

**INSTRUCTIONS FOR  
APPLICATION FOR A BUILDING PERMIT  
GARAGE AND ACCESSORY BUILDING**

401 Square Feet or more

**YOU MUST SUBMIT THE FOLLOWING WITH THE PERMIT APPLICATION  
(FAILURE TO SUBMIT THE REQUIRED DOCUMENTS WILL DELAY YOUR PERMIT)**

- WORKER'S COMPENSATION INSURANCE - PROOF OF INSURANCE OR AN EXEMPTION – OR A HOMEOWNER'S ATTESTATION OR EXEMPTION NO PERMIT WILL BE ISSUED WITHOUT IT.**

[http://www.wcb.ny.gov/content/ebiz/wc\\_db\\_exemptions/requestExemptionOverview.jsp](http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp)

- APPLICATION - Completed application – All pages and requested information must be filled out COMPLETELY.  
(no permit application will be accepted unless it is completely filled out).

**INCOMPLETE APPLICATIONS WILL BE RETURNED.**

- SITE PLAN – A site plan showing layout of project parcel indicating distances from other landmarks. (see sample site plan).
- DRAWINGS – Clear and complete drawings of construction showing dimensions, lumber sizes, doors, etc.  
Commercial construction requires plans and specification stamped and sealed by a design professional.
- Truss plans/certificate (stamped and signed by a design professional), if the structure has trusses or engineered wood products in floors or roof structure. (available from supplier).
- ENERGY CODE – Insulation values, heating methods and other compliance requirements for heated buildings.  
A separate heating permit application is required.
- FEE - Application Fee (No Application will be reviewed without application fees.)
- ZONING- Planning Board or Zoning Board of Appeals approvals if required.

**YOUR PERMIT MUST BE POSTED SO THAT IT IS VISIBLE FROM THE ROAD.**

**DO NOT START CONSTRUCTION UNTIL YOU HAVE RECEIVED A PERMIT.  
AN APPLICATION IS NOT A PERMIT! A REVIEW OF YOUR APPLICATION MUST BE MADE TO  
DETERMINE COMPLIANCE WITH NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING  
CODES AND APPLICABLE ORDINANCES. ALLOW 14 BUSINESS DAYS FOR REVIEW.**

**YOU ARE RESPONSIBLE FOR ANY CHANGES THAT MUST BE MADE.**

**LATE FEES AND FINES MAY BE ASSESSED**

**DO NOT OCCUPY THE STRUCTURE until a certificate of occupancy is issued.  
Fines and late fees for violation of these requirements may be assessed.**

**What will you need to obtain a Certificate of Compliance?**

- Request a final inspection from the Code Office.
- A final electrical inspection certificate from an electrical inspector approved by this office. (see list)
- Your 911 number posted in 4" numbers visible (both directions) from the road.
- All required inspections including a final inspection from this office to determine that your project is in compliance with NYS Fire Prevention and Building Code and all other applicable codes.

You are responsible to schedule all inspections when required. Allow adequate time to be placed on the schedule.  
Construction accomplished by homeowners requires an Affidavit of Exemption

Code Official reserves the right to require engineered stamped *plans for all projects.*

**CALL 811 BEFORE YOU DIG – NO MATTER HOW BIG OR SMALL**

# 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 WC/DB-100 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><b><i>Sworn to before me this _____ day of</i></b><br/>_____, _____.</p> <p>_____<br/><b><i>(County Clerk or Notary Public)</i></b></p> |
|--|

TOWN OF SIDNEY CODE ENFORCEMENT

44 Grand Street, Sidney, New York 13838

(607) 561-2334

FAX (607) 561-2335

email: sidneycodes@gmail.com

BUILDING PERMIT APPLICATION

FORM #1

TAX MAP NUMBER: # \_\_\_\_\_

PROJECT LOCATION: \_\_\_\_\_

(NOTE: YOU MUST HAVE A VALID 911 ADDRESS. CALL (800) 409-8534 TO CONFIRM OR RECEIVE YOUR 911 ADDRESS)

1. DESCRIPTION OF PROJECT: (CHECK ONE)  RESIDENTIAL  COMMERCIAL  AGRICULTURAL NARRATIVE \_\_\_\_\_

2. APPLICANT'S NAME, ADDRESS, PHONE AND EMAIL

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

Please send my permit by email rather than mail, I agree to print and post the permit.

