

TOWN OF WAPPINGER

CODE ENFORCEMENT
GEORGE A. KOLB JR.
SALVATORE A. MORELLO, III

FIRE INSPECTOR
MARK J. LIEBERMANN

ZONING ADMINISTRATOR
BARBARA ROBERTI



BUILDING DEPARTMENT
20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590-0324
(845) 297-6256
FAX: (845) 297-0579

SUPERVISOR
CHRISTOPHER J. COLSEY

TOWN COUNCIL
WILLIAM H. BEALE
VINCENT BETTINA
ISMAY CZARNIECKI
JOSEPH P. PAOLONI

BUILDING PERMIT APPLICATION

Fee: \$150.00

(ALL SITE-BUILT STRUCTURES:
ADDITIONS, GARAGES, DECKS, PORCHES, ETC)

***** THE FOLLOWING MUST BE SUBMITTED AT TIME OF APPLICATION *****

APPLIC FORM COMPLETED INSURANCE SUBMITTED INSURANCE ON FILE CONSENT IF APPLIC

APPLICATION/BUILDING PERMIT FEES ARE NON-REFUNDABLE

NOTE: THE FOLLOWING WILL BE NEEDED TO PROCESS YOUR APPLICATION

1. Two copies of scaled drawings showing all details of construction and related footings, cross sections and floor plans. Only detailed drawings will be accepted and may be required to be submitted by a licensed design professional upon review of the Code Official. All applicable building codes must be adhered to from the N.Y.S. Residential and Building Code.
 - A. Cross sections specifically drawn with materials to be used
 - B. Floor plans showing use of all rooms
 - C. Ceiling heights and projections
 - D. Window/Door clear opening sizes
 - E. Building/Structure elevations
 - F. Rafter/Joist/Header spans and sizes
 - G. Insulation values
 - H. Smoke/Carbon Dioxide detector placement
 - I. Plumbing/Mechanical details
2. Plot Plan Sheet provided must be filled out showing all sizes and setbacks of structure.
3. Any increase in bedrooms will require approval from the Board of Health, if septic is currently used.

TOWN OF WAPPINGER BUILDING DEPARTMENT

20 Middlebush Road, Wappingers Falls, N.Y. 12590

telephone: 845-297-6256 fax: 845-297-0579

APPLICATION FOR BUILDING PERMIT

APPLICATION TYPE: Residential Commercial Multiple Dwelling **ZONE:** _____ **DATE:** _____
 New Construction **APPL #:** _____ **PERMIT #:** _____
 Renovation/Alteration **GRID:** _____

APPLICANT NAME: _____

ADDRESS: _____

TEL #: _____ **CELL:** _____ **FAX #:** _____ **E-MAIL:** _____

NAME OWNER OF BUILDING/LAND: _____

***PROJECT SITE ADDRESS*:** _____

MAILING ADDRESS: _____

TEL #: _____ **CELL:** _____ **FAX #:** _____ **E-MAIL:** _____

BUILDER/CONTRACTOR DOING WORK:

COMPANY NAME: _____

ADDRESS: _____

TEL #: _____ **CELL:** _____ **FAX #:** _____ **E-MAIL:** _____

DESIGN PROFESSIONAL NAME:

TEL #: _____ **CELL:** _____ **FAX #:** _____ **E-MAIL:** _____

APPLICATION FOR: _____

SETBACKS: FRONT: _____ **REAR:** _____ **L-SIDEYARD:** _____ **R-SIDEYARD:** _____

SIZE OF STRUCTURE: _____

ESTIMATED COST: _____ **TYPE OF USE:** _____

NON-REFUNDABLE APPL. FEE: _____ **PAID ON:** _____ **CHECK #:** _____ **RECEIPT #:** _____

BALANCE DUE: _____ **PAID ON:** _____ **CHECK #:** _____ **RECEIPT #:** _____

APPROVALS:

ZONING ADMINISTRATOR:

Approved Denied **Date:** _____

FIRE INSPECTOR:

Approved Denied **Date:** _____

Signature of Applicant

Signature of Building Inspector

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OWNER CONSENT FORM

TO BE FILED WHEN THE APPLICANT IS NOT THE BUILDING, SITE OR PROPERTY OWNER

BUILDING PERMIT # _____ APPLICATION # _____

SITE LOCATION: _____

GRID: # _____

Name of APPLICANT: _____
(Person PHYSICALLY coming in to apply) (IF other than the Owner)

~ CERTIFICATION ~

NOTICE TO APPLICANTS: 240-109 Certificate of Occupancy

It shall be unlawful for a building owner to use or permit the use of any building or premises or part thereof hereafter created, erected, changed, converted or enlarged, wholly or partly, in its use or structure until a Certificate of Occupancy shall have been issued by the Building Inspector and the Zoning Administrator.

