



# TOWN OF SHAWANGUNK

## Electrical Permit Application

1.) Submit all together to the Building Department:

- (1) Completed application
- (2) Application fee
- (3) New York State ID
- (4) Copy of Ulster County Electrical License
- (5) Insurance certificates

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 our 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 requirement:

If the homeowner is the contractor:

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

If a contractor is hired:

1. Provide NYS Certificate of Worker's Compensation Insurance (C-105.2 or U-26.3), Liability and Disability insurances listing Town of Shawangunk as Certificate holder **(ACORD) forms are not accepted!**

**---OR---**

2. Self-insured contractors shall provide certificate of Attestation of Exemption (CE-200) from NYS Worker's Compensation Board ([www.wcb.ny.gov](http://www.wcb.ny.gov))

Inspections: It is the permit holder's responsibility to schedule required inspections. Please request a list of required inspections for *YOUR* individual project from the Building Department.

- Inspections are performed between 11am- 2pm

14 Central Avenue, P.O. Box 247, Wallkill, New York 125449

Phone: (845) 895-42090

email: [building@shawangunk.org](mailto:building@shawangunk.org)



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- Please be sure your project is **ready** for the requested inspection. Scheduled inspections that are not ready will be Failed/Not Ready and be assessed a \$75 fee, unless cancelled at least 2 hours prior to inspection time.
- 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
  - \* Rough-in Inspection: stick must be placed on window.
  - \* Final Inspection: Certificate must be delivered to the building department prior to the final inspection being scheduled.



**Third Party Electrical Inspection Agencies**  
(In Alphabetical Order)

<b>Commonwealth Electrical Inspection Service Inc.</b> Ron Henry 845-562-8429 Keith Sutton 845-527-8821 Fred Cocks 845-783-9309	<b>New York Electrical Inspection and Consulting</b>  John Wierl 845-343-6934
<b>CP Certified Electrical Inspector</b> Chris Peone 845-853-3202	<b>New York Electrical Inspections</b>  Chris Mano 845-586-2430
<b>Electrical Underwriters of NY, LLC</b> John Taylor 845-597-5072 Ernie Bello 845-569-1759	<b>SAS Electrical Inspection</b>  Yuri Badovich 845-801-2172
<b>LM Electric &amp; Consulting Corp.</b>  Logan Millington 845-232-1074	<b>Swanson Consulting, Inc.</b>  John Hamilton 845-459-0708 Joe Swanson 845-549-8271

Revised 9/4/2025

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