3. OWNER'S NAME, ADDRESS, PHONE AND EMAIL  IF SAME AS APPLICANT (Go to #4)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

4. CONTRACTOR'S NAME, ADDRESS, PHONE AND EMAIL LIST ADDITIONAL CONTRACTORS ON SUPPLEMENT - FORM A-7

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

WORK PHONE: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

Contractor has employees and/or wages are being paid for performance of work:  Yes  No (If "YES" provide proof of worker's compensation insurance. If "No" provide exemption certificate.)

There is no contractor performing work. Owner or Family member(s) will be constructing the project. (Submit a homeowner's Workers' Compensation Exemption)

I HAVE INCLUDED PROOF OF WORKER'S COMPENSATION OR AN EXEMPTION FORM.

NOTE: NO PERMIT WILL BE ISSUED WITHOUT PROOF OR EXEMPTION - THIS WILL DELAY YOUR PERMIT

TOWN OF SIDNEY CODE ENFORCEMENT

5. Cost of construction or alteration: \$ \_\_\_\_\_

6. Is the site located within a flood plain?  Yes  No (IF YES - INCLUDE FORM A-6)

Is the site located within a designated wetland?  Yes  No

7. REQUESTING A PERMIT FOR: (CHECK ALL THAT APPLY AND ATTACH RELATED FORMS WITH APPLICATION)

- Residential Dwelling:  Built On-Site  Modular  Two-Family  Three Family  Four + Multiple Dwelling } (Attach Form R-1)
- Manufactured Home (Attach Form R-2 to application)
- Alteration  Repair  Renovation (Attach hazardous materials acknowledgement supplement to application)
- Addition  What is the addition? \_\_\_\_\_
- Change of Occupancy  What is the change? \_\_\_\_\_
- Accessory Structure:  Garage  Shed  Other: \_\_\_\_\_
- Agricultural Building used solely for farm implements, hay, grain, poultry, livestock or horticultural products.
- Septic System:  New System  Tank Replacement  Repair/Upgrade  Replace Failed System
- Swimming Pool:  Above Ground  In Ground  Hot Tub  Spa
- Electrical (Attach electrical supplement to application)
- Solar Electrical (Attach electrical supplement to application)
- Plumbing (Attach plumbing attachment to application)
- Heating System or Appliance (Attach heating supplement to application)
- Roof  Asphalt Shingle  Metal  Other: \_\_\_\_\_
- Demolition (Attach hazardous materials acknowledgement supplement to application)
- Other Construction: \_\_\_\_\_

CONDITIONS FOR PERMIT:

- a. Work conducted pursuant to a building permit must be visually inspected by a Code Enforcement Official and must conform to the submitted plans and specifications, NYS Uniform Fire Prevention and Building Code, the local laws of the Town of Sidney, and all other applicable codes, rules and regulations.
- b. It is the permit holder's responsibility to **contact the Code Enforcement Officer at least 48 hours prior to requiring an inspection.** This is especially true for work that will not be visible once it is covered. More than one inspection may be required.
- c. **THE OWNER HEREBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICER OF THE TOWN OF SIDNEY OR HIS DESIGNEE ACCESS TO THE PROPERTY WHERE THE PROJECT IS LOCATED FOR THE PURPOSES OF INSPECTING THE SUFFICIENCY OF THE WORK PURSUANT TO THIS PERMIT, PROVIDED HOWEVER THAT SUCH INSPECTION(S) SHALL BE LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON- WORK-RELATED VIOLATIONS THAT ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S). INSPECTIONS MAY BE UNANNOUNCED BUT WITHIN REASONABLE BUSINESS HOURS.**
- d. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material, lead or mold. Disturbance, alteration or demolition of existing walls, ceilings, floors, roofs, materials, structures or systems, may require special handling, abatement or containment by a certified or licensed professional. It is the owner's responsibility to comply with any and all requirements under this notification, State, Federal or other applicable laws, codes, regulations or standards.
- e. This permit does not include any privilege of encroachment in, over, under upon any street or right-of-way. Any additional permits, notifications, or approvals required to perform work pursuant this project is the sole responsibility of the owner.
- f. This permit does not include any privilege or authority to disregard or violate any rule, regulation, code, law or requirement of The Town of Sidney or any other government body with authority to promulgate such rules, regulations, codes, laws or requirements.
- g. I HEREBY CERTIFY THAT I HAVE THE AUTHORITY TO MAKE THE FOREGOING APPLICATION AND THAT THE INFORMATION IS CORRECT.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

