

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 (MANUFACTURED HOME)

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

APPLIC FORM COMPLETED INSURANCE SUBMITTED INSURANCE ON FILE CONSENT IF APPLIC

Grid # _____ Date: _____

BP # _____ APPLIC # _____

Make: _____ SINGLE or DOUBLE-WIDE

Model: _____ Serial Number: _____ Year: _____

Size: _____ Bedrooms: _____

Deck: () YES () NO Size: _____

Shed: () YES () NO Size: _____

PARK NAME: _____

Location: _____

Park Owner: Name: _____

Mailing Address: _____

Telephone # _____

Mobile Home Owner:

Name: _____

Mailing Address: _____

Telephone # _____ Lot # _____

Mobile Home Installer:

Name: _____

Mailing Address: _____

Telephone # _____

All mobile home installations are to comply with the New York State Uniform Fire Prevention and Residential Code and Town of Wappinger Building Code and Zoning Code and Fire Prevention Code.

INSPECTIONS REQUIRED ARE AS FOLLOW: Concrete Slab, Electrical and Water Line, Footings for Decks and Final Inspection prior to skirting by Code Official for Compliance.

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

TOWN OF WAPPINGER



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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 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

TOWN OF WAPPINGER PLOT PLAN

DIRECTIONS:
 1- DRAW STRUCTURE TO BE APPLIED
 2- LABEL ITS DIMENSIONS
 3- LABEL SETBACKS WITH ARROWS

BUILDING PERMIT # _____

DATE _____

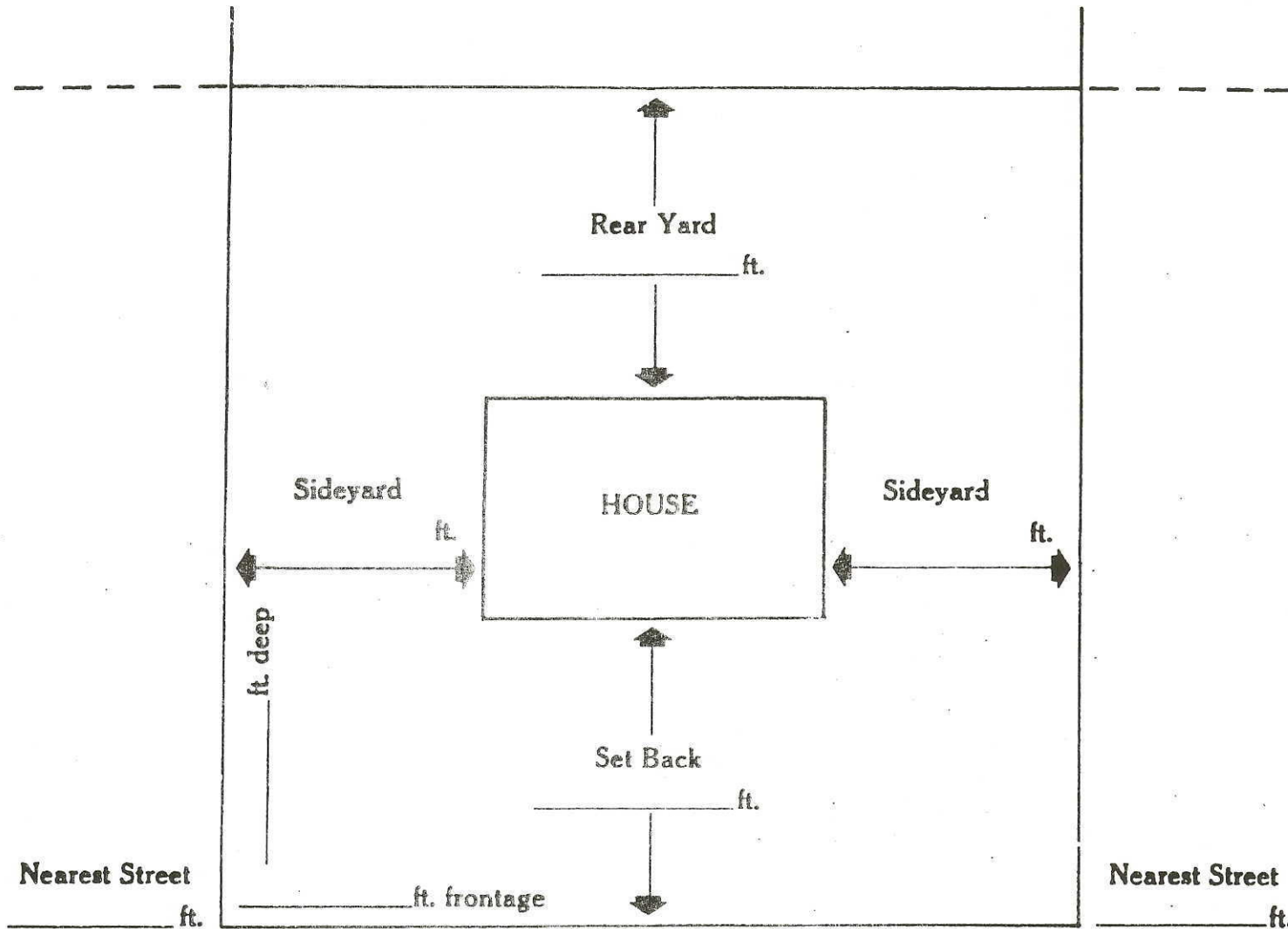
LOCATION N S _____

E W SIDE _____ STREET/AVENUE _____

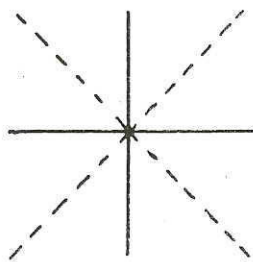
HOUSE NUMBER _____ LOT NUMBER _____ REC. VOL. _____ PAGE _____

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 _____