

Mollie Messenger

Code Enforcement Officer

TOWN OF FALLSBURG
CODE ENFORCEMENT OFFICE

Member: New York State Building Officials Conference, Inc.



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

ELECTRICAL PERMIT APPLICATION

SBL:	Permit #:	Paid CK. #:
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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 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

Name of Owner (Please Print) Mailing Address

Telephone # _____ Date _____
Home # Cell

Applicant is (check box indicating which is applicable)

Owner Contractor

1. Street Address of site where work will be done _____
a. Tax Map No./SBL _____ Unit No. _____

2. State intended use and occupancy classification _____

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

7. Signature of CEO issuing permit

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

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.

Date: _____

Owners Signature

Witness' Signature

SULLIVAN COUNTY BOARD OF ELECTRICAL LICENSING
STATEMENT

Re: Local Law No. 2of 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.

_____ Homeowner Signature _____

_____ Print Name _____

_____ Print Address _____

ELECTRICAL CONTRACTORS VERIFICATION FORM

Electrical Contractor's Name _____

Electrician's License # _____

Property Owner _____

Property Address – _____

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

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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

570-493-1229 TODD KLIKUS

(2/5/2021)



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



15. On the New York Business Express home page, scroll down to Top Requests:
 - a Select *Certificate of Attestation of Exemption*
 - Or
 - 13o 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 businessxpress.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.