|   |  |                              |
|---|--|------------------------------|
| APPLICATION # _____                                       | <b>CODE OFFICER USE ONLY</b>   | Building Permit Fee \$ _____ |
| APPLICATION RECEIVED: ___/___/___                         | <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> RA <input type="checkbox"/> I <input type="checkbox"/> Flood Zone | Septic Permit Fee \$ _____   |
| <input type="checkbox"/> PLANNING BOARD APPROVAL REQUIRED | Permit: <input type="checkbox"/> Approved <input type="checkbox"/> Denied  | Well Permit Fee \$ _____     |
|   | <input type="checkbox"/> ZBA APPROVAL REQUIRED   | Deck Permit Fee \$ _____     |
|   |  | Permit Fee \$ _____          |
|   |  | TOTAL FEES PAID: \$ _____    |

TOWN OF SIDNEY CODE ENFORCEMENT

44 Grand Street, Sidney, NY 13838

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**APPLICATION FOR BUILDING PERMIT  
GARAGE OR ACCESSORY BUILDING  
(Accessory Building 401 Square Feet or Greater)**

**FORM  
A-6**

1. TAX MAP # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ . \_\_\_\_ 1A. OWNER'S NAME: \_\_\_\_\_
  
2. Proposed construction will be:  Detached Garage  Attached Garage  
 Accessory Building over 401 Square Feet
  
3. What are the dimensions of your building? \_\_\_\_X\_\_\_\_ Square Feet: \_\_\_\_\_
4. How many stories is your building?  1  1 ½  2
5. What is the square footage of the first floor? \_\_\_\_\_
6. What is the square footage of the second floor? \_\_\_\_\_  N/A
7. Will the building be heated?  Yes  No.
8. Will the building have electric?  Yes  No.  
(If yes, you will need a third party electrical inspector – see list of certified inspectors.)
  
9. FOUNDATION:  GRAVEL (NO SLAB)  SLAB ON GRADE  Haunch or Alaskan Slab  
 Piers or Frost Wall  TREATED LUMBER ON GRADE
  
10. SITE PLAN – A site plan showing layout of project parcel indicating distances is required for all exterior construction.
  - a. What is the distance from the structure to the center of the road? \_\_\_\_\_ Ft.
  - b. What is the distance from the structure to the nearest Side Yard Lot Line? \_\_\_\_\_ Ft.
  - c. What is the distance from the structure to Rear Yard Lot Line? \_\_\_\_\_ Ft.
  
11. Will you be using truss or structural engineered wood construction?  Yes  No  
(If yes, attach Form A-2 Notification of use of engineered lumber with application.)
12. Will you be using “rough cut” lumber in the construction?  Yes  No  
(If yes, attach form A-10 “Locally Sawn or “Rough Cut Lumber”.)
  
13. If building an attached garage, detail the fire barrier in a detailed drawing.

It is the property owner's responsibility to call the Code Officer for required inspections. You must provide 48 hours notice.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

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FORM A-2

NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION, PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER CONSTRUCTION.

Title 19, of the Official Copulation of the Rules and Regulations of the State of New York requires notification to the local Code Official in the use of Truss Type, Pre-Engineered and/or Timber Construction in new, rehab or additions in residential construction. The rule also requires the identification of such construction by an applicable placard and a fee of \$50.00.

