

TOWN OF WAPPINGER



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

BUILDING PERMIT APPLICATION

(NEW HOME CONSTRUCTION)

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

APPLIC FORM COMPLETED INSURANCE SUBMITTED INSURANCE ON FILE CONSENT IF APPLIC

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

1. Legal 911 address form completed (owner's responsibility)
2. You must supply a copy of the Recording page of the corresponding deed or a HUD 1 Disclosure statement at time of application
3. Supply 4 original of PRELIMINARY PLOT PLANS
(SUPPLY GRID NUMBER ON EACH COPY) of proposed home showing:
 - a. Elevations (ALL FLOORS)
 - b. Setbacks
 - c. Wetland delineation
 - d. Septic location if applicable
 - e. Municipal Water & Sewer line location if applicable
 - f. Driveway location with elevations
 - g. Existing contours and final proposed contours
 - h. Erosion control
 - i. All notes pertaining to site plan approval of subdivision
 - j. Engineers certification stamp
4. Supply 2 sets of WORKING CONSTRUCTION DRAWINGS complying with the N.Y.S. Residential Building Code. Engineer of record, fax & phone numbers.
5. FOUNDATION CONSTRUCTION DRAWINGS are to be supplied for both framed construction and Modular home installation.

You will be notified when Building permit is ready to be picked up, and additional fees to be paid

(NEW BUILDING DATA SHEET)

APPLIC. # _____

SITE: _____

PLEASE CIRCLE WHICH APPLIES: WATER SEWER WELL SEPTIC

O BUILDING STYLES:

- 1 - RANCH 2 - RAISED RANCH
- 3 - SPLIT LEVEL 4 - CAPE COD
- 5 - COLONIAL 6 - CONTEMPORARY
- 7 - OTHER: _____

- 1 - MODULAR
- 2 - NEW HOME 1 1/2 STORY W/BASEMENT
- 3 - NEW HOME 1 1/2 STORY W/SLAB CRAWL
- 4 - NEW HOME 1 STORY W/BASEMENT
- 5 - NEW HOME 1 STORY W/SLAB CRAWL
- 6 - NEW HOME 2-STORY

O TOTAL # OF ROOMS (EXCLUDE BATHROOMS)

1ST FLOOR 2ND FLOOR

- # OF BEDROOMS _____ _____ _____
- # OF FAMILY ROOMS _____ _____ _____
- # OF LIVING ROOMS _____ _____ _____
- # OF DINING ROOMS _____ _____ _____
- # OF BONUS ROOMS _____ _____ _____
- # OF BATHS _____ _____ _____
- # OF STORIES ABOVE BASEMENT _____ _____ _____

O BASEMENT TOTAL AREA SQ FT (_____ x _____)

BASEMENT FINISHED AREA SQ FT (_____ x _____)

SQ FT OF LIVING AREA (SFLA)

1ST FLOOR: (_____ x _____)

2ND FLOOR: (_____ x _____)

O SQ FT OF GARAGE (_____ x _____)

BASEMENT GARAGE: NONE 1 CAR 2 CAR 3 CAR

ATTACHED GARAGE: NONE 1 CAR 2 CAR 3 CAR

DETACHED GARAGE: NONE 1 CAR 2 CAR 3 CAR

SFLA OVER ATTACHED/DETACHED GARAGE: (_____ x _____)

O CENTRAL AIR CONDITIONING: 1-YES 2-NO

O HEAT TYPE: 1 - NONE 2 - WARM AIR 3 - HW/STM

 4 - FLR FURN 5 - UNIT 6 - STA

O EXTERIOR WALLS:

- 1 - WOOD 2 - CB 3 - BR
- 4 - WD SIDING 5 - STUCCO 6 - STA 7 - ALUM/VIN

O TOTAL # OF FIREPLACES

SELECT TYPE: GAS _____ WOOD _____ WOOD _____ Location: _____

 GAS _____ WOOD _____ WOOD _____ Location: _____

O TYPE OF BUILDING CONSTRUCTION

- 1 - FIRE RESISTANT (MASONARY METAL)
- 2 - HEAVY TIMBER
- 3 - MASON WALLS W/WOOD, JOISTS & RAFTERS
- 4 - WOOD FRAME

O SQ FT OF DECK:

