whether increase in traffic is expected: \_\_\_\_\_

If modification, describe change in location or grade etc. \_\_\_\_\_

Proposed Driveway/Entrance Purpose: \_\_\_\_\_

Single family residence  Home business  Commercial/Industrial

If NOT single family residence, specify how land will be used:  Retail  Office  School Business

#Employees/day \_\_\_\_\_ #Customers/day \_\_\_\_\_ Busiest time of the day \_\_\_\_\_

Construction expected to begin on \_\_\_\_\_ and be completed by \_\_\_\_\_

Fee \$50.00 paid on \_\_\_\_\_

**This is not a permit, Your permit will be issued after site inspection.**

**Call Before You Dig!**

**Dig Safely, New York**

5063 Brittonfield Parkway

East Syracuse, NY 13057

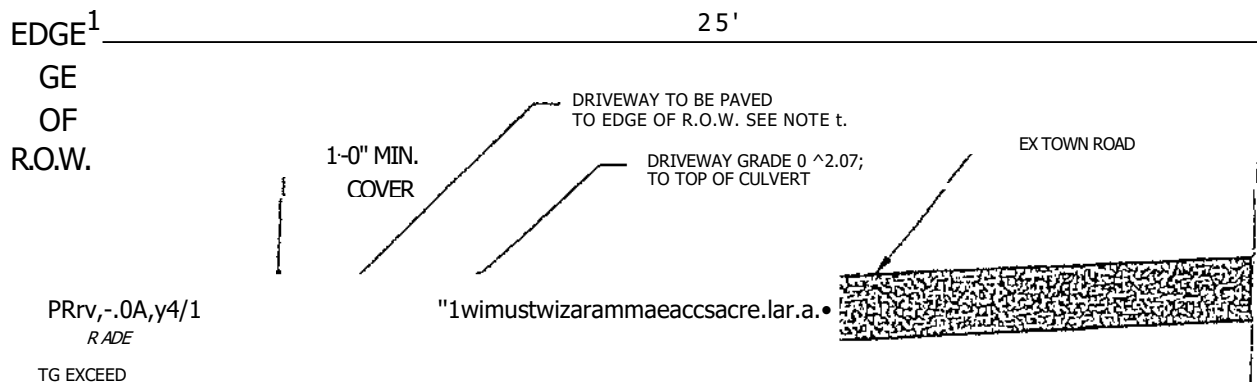
Stakeout Requests: 1-800-962-7962

Administration: 315-437-7394

NOTES:

1. DRIVEWAY TO BE PAVED FROM EDGE OF PAVEMENT TO EDGE OF R.O.W. AS A MINIMUM, OR AS DIRECTED BY TOWN HIGHWAY DEPARTMENT.
2. NO PREPERATION OR CONSTRUCTION SHALL BE COMMENCED UNTIL A VALID ROAD PERMIT HAS BEEN OBTAINED FROM THE BUILDING DEPT.
3. SEE PLAN FOR GRADING OF DRIVEWAY(S)

TYPICAL DRIVEWAY ENTRY PROFILE





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



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FAX:(845) 434-0791

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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

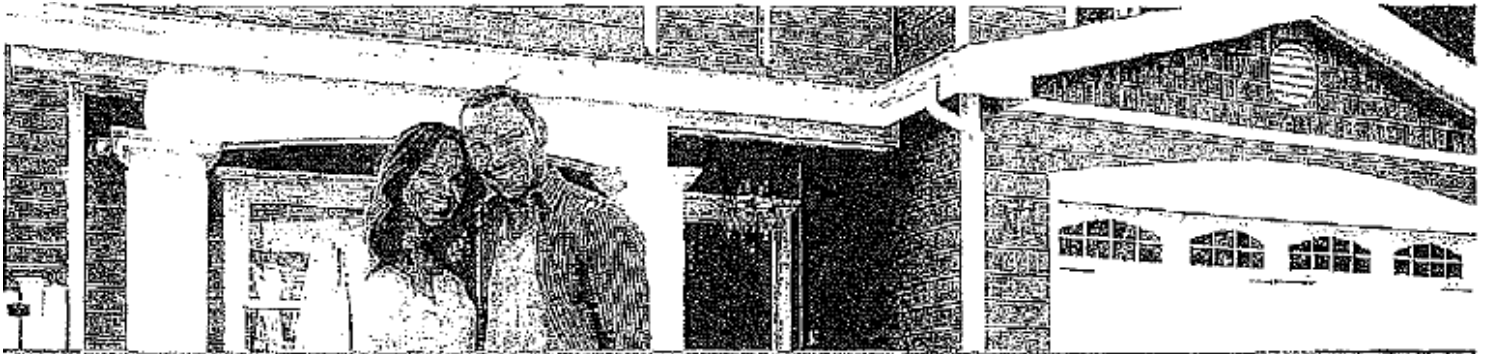
845-733-4926 OFFICE  
845-800-6909

### TRI-COUNTY INSPECTION AGENCY

TODD KLIKUS

570-493-1229

(2/5/2021)



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



## 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!

1. Go to [businessexpress.ny.gov](http://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.

8. (Continued)

Do one of the following:

If the account(s) shown is a NY.gov Individual account, select Continue.

If the account(s) shown is a 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 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.

Continued on page 2

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.**