PROPERTY OWNER: \_\_\_\_\_ TAX MAP # \_\_\_\_\_

Location of Parcel Number & Street: \_\_\_\_\_

(CHECK THE APPROPRIATE BOXES BELOW)

- 1. [ ] Residential Structure [ ] Commercial Structure

2. PLEASE TAKE NOTICE THAT THE

- [ ] NEW STRUCTURE
[ ] ADDITION TO AN EXISTING STRUCTURE
[ ] REHABILITATION OF AN EXISTING STRUCTURE

TO BE CONSTRUCTED OR PERFORMED AT THE SUBJECT PROPERTY REFERENCED ABOVE WILL USE

- [ ] TRUSS TYPE CONSTRUCTION (TT)
[ ] PRE-ENGINEERED WOOD CONSTRUCTION (PW)
[ ] TIMBER CONSTRUCTION (TC)

IN THE FOLLOWING LOCATIONS

- [ ] FLOOR FRAMING INCLUDING GIRDERS AND BEAMS (F)
[ ] ROOM FRAMING (R)
[ ] FLOOR FRAMING AND ROOF FRAMING (FR)

ENGINEERED TRUSSES REQUIRE A TRUSS PLAN SEALED BY A DESIGN PROFESSIONAL FROM THE TRUSS MANUFACTURER BE SUBMITTED

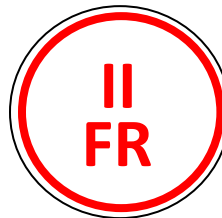
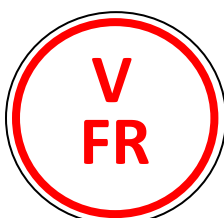
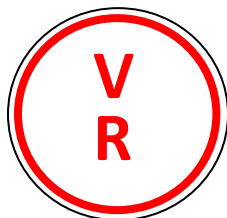
The use of engineered wood products requires posting of a placard on commercial and residential premises in a location designated by law and the Code Official for the safety of emergency responders.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

(Check One): [ ] Owner [ ] Owner's Representative

SAMPLE PLACARDS



TYPE 5 - ROOF TRUSS

TYPE 5 - ROOF & FLOOR

TYPE 5 - FLOOR TRUSS

TYPE 2 - ROOF TRUSS

TYPE 2 - ROOF & FLOOR

LOCALLY SAWN OR "ROUGH CUT LUMBER"

PROPERTY OWNER: \_\_\_\_\_ TAX MAP # \_\_\_\_\_

Location of Parcel Number & Street: \_\_\_\_\_

(CHECK THE APPROPRIATE BOXES BELOW)

1.  Residential Structure  Commercial Structure

I \_\_\_\_\_ the sawyer of "rough cut lumber" being used in the construction of a structure at the above listed property certify that the lumber I am supplying to the above named property owner or contractor is of quality and safe working stresses of such lumber that is equal to or exceed No. 2 grade of the species in accordance with the conditions set forth in DOC PS 20.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Lumber used for load-bearing purposes, which is neither identified by a grade mark nor issued a certificate of inspection by a lumber grading or inspection agency, may be used under the following conditions when authorized by the authority having jurisdiction:

1. The producing mill shall sell or provide the lumber directly to the ultimate consumer or the consumer's contract builder for use in an approved structure.
2. The producing mill shall certify in writing to the consumer or contract builder on a form to be produced by the authority having jurisdiction that the quality and safe working stresses of such lumber are equal to or exceed No. 2 grade of the species in accordance with the conditions set forth in DOC PS 20. Such certification shall be filed as part of the building permit application.
3. The use of such lumber shall be in accordance with Section 503 of the 2015 IBC , limited to:
  - a. Buildings of residential Group R occupancy not exceeding three stories in height.
  - b. Buildings of assembly Group A, business Group B, educational Group E, factory industrial Group F, high-hazard Group H, institutional Group I, mercantile Group M, storage Group S, and utility miscellaneous Group U occupancies not exceeding 10,000 square feet (929 m2) of cumulative floor area or 35 feet (10 668 mm) in height.