FAILURE TO COMPLY MAY RESULT IN COURT PROCEEDINGS.

I, _____, owner of the land/site/building hereby give my permission for the Town of Wappinger to approve or deny the above application in accordance with local and state codes and ordinances.

Date

Owner's Signature

Owner's Telephone Number

Print Name

Print Owner's Address

FOR OFFICE USE ONLY

Code Enforcement Official: _____

TOWN OF WAPPINGER PLOT PLAN

DIRECTIONS:
 1- DRAW STRUCTURE TO B
 2- LABEL ITS DIMENSIONS
 3- LABEL SETBACKS WITH

BUILDING PERMIT # _____

DATE _____

LOCATION N S

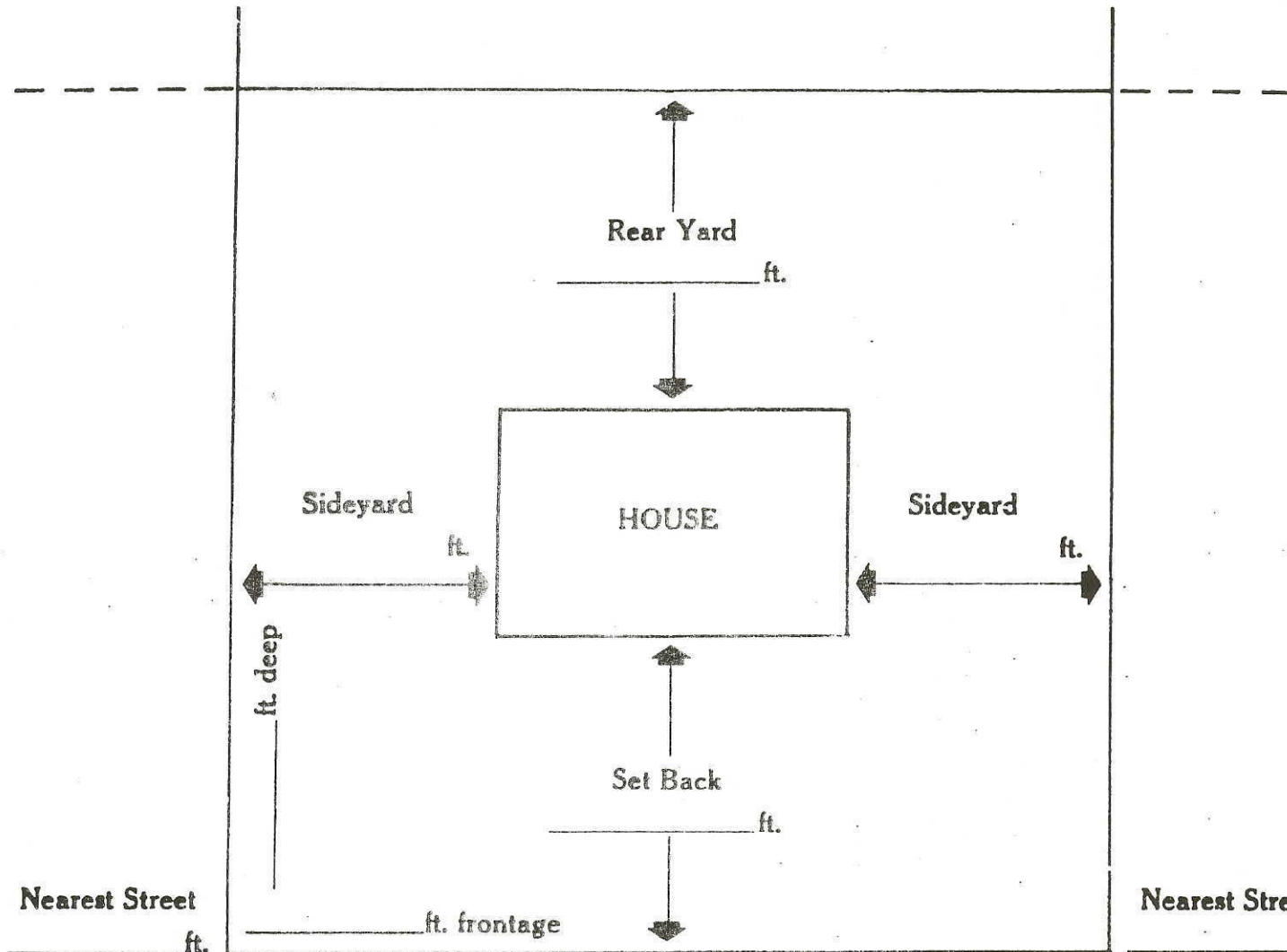
E W

SIDE _____ STREET/AVENUE

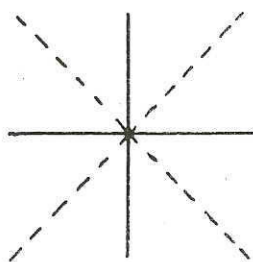
HOUSE NUMBER _____ LOT NUMBER _____ REC. VOL. _____ PAGE _____

