

TOWN OF WAPPINGER

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

FIRE INSPECTOR
MARK J. LIEBERMANN

ZONING ADMINISTRATOR
BARBARA ROBERTI



SUPERVISOR
CHRISTOPHER J. COLSEY

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

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

BUILDING PERMIT APPLICATION FEE \$250.00 (COMMERCIAL-NEW CONSTRUCTION)

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

APPLIC FORM COMPLETED INSURANCE SUBMITTED INSURANCE ON FILE CONSENT IF APPLIC

The following will need to be submitted to process your application:

1. Town of Wappinger Planning Board Resolution of approval for project.
(ALL ITEMS MUST BE ADDRESSED IN RESOLUTION)
2. Two complete sets of approved site plan (SUPPLY GRID NUMBER ON EACH COPY)
3. Two complete sets of certified building plans with all contact numbers of design professional of record for the project.
4. Legal 911 address for property pertaining to project
(see application on reverse; you must submit directly to county 911 if needed)

Note to all applicants:

ALL DRAWINGS SUBMITTED WILL BE REVIEWED FOR COMPLIANCE TO THE NEW YORK STATE BUILDING/FIRE CODE. YOU MUST PROVIDE ALL INFORMATION FOR PROCESSING, INCLUDING SEISMIC DESIGN FOR AREA/ALL FIRE ALARM DIAGRAMS, ETC.

DUTCHESS COUNTY
DEPARTMENT OF EMERGENCY RESPONSE
9-1-1 ADDRESSING OFFICE

***** APPLICANT IS RESPONSIBLE FOR SUBMITTING DIRECTLY TO "911" *****

Office Phone: (845) 486-6532
392 Creek Rd., Poughkeepsie, New York 12601

Fax Number: (845) 486-6529
emergresponse911@co.dutchess.ny.us

Name of Firm or Person requesting address information: _____

Contact Person: _____ Date: _____

Office Phone #: _____ Fax: _____

TO BE FILLED IN BY PERSON REQUESTING NEW ADDRESS:

1. Type of Request: () Resale () New Construction
 () Sub-division () Other _____

2. Real Property Tax Parcel Grid Number:

13- _____ - _____ - _____ - _____ - **0000**
 Town Code (4) Section (4) Subsection (2) Block (6)

Filed Map Number (if available): _____ Lot #: _____

3. Parcel Old Address (if applicable):

4. Former Owner of parcel or structure:

5. New Owner of parcel or structure:

- 6. Attach a plot plan showing actual location of driveway:**

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TO BE COMPLETED BY 9-1-1 STAFF MEMBER:

New assigned 9-1-1 address: _____

Name of Technician: _____ **Date Assigned:** _____

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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: _____

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TOWN OF WAPPINGER **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;
All new homes must install a construction Rock Wash at Drive entrance 12' x 25' before site construction begins.
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 Fire Inspector for approval.
13. **Provide FINAL AS-BUILT for Site Plan of Project (4 COPIES)**
14. Final Inspection by Zoning Administrator for compliance to site plan approval and resolution.
15. Provide ALL certificates required by Dutchess County Board of Health.
16. **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 Walkkill, 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

