



**TOWN OF MARBLETOWN**  
**BUILDING & SAFETY DEPARTMENT**  
1925 Lucas Ave, Cottekill, NY 1241 / P.O. Box 217 Stone Ridge, NY 12484

## **ELECTRICAL CHANGE/UPGRADE**

### **DOCUMENTS TO BE SUBMITTED**

\_\_\_\_\_ **DEED**- Copy of your **filed deed**. Must show Liber and page number.

\_\_\_\_\_ **911 ADDRESS**- If none on file, call the Assessor's office and they will assign one for you.  
Their phone number is 687-7500 X 172

\_\_\_\_\_ **CHECK** - Please bring a check payable to the *Town of Marbletown*  
- From pole to breaker box \$85.00  
- From breaker box, underground, and all interior amount to be determined

### **INSURANCE INFORMATION: APPLICATIONS CAN NOT BE ACCEPTED WITHOUT PROPER INSURANCE FORMS**

\_\_\_\_\_ Contractors Liability (Accord Form) and Workers' Compensation (C105.2 or U26.3)  
\_\_\_\_\_ Homeowner if no contractor please fill out Exempt Form CE-200

**ULSTER COUNTY ELECTRICIANS LICENSE NAME AND NUMBER** \_\_\_\_\_

All electrical work requires an inspection by a third party electrical inspector approved by the Town of Marbletown.

**(Minimum of two weeks review time) - 14 business days**

Any questions, please do not hesitate to email or call our office

# **ELECTRICAL CHANGE / UPGRADE PERMIT APPLICATION**

**PRINT CLEARLY and COMPLETE ALL INFORMATION:**

OWNER: \_\_\_\_\_ APPLICANT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CELL PHONE# \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

E-MAIL \_\_\_\_\_ E-MAIL \_\_\_\_\_

**ADDRESS/LOCATION:** (911 ADDRESS) *New residences must contact the assessors office to be assigned a 911 address.*

Exact address of where work is being done: \_\_\_\_\_

1. SECTION \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ NUMBER OF ACRES \_\_\_\_\_ ZONING DIST \_\_\_\_\_

2. EXISTING USE AND OCCUPANCY OF PROPERTY: \_\_\_\_\_ SINGLE FAMILY RESIDENCE, \_\_\_\_\_ VACANT LAND, \_\_\_\_\_ OTHER

3. NATURE of WORK: check one \_\_\_\_\_ NEW, \_\_\_\_\_ REPAIR

4. Give a brief description of work: \_\_\_\_\_

**5. CHECK ALL THAT APPLY:**

\_\_\_\_\_ CHANGE OF ELECTRICAL SERVICE \_\_\_\_\_ OVERHEAD \_\_\_\_\_ UNDERGROUND \_\_\_\_\_ CHANGE OF PANEL BOX

\_\_\_\_\_ OTHER \_\_\_\_\_

6. TYPE OF USE: ( ) PERSONAL, ( ) BUSINESS, ( ) MIXED OCCUPANCY,

7. COST OF CONSTRUCTION \$ \_\_\_\_\_ (INCLUDING ALL LABOR AND MATERIALS)

**8. Contractor Information:** Attach insurance certificates to this application  
We do not keep certificates "on file"

LIABILITY EXPIRATION DATE: \_\_\_\_\_ WCOMP EXPIRATION DATE: \_\_\_\_\_

ULSTER COUNTY ELECTRICIANS LICENSE NUMBER \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

ATTACH CONTRACTORS INSURANCE CERTIFICATES TO THIS APPLICATION

Upon accepting this permit, you have acknowledged that you are required to notify this office a minimum of 48 hours in advance for inspections that pertain to your project. A list of inspections will be attached to the required on site building plans which will include your permit.

*Dig Safely Master Member List* By law, Excavators must call Dig Safely, New York at 1-800-962-7962 E-mail: [www.digsafelynewyork.com](http://www.digsafelynewyork.com) at least 2 full working days before to request a stake-out of underground utility lines. As of March 16, 1996 the following organizations own buried facilities in the Town of Marletown and are members of the Dig Safely, New York "one-call" notification system. Note: This list does not contain members in any villages or cities that may exist in this town. One free phone call to Dig Safely, New York Contacts: Organizations: CENTRAL HUDSON GAS & ELECTRIC, NEW YORK TELEPHONE C/O BYERS ENGINEERING, ROLLING MEADOWS WATER CORP.

I (we) understand that it is a violation of the Town of Marletown Zoning Law to use/occupy without first obtaining a Certificate of Occupancy/Compliance from the Codes Enforcement Officer. MAXIMUM \$250.00/WEEK AND OR IMPRISONMENT. I(we) the undersigned, understand that any incomplete or omitted information on plans and(or) description of work as submitted to the building department for the issuing of a building permit shall be constructed/installed in compliance with all applicable rules, regulation and codes in effect at the time of this signing. I hereby grant the building inspector or his or her authorized agent permission to enter upon the premises and into any building or building structure thereon at anytime during working hours without being subject to arrest or civil suit for trespassing. I(we) understand that if a permit is issued, it is valid for one year of date of issuance and a fee of \$25.00 or 10% of the original permit fee (whichever is higher) will be applied for renewal each year thereafter if applicable. NYS Carbon Monoxide detector(s) must be installed prior to final inspection.

Signature of Owner(s) \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Contractor/Builder \_\_\_\_\_ / Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

If the Contractor/Applicant is not the owner of the premise, a letter of agent from the owner, designating the applicant as their agent is required

Where would you like the permit to be sent after processing? \_\_\_\_\_ permit to be mailed to homeowner's mailing address  
\_\_\_\_\_ permit will be picked up  
- \_\_\_\_\_ # to call when ready \_\_\_\_\_

**OFFICE USE ONLY**

( ) Building Permit ( ) Referred to Planning Board ( ) Referred to Zoning Board  
\_\_\_\_\_ B \_\_\_\_\_ SF \_\_\_\_\_ CCF \_\_\_\_\_ 6 \_\_\_\_\_ 12S/B/L# \_\_\_\_\_

APPLICATION: \_\_\_\_\_ APPROVED \_\_\_\_\_ DISAPPROVED

BUILDING PERMIT EXAMINED BY \_\_\_\_\_ DATE \_\_\_\_\_

APPLICATION: \_\_\_\_\_ APPROVED \_\_\_\_\_ DISAPPROVED REASON \_\_\_\_\_

**BUILDING PERMIT NO.** \_\_\_\_\_

BUILDING PERMIT FEE \$ \_\_\_\_\_  
OTHER \_\_\_\_\_ \$ \_\_\_\_\_  
WORK W/O PERMIT \$ \_\_\_\_\_  
TOTAL AMOUNT DUE \$ \_\_\_\_\_

Paid:  
CHECK BY: \_\_\_\_\_ OWNER, \_\_\_\_\_ OTHER  
CHECK NUMBER \_\_\_\_\_ CASH \_\_\_\_\_  
RECEIPT  
# \_\_\_\_\_ DATE \_\_\_\_\_