TOWN OF SIDNEY CODE ENFORCEMENT

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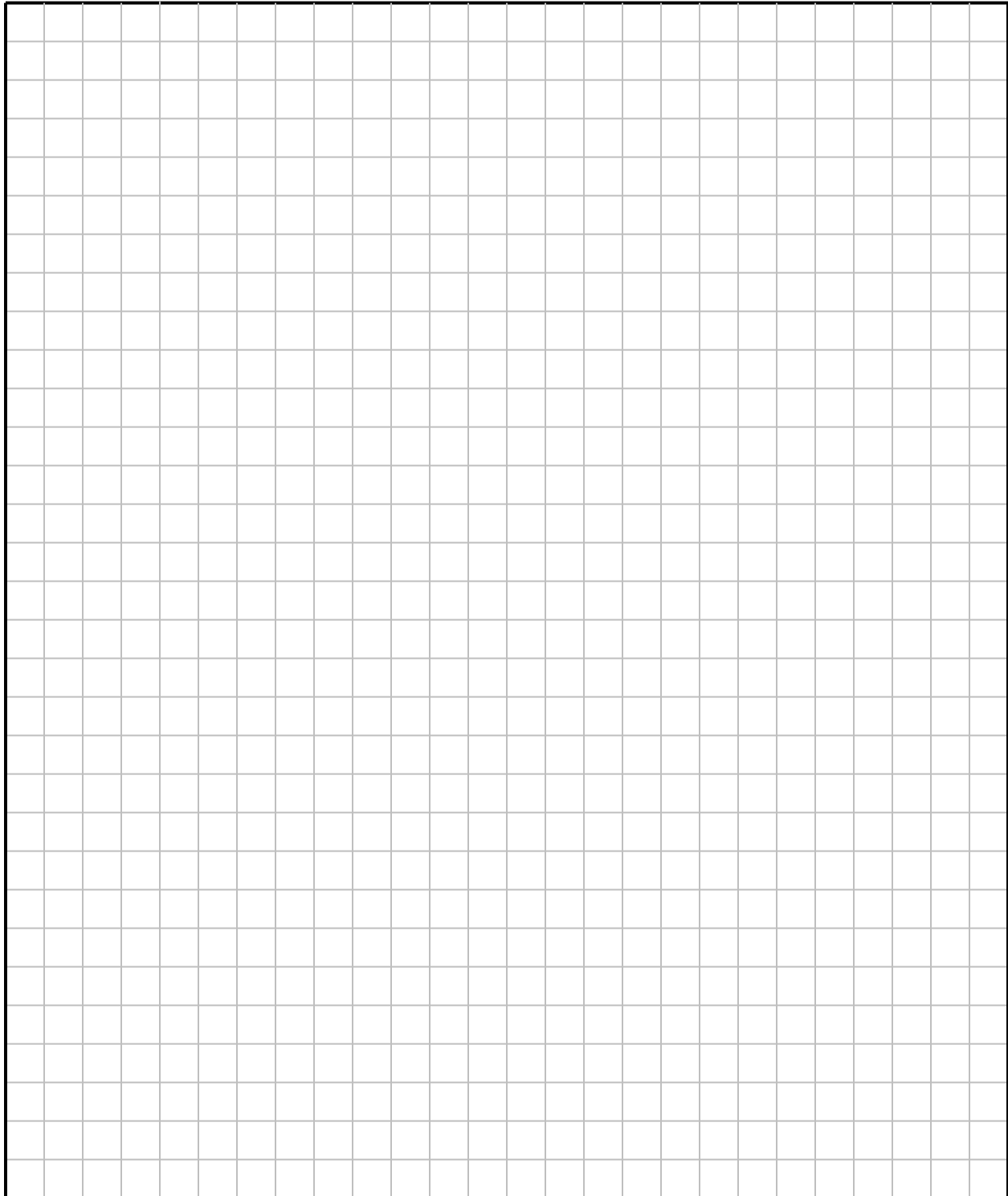
FAX (607) (607) 561-2334

email: sidneycodes@gmail.com

**FORM  
A-5**

**GARAGE/SHED OR SIMPLE STRUCTURE PLAN**

Page \_\_\_ of \_\_\_



PROPERTY OWNER: \_\_\_\_\_

The structural plan depicted on this document is accurate to the best of my knowledge.