OWNER OF LAND _____

INTERIOR OR CORNER LOT _____ ZONE _____



INDICATE LOCATION of WELL and SEWAGE SYSTEM
and THE DISTANCE of EACH FROM HOUSE



Mark North Point

_____ STREET

Information Supplied by _____

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BUILDING DEPARTMENT INSPECTION PROCEDURE

ANY CHANGES to plans require approval by Code Official
You are required to call **1-800-962-7962** before you excavate and contact **Underground Facilities Protective Organization** for approval.

You are required to schedule all inspections with this office in Advance of work to be inspected. Please provide building permit number, name on permit and specific type of inspection requested.

1. Pre-site inspection if required by Code Official
2. Erosion control measures as dictated on plan or notes
3. Footing inspection when complete all rebar placement and form work; notify at least 24 hours before our (mandatory)
4. Foundation walls both poured concrete and block complete; Notify at least 24 hours before pour.
5. Footing drains and damp-proof of walls before backfill.
6. Framing inspection compliance to submitted approved drawings.
- 7 Rough plumbing with all required air/water tests
8. Mechanical Inspection includes: Furnace/Fireplace/Woodstove etc.
9. Rough Electrical inspection by third party, approved list supplied.
10. Insulation compliance inspection prior to drywall installation
11. Final Electrical inspection by third party agency certificate MUST BE SUBMITTED TO THIS OFFICE.
12. FINAL INSPECTION BY CODE OFFICIAL FOR COMPLIANCE TO SUBMITTED DRAWINGS AND N.Y.S. BUILDING CODE.

IT SHALL BE UNLAWFUL TO OCCUPY ANY STRUCTURE UNTIL A CERTIFICATE OF OCCUPANCY/COMPLIANCE IS ISSUED BY THE CODE ENFORCEMENT OFFICER OF THE TOWN OF WAPPINGER

Town Board Approved Agencies

NAME	ADDRESS	TEL. #
New York Board <i>Pat Decina</i>	P.O. Box 1558 Wappingers Falls, NY 12590	(845) 298-6792 tel & fax.
NY ATLANTIC-INLAND INC. <i>William Jacox</i>	12 Ackert Rd. Rhinebeck, NY 12372	(845) 876-8794
Tri-State Insp. Agency, Inc. <i>Lou Ambrosia</i>	P.O. Box 1034 Warwick, NY 10990	(800) 847-6264 (845) 986-6514
Z3 Consultants, Inc. <i>Gary Beck</i>	P.O. Box 363 LaGrangeville, NY 12540	(845) 471-9370 tel. & fax
Electrical Underwriters of NY,LLC <i>Ernest C. Bello, Jr.</i>	P.O. Box 4089 New Windsor, NY 12553	(845) 569-1759/ fax. 757-5688
Commonwealth Elect. Insp. Svcs. <i>Bill Meyer</i>	94 Long Lane Wallkill, NY 12589	(845) 895-2130
<i>Ron Henry</i>	2 Mallard Dr. Newburgh, NY 12550	(845) 562-8429 tel. & fax
New York Electrical Inspectors <i>Greg Murad</i>	HCR #4 Kelly Corners, NY 12455	(845) 586-2430 / (888) 693-4693
<i>Tom Le Jeune</i>	P.O. Box 384 Amenia, NY 12501	(845) 373-7308
Middle Department Insp. Agency, Inc. <i>Anthony Sibiga</i>	(800) 873-6342 62 Van Aken Rd. Sundown, NY 12740	(800) 603-6342
<i>Dave Williams</i>	P.O. Box 474 Valatie, NY 12184	(800) 479-4504
All County Electrical Insp. Svcs., Inc. <i>Dave Scism</i>	4725 Rt. 9G Red Hook, NY 12571	(845) 757-5916/ fax (845) 757-5688
The Inspector, LLC	7063 State Rt. 374 Chateaugay, NY 12970	(518) 497-9918 / (800) 487-0535
NY Electrical Insp. & Consult., LLC <i>John Wierl</i>	93 Beattie Ave. Middletown, NY 10940	(845) 551-8466
Swanson Consulting, Inc. <i>J. O. Swanson</i>	P.O. Box 395 Salisbury Mills, NY 12577	(845) 496-4443 / fax (845) 496-5160
State Wide Inspection Services <i>Frank J. Farina</i>	116 South Central Ave. Elmsford, NY 10523	Tel. 914-909-4471/fax (914)219-1062