

# TOWN OF WAPPINGER



CODE ENFORCEMENT

Susan Dao X126

Sal Morello, III X142

FIRE INSPECTOR

Mark Liebermann X127

ZONING ADMINISTRATOR

Barbara Roberti X128

SUPERVISOR

Barbara Gutzler

TOWN COUNCIL

William Beale  
Vincent Bettina  
Ismay Czarniecki  
Michael Kuzmich

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

## FLOOD PLAIN CONSTRUCTION PERMIT APPLICATION

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

APPLICATION FORM COMPLETED    INSURANCE SUBMITTED    INSURANCE ON FILE    CONSENT IF APPLICATION

**NOTE: THE FOLLOWING WILL BE NEEDED TO PROCESS YOUR APPLICATION**

**GENERAL PROVISIONS:** (APPLICANT TO READ AND SIGN):

1. Pre-Site visit scheduled
2. No work may start until a permit is issued
3. If revoked all work must cease until permit is re-issued
4. Development shall not be used or occupied until a Certificate of Compliance is issued.
5. The permit will expire if no work is commenced within six months of issuance.
6. Applicant is hereby informed that other permits may be required to fulfill local, state and federal regulatory requirements.
7. Applicant hereby gives consent to the Local Administrator or his/her representative to make reasonable inspections required to verify compliance.
8. I, THE APPLICANT, CERTIFY THAT ALL STATEMENTS HEREIN AND IN ATTACHMENTS TO THIS APPLICATION ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND ACCURATE.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TOWN OF WAPPINGER BUILDING DEPARTMENT**

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

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

**APPLICATION FOR FLOOD PLAIN PERMIT**

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

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

APPL #: \_\_\_\_\_

PERMIT # \_\_\_\_\_

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 :** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ESTIMATED COST: \$** \_\_\_\_\_

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

**BALANCE DUE:** \_\_\_\_\_ **PAID ON:** \_\_\_\_\_ **CHECK #** \_\_\_\_\_ **RECEIPT #:** \_\_\_\_\_

**APPROVALS:**

**ZONING ADMINISTRATOR:**

**O Approved O Denied Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature/Zoning Administrator**

**CODE ENFORCEMENT OFFICIAL:**

**O Approved O Denied Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature/Code Enforcement Official**

\_\_\_\_\_  
**Signature of Applicant**

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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:** \_\_\_\_\_

SECTION 1: DESCRIPTION OF WORK

A. STRUCTURAL DEVELOPMENT

- | <u>Activity</u>                        | <u>STRUCTURE TYPE</u>   |
|--|---|
| <input type="checkbox"/> New Structure | <input type="checkbox"/> Residential (1-4 Family)                                       |
| <input type="checkbox"/> Addition      | <input type="checkbox"/> Residential (More than 4 Family)                               |
| <input type="checkbox"/> Alteration    | <input type="checkbox"/> Non-residential (Flood-proofing? <input type="checkbox"/> Yes) |
| <input type="checkbox"/> Relocation    | <input type="checkbox"/> Combined Use (Residential & Commercial)                        |
| <input type="checkbox"/> Demolition    | <input type="checkbox"/> Manufactured (Mobile) Home                                     |
| <input type="checkbox"/> Replacement   | (In Manufactured Home Park? <input type="checkbox"/> Yes)                               |

B. OTHER DEVELOPMENT ACTIVITIES

- Fill                       Mining                       Drilling                       Grading
- Excavation (Except for Structural Development Checked Above)
- Watercourse Alteration (Including Dredging and Channel Modifications)
- Drainage Improvements (Including Culvert Work)
- Road, Street or Bridge Construction
- Subdivision (New or Expansion)
- Individual Water or Sewer System
- Other (Please Specify) \_\_\_\_\_

After completing SECTION 1, APPLICANT should submit form to Local Administrator for review.

SECTION 2: FLOODPLAIN DETERMINATION (to be completed by LOCAL ADMINISTRATOR)

The Proposed Development is located on FIRM Panel No. \_\_\_\_\_, Dated \_\_\_\_\_.

The Proposed Development:

- Is NOT located in a Special Flood Hazard Area (Notify the applicant that the application review is complete and NO FLOODPLAIN DEVELOPMENT PERMIT IS REQUIRED).
- Is located in a Special Flood Hazard Area.  
FIRM Zone Designation is \_\_\_\_\_.  
100-Year Flood Elevation at the site is: \_\_\_\_\_ Ft. NGVD (MSL)  
( Unavailable)
- The proposed development is located in a floodway:  
FBFM Panel No. \_\_\_\_\_, Dated \_\_\_\_\_.
- See Section 4 for additional instructions.

SIGNED \_\_\_\_\_ Date: \_\_\_\_\_



FLOOD PLAIN CONSTRUCTION PERMIT APPLICATION

APPEALS: Appealed to Board of Appeals?  Yes  No

Hearing date: \_\_\_\_\_

Appeals Board Decision – Approved?  Yes  No

Conditions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION 5: AS-BUILT ELEVATIONS (To be submitted by APPLICANT before Certificate of Compliance is issued.

The following information must be provided for project structures. This section must be completed by a registered professional Engineer or a licensed land surveyor (or attach a certification to this application). Complete 1 or 2 below.

1. Actual (As-Built) Elevation of the top of the lowest floor, including basement (in Coastal High Hazard Areas, bottom of the lowest structural member of the lowest floor, excluding piling and columns) is: \_\_\_\_\_ Ft. NGVD (MSL).
2. Actual (As-Built) Elevation of flood-proofing protection is \_\_\_\_\_ Ft. NGVD (MSL).

Note: Any work performed prior to submittal of the above information is at the risk of the Applicant.

SECTION 6: COMPLIANCE ACTION (To be completed by LOCAL ADMINISTRATOR)

The LOCAL ADMINISTRATOR will complete this section as applicable based on inspection of the project to ensure compliance with the community’s local law for flood damage prevention.

INSPECTIONS: DATE \_\_\_\_\_ BY \_\_\_\_\_ DEFICIENCIES?  YES  NO  
 DATE \_\_\_\_\_ BY \_\_\_\_\_ DEFICIENCIES?  YES  NO  
 DATE \_\_\_\_\_ BY \_\_\_\_\_ DEFICIENCIES?  YES  NO

SECTION 7: CERTIFICATE OF COMPLIANCE (To be completed by LOCAL ADMINISTRATOR)

Certificate of Compliance issued: DATE: \_\_\_\_\_ BY: \_\_\_\_\_