

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 #:

Check #:

Date of Insurance:

HOME HEATING & DOMESTIC HOT WATER EQUIPMENT PERMIT APPLICATION

This permit application is appropriate for: Wood Stove; Home Heating or Hot Water Furnace -oil or LP Hot Water Tanks; Pellet Stove; Outdoor Wood Boiler (OWB); or Fireplace.

*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 Home Heating Equipment Permit.
3. Be advised Sullivan County Local Law No. 13 of 1977 requires the use of Licensed Electrical Contractors.
4. NO BUILDING, STRUCTURE OR EQUIPMENT 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 a Home Heating Equipment 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 a Home Heating Equipment Permit pursuant to the New York Building Construction and Local Ordinances of the Town of Fallsburg for the installation of new, used or replacement home heating equipment, 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

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HOME HEATING & DOMESTIC HOT WATER EQUIPMENT PERMIT APPLICATION

Name of Owner (Please Print)	Mailing Address
Telephone # _____	_____
(Home #)	(Cell #)
	Date

Applicant is (check box indicating which is applicable):

1. Physical Location where unit is to be installed at the dwelling (check applicable box):     INSIDE     OUTSIDE

Location — Street Address	Tax Map No./SBL	Unit No.
_____	_____	_____

2. Contractor: \_\_\_\_\_

Name	Mailing Address	Phone #
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3. Licensed Electricians: \_\_\_\_\_

Electrical Installation Company Name	Sullivan County License #	Phone #
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4. Inspection Agency: \_\_\_\_\_

Company Name	Inspector	Phone #
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5. Unit to be installed (check applicable box):     NEW     USED

Unit - Required Manufactures Specs \_\_\_\_\_

NOTE: Outdoor Wood Boiler Applicants — Must comply with sec 310— 5.16 of Fallsburg Zoning Code and a plot plan must be submitted. A partial survey may be required as well as when verifiable lot lines are in question.

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

7. Signature of CEO issuing permit \_\_\_\_\_

## 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 \$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: \_\_\_\_\_

OWNER PROXY

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

(Owner) \_\_\_\_\_ deposits 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

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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 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.

**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:

\*\*\*\*\* f1 \*\*\*\*\*

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)

El Water      Approved By: \_\_\_\_\_      Date: \_\_\_\_\_

0 Sewer      Approved By: \_\_\_\_\_      Date: \_\_\_\_\_

0 Road Cut      Approved By: \_\_\_\_\_      Date: \_\_\_\_\_

SULLIVAN COUNTY BOARD OF ELECTRICAL LICENSING

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

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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

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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)



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. S. Select Proceed.
6. Enter the following:  
 RI First and last name  
 EI Email  
 rs Confirm email  
 EI Preferred username  
 (check if username is available)
5. Select I'm not a robot. You may have to complete a Captcha verification before proceeding.
6. 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:  
 to If the account(s) shown is a [NY.gov](http://ny.gov) Individual account, select Continue.  
 a If the account(s) shown is a [NY.gov](http://ny.gov) Business account, select Email Me the Username(s).
7. Verify that the account information is correct.
  - o Select Continua
70. 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 Selec Here.
  - o Specify three security questions.
  - cf 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:
  - a At the top of the screen, select Services.
  - sg Select Business.
  - EI Select New York Business Express.
  - a Select Log in/Register.



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



15. On the New York Business Express home page, scroll down to Top Requests:
  - 0 Select *Certificate of Attestation of Exemption*
  - Or
  - Search Index A-Z for *CE-200*.
1. Under How to Apply:
  - Select Apply Online as Homeowner.
2. At the Entity Type screen:
  - Select Individual (Sole Proprietor).
  - 0 Select Save & Continue.
3. At the Business Identification screen:
  - Enter your name and Social Security Number.
  - 0 Select Save & Continue.
4. At the Business Physical Location screen:
  - Enter your home address.
  - ci Select the This is Also my Mailing Address button, if applicable.
5. At the Additional Physical Locations screen:
  - iu:Select Save & Continue.
6. At the Mailing Address(es) screen, your mailing address will appear.
  - 0 Select Save & Continue.
7. At the Business Industry Classification screen, - 814110 Private Households for principal NAICS code is the default. No secondary NAICS code necessary.
  - a Select Save & Continue.
8. At the Sole Proprietor/Owner screen, enter the remaining blank fields. Some information has been provided for you.
  - fa Validate address.
  - al Select Save & Continue.
1. At the Workers' Compensation and Disability and Paid Family Leave screen, answer these questions:
  - 0 Do you have New York Workers' Compensation Insurance?
  - a Do you have New York Disability and Paid Family Leave Benefits Insurance?
  - Select Save & Continue.
2. At the Permit, License, or Contract Information screen:
  - o Select Building, Electrical or Plumbing Permit.
  - 0 Issuing Agency — Enter the Town, City, or Village Building Department.
  - a Select Save & Continue.
25. 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.
  - o Select Save & Continue.
- 28, Review the Application Summary.
  - 1, Attest & Submit.

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

- o 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).

ei 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.