PROPERTY OWNER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_\_\_ TAX MAP # \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_



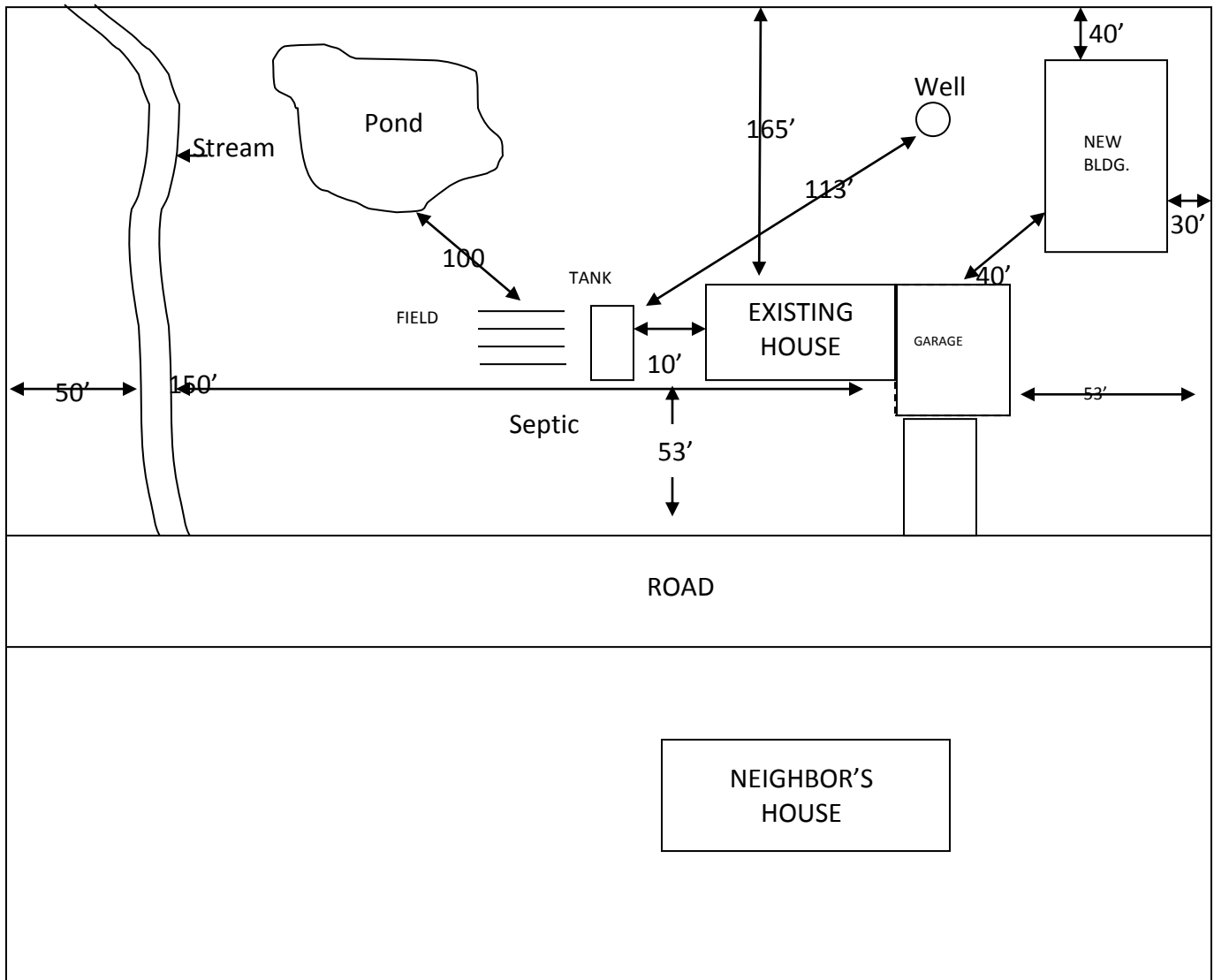
**SITE PLAN**

A plot plan is a diagram of the property where construction is to take place. It is necessary to include a plot plan for all exterior construction on a parcel to demonstrate compliance with such things as set back requirements from property lines and roadways, distance requirements from septic systems to wells, ponds, lakes and streams. Drawings do not need to be to scale but distances indicated must be accurate.

**DIRECTIONS**

Draw a sketch of your property on a blank or graph paper indicating location of your well, septic, ponds, streams structures, etc. It is important to indicate the following distances:

- New construction to other Buildings, Property Lines and Road Shoulders.
- New construction to septic and wells, water ways and ponds.
- Septic Systems in relation to Wells, Streams, Ponds, Lot Lines, Roads etc.



