

Marisol Torrens
Code Enforcement Officer

VILLAGE OF LIBERTY
BUILDING DEPARTMENT



167 N. MAIN ST
LIBERTY, NY 12754
845-292-2250 ext.117
FAX: 845-295-9216
E-MAIL: mtorrensvol@gmail.com

Electrical Permit Application

Permit#: _____

SBL: _____

Only Checks or Money Orders Are Acceptable and Must BE Made Payable to the Village of Liberty

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. APPLICATIONS IS HEREBY MADE to the Building Inspection will issuance of an Electrical Permit pursuant to the New York Building Construction and Code Ordinance of the Village of Liberty for the construction of building, additions or alterations, or for the removal or demolition or use of the property, as herein described. The applicant agrees to comply with all the applicable laws, ordinances and regulations.

Name of Applicant:

Phone:

Signature of Applicant:

Mailing Address:

Email Address:

Owner (Please Print)

Mailing Address

Telephone#

Date

Applicant is:

Owner

☐

Agent

☐

Electrician

☐

Other

☐

Please explain: _____

If applicant is a corporation, signature of duly authorized officer _____

Name and Address of Corporate Officer _____

1. Street address of site where work will be done: _____

Tax Map No./SBL: _____

Unit No: _____

2. Description of ALL work: _____

New Service Panel: _____ amps

Generator: _____

of Lights: _____

of receptacles: _____

of smoke detectors: _____

of CO2: _____

Solar Panels: _____

Estimated Cost of Work: \$ _____

3. Name of Electrician: _____ Phone #: _____

Name of Electrical Inspection Agency: _____

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

Village of Liberty 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 construction. ☐
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 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: _____

*****DON'T FORGET TO SUBMIT YOUR SITE PLAN. WE WILL NOT ACCEPT AN INCOMPLETE APPLICATION *****

Office Use Only:

- | | |
|---|--------------------------|
| Owners Proxy (if applicable) | <input type="checkbox"/> |
| Home Owners Association (if applicable) | <input type="checkbox"/> |
| Electrical Verification (if applicable) | <input type="checkbox"/> |
| Insurance | <input type="checkbox"/> |
| Plot plan/ Site Plan | <input type="checkbox"/> |
| Permit Fee's \$ _____ | <input type="checkbox"/> |

Owners Proxy

_____ deposits 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: _____