

TOWN OF WAPPINGER

DIRECTOR OF CODE ENFORCEMENT
GEORGE A. KOLB JR.

FIRE INSPECTOR
MARK J. LIEBERMANN

ZONING ADMINISTRATOR
TATIANA LUKIANOFF

SUPERVISOR
CHRISTOPHER J. COLSEY

TOWN COUNCIL
WILLIAM H. BEALE
VINCENT BETTINA
MAUREEN McCARTHY
JOSEPH P. PAOLONI

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

BUILDING PERMIT APPLICATION (PLUMBING / MECHANICAL)

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

APPLIC FORM COMPLETED

REQUIRED DRAWING / FLOOR PLAN

OWNER NAME: _____ **SITE ADDRESS:** _____

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

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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 ~~used~~ 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 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*

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Plumbing/Mechanical Code Reference Sheet

The code requirements on this sheet are in no way a complete list of all the codes that must be adhered to when performing work. This is a REFERENCE to make you aware of some of the major code items inspectors from this office will be looking for. For a complete list of all applicable codes refer to the New York State Residential, Building, Mechanical, Fuel-Gas, Plumbing, Property Maintenance, and Energy Code.

1. **Boilers** - shut off valves are required in supply and return piping, pressure relief valves must be piped to within 18" of the floor, *low water cut-off control is required*, ignition source must be 18" off the floor if installed in a garage.
2. **All pipe** must be supported at the code required intervals with *approved* hangers.
3. **Water supply** piping needs an air test not less than **50psi** or prove tight under water pressure not less than the working pressure of the system.
4. **DWV piping** should be tested on completion of the rough piping installation by water 10 feet above the highest fitting connection or air at **5psi** for 15 minutes.
5. **Gas pipe** installations require a completed gas line certification form which is available from the office.
6. **Oil Tanks** must be secured to the floor. If installed in a garage a vehicle barrier must be installed. Oil lines must be secured and protected.
7. **Oil Tanks** that are removed or abandoned must be inspected and a salvage receipt must be filed with this office if the tank is removed.
8. **Wood-burning, pellet, gas-fired and other stoves** require the manufacturer's specifications to be submitted with the permit application. All required clearances must be met and the required drawing must show the size, location, and type of chimney or vent being installed.

INSPECTIONS

All plumbing, heating, gas and other pipin, as well as Mechanical Equipment and/or Appliances are required to have rough inspections, as well as a final inspection.

Rough inspections must occur before walls and ceilings are covered. Some fixtures and appliances can and will be checked during the final inspection. Stoves, fireplaces or other solid fuel burning appliances that have required clearances must be inspected before walls or ceilings are closed up. Any vents or chimneys must be inspected before walls and ceilings are covered.

~ INSPECTIONS ARE MANDATORY BEFORE A C/C OR C/O CAN BE ISSUED ~

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Distribution Piping Pressure Test Verification

AFFIDAVIT

Name of Business: _____

This certifies that the gas distribution piping installed inside the bulding

LOCATED AT: _____

OWNER: _____

Has successfully passed a leakage test at a pressure of _____ psi for a period of _____ hour(s) and has been installed per the Residential Code and/or the Fuel Gas of NYS.

On _____
(Date)

Note: See Section G2416 RCNYS Test pressure shall not be less than one-and-one-half times the proposed working pressure, but not less than 3psig (20kPA gauge), irrespective of design pressure. Test duration shall be not less than 10 minutes. Test medium shall be air or an inert gas. Oxygen shall not be used.

Plumber's Signature: _____

Print Name: _____

Plumbing Contractor: _____