



Building Department

## Building Permit Application

### Electrical

- 1.) Submit all together to the Building Department:
  - (1) Completed application.
  - (2) Applicable fee
  - (3) Copy of Ulster County Electricians License
- 2.) Work covered by this application **may not** begin until permit application is reviewed, plans are approved, a permit is issued and signed for.
- 3.) Approved plans to be kept on the site of project for reference, and the **permit number** must be displayed on site in 6" numbers to be seen from the road (make your own sign).  
**Your permit # will be needed to request inspections.**
- 4.) Upon completion of work, final paperwork must be submitted and final inspection must be scheduled to obtain certificate of compliance.

#### Contractor insurance requirements:

IF Homeowner is contractor:

1. Provide a photocopy of homeowner's declaration page for address of project.
2. Complete Affidavit of Insurance form. **Must be notarized.**

IF hired contractor:

**\*\*\*Ulster County Licensed Electrician is required to perform all electrical work\*\*\***

*a list of current licensees can be found at: <https://ulstercountyny.gov/electrical-licensing-board/licensees-list>*

1. Provide NYS Certificate of Workers' Compensation Insurance (C-105.2 or U-26.3) listing Town of Shawangunk as Certificate Holder. *(ACORD forms are not accepted)*  
**---OR---**
2. Self-insured contractor shall provide Certificate of Attestation of Exemption (CE-200) from NYS Workers' Compensation Board ([www.wcb.ny.gov](http://www.wcb.ny.gov))

**Inspections:** It is the permit holders' responsibility to schedule required inspections.

Please request a list of Town of Shawangunk approved Electrical Inspectors from the Building Department.

Please note, if the Electrical Inspector is not **currently** approved and listed by the Town of Shawangunk, the inspection certificate will not be accepted

- Typical (minimum) inspections required for electrical projects:
  - Electrical – Any receptacles or fixtures associated with sign must have rough-in and final electrical inspections from approved electrical inspector.
  - Final inspection – submit final paperwork and request final certificate inspection (**final electrical inspection** required prior to scheduling final inspection).

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

Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Zoning District \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Approved Revisions Required

Comments: \_\_\_\_\_

**\*\*\* This section to be completed by Building Department \*\*\*  
\*\*\*ALL permits require INSPECTIONS or A VIOLATION will be issued\*\*\***

Applicants' Name: \_\_\_\_\_ Phone #: (     ) \_\_\_\_\_

Applicant Type (Owner, Contractor, Design Professional, Agent): \_\_\_\_\_

Applicants' email address: \_\_\_\_\_

Property owner's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone #: (     ) \_\_\_\_\_

Owner's email address: \_\_\_\_\_ Alt. Phone # (     ) \_\_\_\_\_

Corner Lot: yes / no    Subdivision yes / no \_\_\_\_\_

Proposed project: \_\_\_\_\_

Cost of construction: \_\_\_\_\_ Permit Fee: \_\_\_\_\_

Electrical Contractor's Name: \_\_\_\_\_ Phone # (     ) \_\_\_\_\_

Contractor's Address \_\_\_\_\_

Contractor's email: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Policy # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Ulster Co. licensed electrician Lic# \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Town of Shawangunk  
County of Ulster  
Office of the Building Inspector**

**AFFIDAVIT OF OWNER**

Premises \_\_\_\_\_

\_\_\_\_\_, being duly sworn, deposes and says that he/she is the  
*(Name of Property Owner as per recorded deed)*

owner above named.

He/She is the OWNER and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his/her knowledge and belief and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Deponent alleges that 1) the provisions of the Worker's Compensation Law does not apply in this case in that he/she will do all required work on the premises and will imply no labor thereat, OR 2) owner alleges that contractor performing work will provide required NYS Worker's Compensation Insurance whereof, deponent requests approval of said plan and application and issuance of a PERMIT to commence work.

Signed \_\_\_\_\_  
(signature of Property Owner)

\_\_\_\_\_  
Date signed

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

**Town of Shawangunk  
County of Ulster  
Office of the Building Inspector**

**Affidavit of Exemption to show specific proof of Worker's Compensation Insurance  
coverage for a single or multi-family, Owner-occupied residence.**

Under penalty of perjury, I certify that I am the owner of the single family or multi-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 Worker's 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 Worker's Compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Worker's 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
- Have the general contractor, performing the work on the single or multi-family, owner occupied residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of that coverage on forms approved by the Chair of the NYS Worker's Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total 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 Printed Name)

\_\_\_\_\_  
(property address)

\_\_\_\_\_  
(Home Telephone Number)

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

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(To be filed upon completion of work)  
Final project cost sheet

Permit # \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

**Town of Shawangunk**

**County of Ulster**

**Office of the Building Inspector**

**AFFIDAVIT OF FINAL COST OF CONSTRUCTION**

I, \_\_\_\_\_, being duly sworn, depose and say that he/she is the applicant/agent named in the Building Permit dated \_\_\_\_\_, 20\_\_\_\_ relating to construction or other work having been performed in the Town of Shawangunk.

Filed Cost of Construction \_\_\_\_\_

Final Cost of Construction \_\_\_\_\_

Permit Fee Paid \_\_\_\_\_

Additional Fee Due \_\_\_\_\_

Signed \_\_\_\_\_  
(Applicant/agent)

(Costs for the work described in the application for building permit include the cost of all the construction and other work done in connection therewith, exclusive of the cost of land)

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public