



## Town of Fallsburg Building Permit Checklist:

(Please READ and CHECK boxes prior to submission. We will not accept incomplete applications.)

1. I have read the instructions on page 2 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: \_\_\_\_\_

### Office Use ONLY:

Owners Proxy (if applicable)

Home Owners Association (if applicable)

Electrical Verification (if applicable)

Insurance

Plot plan/ Site plan

DPW Fee's \$ \_\_\_\_\_

Permit Fee's \$ \_\_\_\_\_



## ELECTRICAL PERMIT APPLICATION

Permit #: \_\_\_\_\_

SBL: \_\_\_\_\_

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:

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Phone #:

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Signature of applicant:

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Mailing Address:

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Email address:

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**Owner (Please Print)**

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Mailing Address

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Telephone #

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Date

Applicant is : Owner  Agent  Electrician  Other  Please explain: \_\_\_\_\_

If applicant is a corporation, signature of duly authorized offer \_\_\_\_\_

Name & Address of Corporate Officer \_\_\_\_\_

1. **Street address of site where work will be done:** \_\_\_\_\_

**Tax Map No./SBL:** \_\_\_\_\_ **Unit No:** \_\_\_\_\_

4. **Description of ALL work:** \_\_\_\_\_  
\_\_\_\_\_

New Service Panel: \_\_\_\_\_ amps Generator: \_\_\_\_\_ # of lights: \_\_\_\_\_

# of receptacles: \_\_\_\_\_ # of smoke detectors: \_\_\_\_\_ # of CO2: \_\_\_\_\_

Solar panels: \_\_\_\_\_

**Estimated Cost of work:** \$ \_\_\_\_\_

5. **Name of Electrician:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Name of Electrical Inspection Agency: \_\_\_\_\_

\*\*\*\* **WE HAVE THE RIGHT TO REFUSE AN INCOMPLETE APPLICATION**\*\*\*\*



**TOWN OF FALLSBURG  
CODE ENFORCEMENT OFFICE**

**OWNERS PROXY**

\_\_\_\_\_ deposes and states that he/she resides at:  
(Owner)

\_\_\_\_\_  
(Location where work is being done)

And that he/she is the owner of the premises described in the attached application for a building permit 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**  
**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:

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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:

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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

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Print Name

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Print Address

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**ELECTRICAL CONTRACTORS' VERIFICATION FORM**

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

Electrician's License #: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Address/Street: \_\_\_\_\_

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



## ELECTRICAL INSPECTORS

<b>COMMONWEALTH ELECTRICAL INSPECTION AGENCY</b>	800-801-0309 OFFICE
CHRIS AUSTIN	845-798-0011
KEITH SUTTON	845-527-8821
RON HENRY	845-562-8429
TERRY WEAVER	518-755-0324

### ELECTRICAL UNDERWRITERS

ERNEST BELLO, JOHN TAYLOR	845-569-1759 OFFICE
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### NY ELECTRICAL INSPECTORS

ARMOND MURAD	845-439-1090
GREGG MURAD	845-586-2424

### NYEIC

ANDREW TRAVERSE	845-343-6934 OFFICE
JOHN WIERL	845-629-7423
	845-551-8466

### SWANSON CONSULTING & ASSOC INC.

ADAM FRANK	845-401-4859
JOE SWANSON	845-549-8271
JOHN HAMILTON	845-549-0708

### SWITCH ON ELECTRIC

FRANK SCHMAUS	845-733-4926 OFFICE
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845-800-6909

### TRI-COUNTY INSPECTION AGENCY

TODD KLIKUS	570-493-1229
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# Certificate of Attestation of Exemption



Workers' Compensation Board

Instructions for obtaining and filing a Certificate of Attestation of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits (CE-200) through New York Business Express

## 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 Business account is required.
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 log-in and password, go to **step 16**.
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.
  - 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 select **Click 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**.
15. On the New York Business Express home page, do one of the following:
  - Scroll down to Top Requests and select **Certificate of Attestation of Exemption**, or
  - Search Index A-Z for **CE-200**.
16. Under **How to Apply**:
  - Select **Apply as a Business**, or
  - Select **Apply as a Homeowner** (applies to those obtaining permits to work on their residence).
17. Complete application screens.
18. Review Application Summary.
19. Attest and 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.