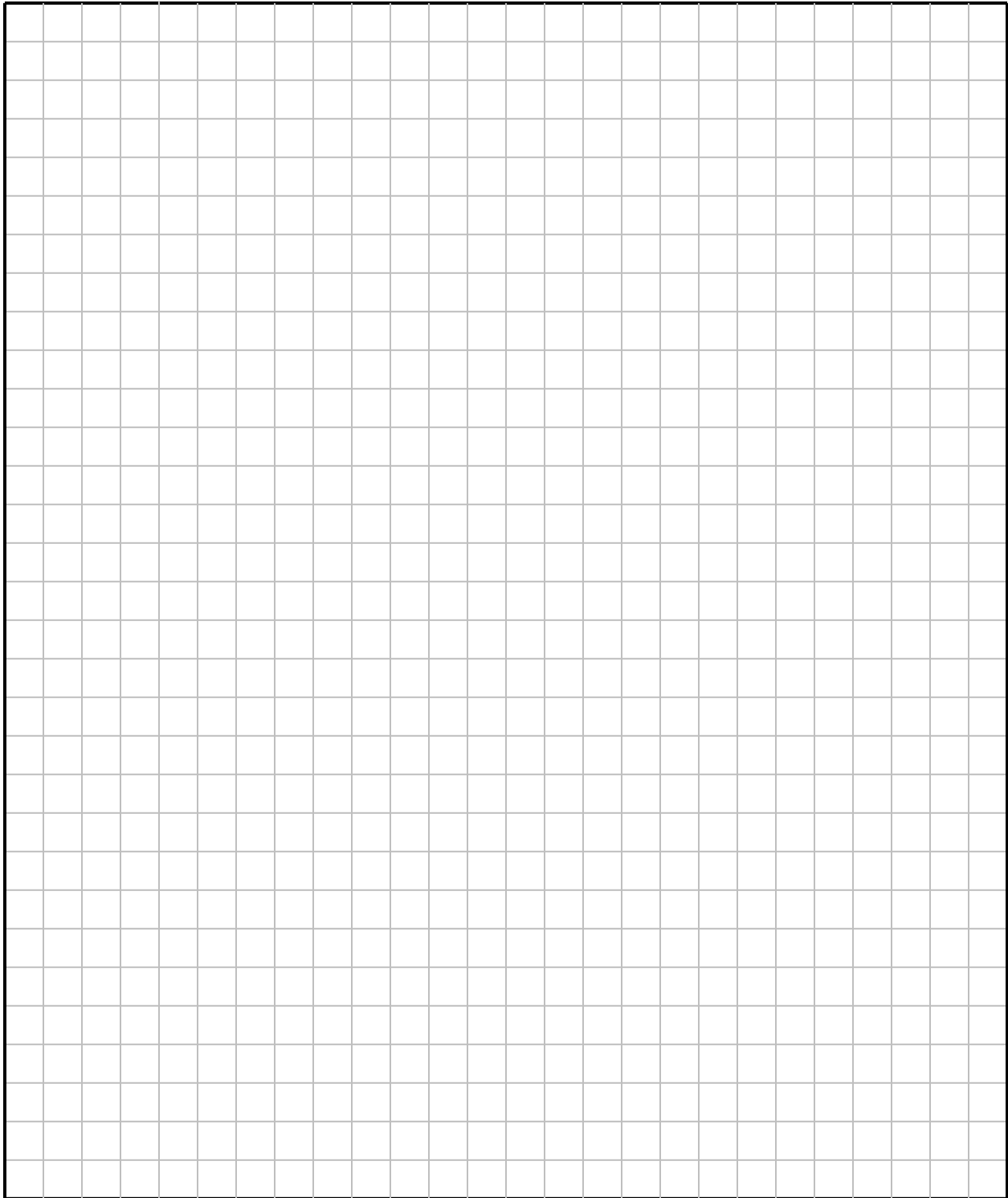
**EXAMPLE SITE PLAN**

TOWN OF SIDNEY  
CODE ENFORCEMENT

FORM  
A-3

THIS FORM MAY BE SUBSTITUTED WITH A SET OF ENGINEERED PLANS OR OTHER LEGIBLE DRAWING

# PROPERTY SITE PLAN WORK SHEET



PROPERTY OWNER: \_\_\_\_\_

The site plan depicted on this document is true and accurate to the best of my knowledge.

