

ELECTRICAL PERMIT APPLICATION

Date: _____

Location: _____

Section: _____ Block: _____ Lot: _____

INSTRUCTIONS

This application is for the upgrade, replacement or repair of existing service only. New installations must be prepared by a licensed architect or engineer in accordance with NYS Uniform Electrical Code 19NYCRR 1203. All applications must be submitted to the Town of Tuxedo Building Department with a complete diagram showing the electrical work being conducted and should include the fee of \$75.00 and proof of insurance. Tanks for generators must be installed by a licensed contractor in accordance with all state and local codes. Please note: all electrical work must be inspected by one of the Town approved Electrical Inspectors in order for a C/O to be issued.

Owner of Property: _____

Address: _____

Telephone No.: _____ Email: _____

Name of Contractor: _____

Address: _____

Telephone No.: _____ Email: _____

Please check the appropriate box:

New Installation ☐ Replacement ☐ Upgrade ☐ Repair ☐ Generator ☐
Propane or Gas?

Please provide a brief description of the work being performed: _____

Approved: ☐ Disapproved: ☐

Building Inspector: _____ Date: _____

Town of Tuxedo Policy Statement

The Town of Tuxedo Building Inspector shall not take a conclusive action relative to the granting of an approval, permit or other similar official acceptance when the applicant, lessee, lessor, property owner and/or property location has an outstanding violation of code pending, monies and/or fees outstanding or unsatisfied conditions of approval against said applicant or property. The Building Inspector may conduct such preliminary procedures that it may deem necessary or appropriate to assure conformance with code requirements and/or law with the understanding that final approval and/or acceptance will not be taken until such time as any and all violations outstanding monies and fees and conditions are satisfied.

Read and understood by me on _____

Name and address of Applicant _____

Signature of Applicant _____

Property Address _____

Section _____ Block _____ Lot _____

To Applicant:

A Certificate of Occupancy (C/O) or Certificate of Compliance (C/C) must be issued for the work covered by this permit. All required inspections must be made in order for the appropriate Certificate to be issued and it is your responsibility to make sure that all inspections are made.

We have experienced many problems with the building permits having expired (the contractor paid and gone) and the work completed, but no C/O or C/C issued. A lack of a certificate constitutes a violation and will cause you serious problems when you decide to sell or refinance your home.

The Building Permit is good for a maximum of 18 months.

Please understand, a Certificate of Occupancy or Certificate of Compliance MUST be issued BEFORE you use the area covered by the permit.

Please sign below acknowledging that you have read and understand the above.

Applicant's Signature

Date

Town of Tuxedo
1 Temple Drive
Tuxedo NY 10987

Owner's Consent Affidavit

Section: _____ Block: _____ Lot: _____

Name of Project: _____

Name of Fee Owner: _____

Address: _____
City State Zip

Telephone #: _____

Name of Applicant: _____

Address: _____
City State Zip

Telephone #: _____

State of New York
County of Orange, ss:
Town of Tuxedo, NY

_____ Being duly sworn, deposes and says that he/she/they reside(s)
at _____ in the county of _____ in the state of _____
that he/she/they is/are the owner in fee of all that certain lot, piece or parcel of land situated, lying and
being in the Town of Tuxedo aforesaid and designated as Section: _____ Block _____ Lot _____, of the
Tuxedo Tax Map and that he/she/they hereby authorize(s) the application on his/her/their behalf and that
the statements of fact contained in said application are true, and agrees to be bound by the determination
of the Board and/or Building Inspector.

Sworn to before me

Owner: _____

_____ Day of _____

Notary Public

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

This form cannot be used to waive the workers' compensation rights or obligations of any party.

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- ☐ I am performing all the work for which the building permit was issued.
- ☐ I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- ☐ I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ♦ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; OR
- ♦ have the general contractor, performing the work on the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:

<p>Sworn to before me this _____ day of _____,</p> <p>_____ (County Clerk or Notary Public)</p>

Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.

LAWS OF NEW YORK, 1998
CHAPTER 439

The general municipal law is amended by adding a new section 125 to read as follows:

125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

Implementing Section 125 of the General Municipal Law

1. General Contractors -- Business Owners and Certain Homeowners

For businesses and certain homeowners listed as the general contractors on building permits, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is ONE of the following forms that indicate that they are:

- ♦ insured (C-105.2 or U-26.3),
- ♦ self-insured (SI-12), or
- ♦ are exempt (CE-200),

under the mandatory coverage provisions of the WCL. Any residence that is not a 1, 2, 3 or 4 Family, Owner-occupied Residence is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

2. Owner-occupied Residences

For homeowners of a 1, 2, 3 or 4 Family, Owner-occupied Residence, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file form BP-1 (12/08).

- ♦ Form BP-1 shall be filed if the homeowner of a 1, 2, 3 or 4 Family, Owner-occupied Residence is listed as the general contractor on the building permit, and the homeowner:
 - ♦ is performing all the work for which the building permit was issued him/herself,
 - ♦ is not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping the homeowner perform such work, or
 - ♦ has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
- ♦ If the homeowner of a 1, 2, 3 or 4 Family, Owner-occupied Residence is hiring or paying individuals a total of 40 hours or MORE in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" form, BP-1(12/08), but shall either:
 - ♦ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit (the C-105.2 or U-26.3 form), OR
 - ♦ have the general contractor, (performing the work on the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit) provide appropriate proof of workers' compensation coverage, or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit.

ELECTRICAL INSPECTORS

NY Electrical Inspections & Consulting LLC – John Wierl
93 Beattie Avenue
Middletown, NY 10940
845-551-8466

Electrical Underwriters of NY, LLC – Ernie Bello
P.O. Box 4089
New Windsor, NY 12550
845-569-1759

Commonwealth Electrical Inspection Service, Inc. – James Cocks
23 Tephane Ave.
Monroe, NY 10950
845-325-0158

Swanson Consulting Inc. – J.O. Swanson or Vincent Saldana
P.O. Box 395
Salisbury Mills, NY 12577
845-496-4443

Northeast Electrical Inspections LLC – Dave Near
65 Albermarle Road
Scotia, NY 12302
518-866-1663 - 518-852-0827

Inspections On Time
809 Highland Laker Road
Middletown, NY 10940
845-233-6711

SAS Electrical Inspection – Yuri Badovich
PO Box 119
Greenfield Park, NY 12435
845-801-2172

BACKFLOW PREVENTOR INSPECTOR

Roth:Menchancal, Inc.
R.D. #4 Sycamore Drive
New Windsor, NY 12553
845-534-2296