FRONT OPEN - COVERED - ENCLOSED _____

REAR OPEN - COVERED - ENCLOSED _____

BI-LEVEL OPEN - COVERED - ENCLOSED _____

WRAP-AROUND OPEN - COVERED - ENCLOSED _____

OTHER DESCRIPTION: _____

O SQ FT OF PORCH:

FRONT OPEN - COVERED - ENCLOSED _____

REAR OPEN - COVERED - ENCLOSED _____

BI-LEVEL OPEN - COVERED - ENCLOSED _____

WRAP-AROUND OPEN - COVERED - ENCLOSED _____

OTHER DESCRIPTION: _____

TOWN OF WAPPINGER



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

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: _____

**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:**

=====

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

New assigned 9-1-1 address: _____

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

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. **INTERIM plot plan new homes only before any framing begins must be submitted and approved (4 COPIES)**
7. Framing inspection compliance to submitted approved drawings.
8. Rough plumbing with all required air/water tests
9. Mechanical Inspection includes: Furnace/Fireplace/Woodstove etc.
10. Rough Electrical inspection by third party, approved list supplied.
11. Insulation compliance inspection prior to drywall installation
12. Final Electrical inspection by third party agency certificate
MUST BE SUBMITTED TO THIS OFFICE.
13. Final inspection by Fire Inspector for approval.
14. **Provide FINAL AS-BUILT for Site Plan of Project (4 COPIES)**
15. Final Inspection by Zoning Administrator for compliance to site plan approval and resolution.
16. Provide ALL certificates required by Dutchess County Board of Health.
17. **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 OF WAPPINGER BUILDING DEPARTMENT
20 Middlebush Road, Wapp Falls, NY 12590
Telephone: (845) 297-6256 Fax: (845) 297-0579

Town Board Approved Electrical Inspection Agencies

NY BOARD OF FIRE UNDERWRITERS

Pat Decina (845) 298-6792 (800) 356-2556

NY ATLANTIC INLAND INC.

William Jacox

12 Ackert Road

Rhinebeck, NY 12372

Phone: (845) 876-879 (845) 758-4340

TRI-STATE INSPECTION AGENCY INC. (800) 847-6264

Lou Ambrosia

P.O. Box 1034, Warwick, NY 10990

(845) 986-6514

ELECTRICAL UNDERWRITERS OF NY, LLC - (845)-569-1759

Ernest C. Bello, Jr. (Owner / Inspector)

P.O. Box 4089, New Windsor, NY 12553

Phone: (845) 569-1759 Fax: (845) 562-7371

ALL COUNTY ELECTRICAL INSPECTION SERVICE, INC.

David Scism (Owner / Inspector)

4725 Route 9G Red Hook, NY 12571-3207

Phone: (845) 757-5916 Fax: (845) 757-5688

COMMONWEALTH ELECTRICAL INSPECTION SERVICES INC. 800-281-6797

Bill Meyer

94 Long Lane

Wallkill, NY 12589

(845) 895-2130

Ron Henry

2 Mallard Drive

Newburgh, NY 12550

(845) 562-8429 office and fax (845) 541-1871 cell (24/7)

NEW YORK ELECTRICAL INSPECTIONS

Greg Murad

HCR #4

Kelly Corners, NY 12455

(845) 586-2430 (888) 693-4693

Tom LeJeune

Local Inspector

P.O. Box 384

Ameria, NY 12501 (845) 373-7308

MIDDLE DEPARTMENT INSPECTION AGENCY INC. - (800) 873-6342

Anthony Sibiga

62 Van Aken Road

Sundown, NY 12740 (800) 603-6342

Dave Williams

(800) 479-4504

Directions to Applicant:

(1) Obtain BLDG PERMIT

(2) DISPLAY PERMIT IN VISIBLE PLACE

(3) SCHEDULE ELECTRICAL INSPECTION

(4) ELEC AGENCY will MAIL to us their compliance certificate;

* (5) If ELEC is only PART of total project, you additionally need to * SCHEDULE FINAL INSPECTION* WITH THE BLDG DEPARTMENT*