PROPERTY OWNER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ TAX MAP # \_\_\_\_-\_\_\_\_-\_\_\_\_

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APPLICATION FOR BUILDING PERMIT
LIST OF CONTRACTORS FOR PROJECT

FORM A-12

1. TAX MAP # \_\_\_\_\_ 1A. OWNER'S NAME: \_\_\_\_\_

2. LOCATION OF PARCEL- Number & Street: \_\_\_\_\_
(NOTE: YOU MUST HAVE A VALID 911 ADDRESS. CALL (800) 409-8534 TO CONFIRM OR RECEIVE YOUR 911 ADDRESS)

ALL CONTRACTORS MUST PROVIDE PROOF OF NYS WORKER'S COMPENSATION INSURANCE OR AN EXEMPTION CERTIFICATE FOR EACH JOB

NO PERMIT WILL BE ISSUED WITHOUT WORKER'S COMPENSATION DOCUMENTS

[X] Worker's Compensation insurance or exemption information included with permit.

3. [ ] General Contractor: \_\_\_\_\_
Address: \_\_\_\_\_
Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

[ ] Excavator: \_\_\_\_\_
Address: \_\_\_\_\_
Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

[ ] Plumbing Contractor: \_\_\_\_\_
Address: \_\_\_\_\_
Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

[ ] Architect/Engineer: \_\_\_\_\_
Address: \_\_\_\_\_
Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

[ ] Electrician: \_\_\_\_\_
Address: \_\_\_\_\_
Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

[ ] Mason Contractor: \_\_\_\_\_
Address: \_\_\_\_\_
Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

[ ] Other Contractor: \_\_\_\_\_
Address: \_\_\_\_\_
Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

[ ] Other Contractor: \_\_\_\_\_
Address: \_\_\_\_\_
Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

It is the property owner's responsibility to call the Code Officer for required inspections. You must provide 48 hours notice.

Signature of Owner or Agent

Date

## TOWN OF SIDNEY CODE ENFORCEMENT

44 Grand Street, Sidney, New York 13838

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### APPROVED ELECTRICAL INSPECTORS

|                       |              |                                     |
|-----------------------|--------------|-------------------------------------|
| 1. Croft, Richard     | 607-972-6713 | Commonwealth                        |
| 2. Cross, Grant       | 607-627-6218 | Commonwealth                        |
| 3. Hoag, Mark         | 607-437-0169 | Independent                         |
| 4. Hyland, Dennis     | 315-867-0307 | Independent                         |
| 5. Inserra, Joseph    | 315-219-9556 | Independent                         |
| 6. Irwin, David       | 518-797-3520 | The Inspector LLC.                  |
| 7. Mazzara, Frank     | 315-724-7659 | Middle Department                   |
| 8. Miers, Michael     | 315-843-5155 | Atlantic Inland                     |
| 9. Moon, Rick         | 518-882-6140 | The Inspector LLC.                  |
| 10. Morosco, Thomas   | 315-735-5233 | Independent                         |
| 11. Murad, Greg       | 888-693-4693 | NY Electric                         |
| 12. Near, Dave        | 518-852-0826 | Northeast Electrical Inspectors LLC |
| 13. Reynolds, Steve   | 518-852-0826 | Northeast Electrical Inspectors LLC |
| 14. Rudy, John T.     | 607-669-4308 | Atlantic Inland                     |
| 15. Ryan, Bill        | 518-363-0181 | The Inspector LLC.                  |
| 16. Sanfillippo, Mike | 607-859-2479 | Atlantic Inland                     |
| 17. Savage, Ernest    | 315-895-7560 | Atlantic Inland                     |
| 18. Sweet, Brian      | 518-673-5123 | The Inspector LLC.                  |
| 19. Van Hoewan, Steve | 315-294-2898 | Independent                         |
| 20. Veen, Ed          | 607-652-3146 | Commonwealth                        |
| 21. Weaver, Terry     | 518-273-0861 | Middle Department                   |
| 22. Welter, John      | 315-839-5563 | Commonwealth                        |
| 23. Zeman, Richard    | 315-866-0993 | NY Board                            |