

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



ELECTRICAL PERMIT APPLICATION

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 an Electrical Permit.
3. Be advised Sullivan County Local Law No. 13 of 1977 requires the use of Licensed Electrical Contractors.
4. NO BUILDING OR STRUCTURE SHALL BE OCCUPIED OR USED IN WHOLE OR IN PART FOR 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 Final electrical certificate prior to the certificate of occupancy.
5. Upon approval of this application, the Building Inspector will issue an Electrical 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 an Electrical 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 or use of property, 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



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

6250 Main Street
South Fallsburg, NY 12779
(845) 434-8811
Fax: (845) 434-5883

Name of Owner (Please Print) _____ Mailing Address _____

Telephone # _____
(Home #) _____ (Cell #) _____ Date _____

Applicant is (check box indicating which is applicable):
 Owner Contractor

1. Street Address of Site where work will be done _____

Tax Map No./SBL: _____ Unit No. _____

2. State intended use and occupancy classification:

1) Intended use and occupancy: _____

3. Licensed Electricians: _____
Company Name License # Phone #

4. Inspection Agency: _____
Agency Name Inspector Phone #

5. Application Fee (to be paid by CHECK ONLY upon filing of application): \$50.00

6. Details of Electrical Work:

New Service Panel _____ amps Generator _____ # of lights _____

of receptacles _____ # of smoke detectors _____ # of CO₂ _____

of other details _____

7. Signature of CEO issuing permit _____

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.



TOWN OF FALLSBURG
CODE ENFORCEMENT OFFICE

MOLLIE MESSENGER
Code Enforcement Officer

OWNERS PROXY

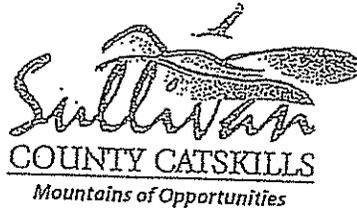
(Owner) _____
resides _____deposes and states that he/she

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: _____



SULLIVAN COUNTY BOARD OF ELECTRICAL LICENSING
SULLIVAN COUNTY GOVERNMENT CENTER
100 NORTH STREET
PO BOX 5012
MONTICELLO, NY 12701-5192

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

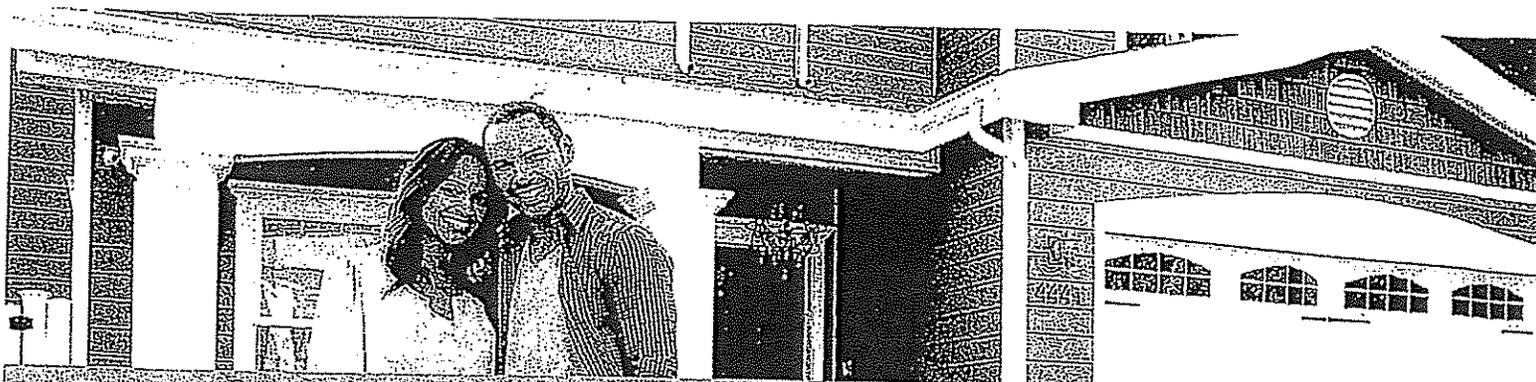
Print Name

Print Address

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	845-496-4443 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

October 11, 2018



Certificate of Attestation of Exemption (CE-200)



**Workers'
Compensation
Board**

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.
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

Certificate of Attestation of Exemption (CE-200)



Workers
Compensation
Board

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 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) 435-5000