BUILDING PERMIT APPLICATION

(Swimming Pools, Above Ground)

LEGALIZATION FEE: $250.00 IF APPLICABLE

**Any vessel that holds more than 24 inches of water must have a permit per NYS Building Code Section 3109. This includes pop-up and inflatable pools!!!!!!**

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

- O APPLIC FORM COMPLETED
- O INSURANCE SUBMITTED (WC&DB)
- O INSURANCE ON FILE
- O OWNER’S CONSENT

Please also provide:

Specifications of structure provided by manufacturer including:
1. Deed to property
2. Survey of property
3. Brochure of Pool
4. Specification of Pump and Filter
5. If Pool is to include deck, sufficient drawings (2 Copies) of construction; show all dimensions and construction, including footings and materials being used
6. Plot Plan Sheet provided must be filled out showing all sizes and setbacks of structure and other structures on the property

**ALL POOLS REQUIRE:**
1. POOL ALARM & CERTIFICATION (Form enclosed)
2. INSPECTION BY TOWN OF WAPPINGER BUILDING INSPECTOR
3. AN ELECTRICAL INSPECTION:

NOTE: ALL ELECTRICAL WORK TO BE INSPECTED. USE LIST ATTACHED OF THIRD PARTY INSPECTORS

ALL CHECKS OVER $500 MUST BE CERTIFIED

NO POOL TO BE USED UNTIL FINAL INSPECTION BY TOWN BUILDING INSPECTOR AND CERTIFICATE OF COMPLIANCE ISSUED!
**REQUIREMENTS**

**FOR ALL BUILDING PERMIT APPLICATIONS**

- APPLICATIONS MUST BE COMPLETELY FILLED OUT AND SIGNED
- OWNERS SIGNATURE AND/OR OWNERS CONSENT FORM REQ.
- PLOT PLANS MUST BE FILLED OUT COMPLETELY AND SIGNED
- APPLICATION FEE MUST ACCOMPANY APPLICATION
- SURVEY OF PROPERTY REQUIRED
- INSURANCE REQUIRED (WORKERS COMP. & DISAB. OR HOME OWNERS WAIVER)

The Town of Wappinger requires proof of Workers’ Compensation (C105 or 26.3) and Disability (DB120) insurance. The application for a Certificate of Attestation of Exemption, Form CE-200, from Workers' Compensation and/or Disability and Paid Family Leave Benefits coverage may only be completed by homeowners doing their own work, entities with no employees and/or out-of-state entities obtaining a contract or license in which all the work is being performed outside of New York State.

- ANY NEWLY PURCHASED PROPERTIES MUST ATTACH THE RECORDING PAGE FROM THE DUTCHESS COUNTY CLERK

*IF APPLICATION IS NOT LEGIBLE IT WILL NOT BE ACCEPTED*

*APPLICATIONS CAN ONLY BE PROCESSED ONCE ALL REQUIRED ITEMS ARE RECEIVED*
APPLICATION FOR BUILDING PERMIT

APPLICATION TYPE:  O Residential       ZONE: _______       DATE: _____________
O New Construction   O Commercial       APPL #: _______       PERMIT #: ___________
O Renovation/Alteration   O 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:  O Approved  O Denied  Date: __________
FIRE INSPECTOR:  O Approved  O Denied  Date: __________

____________________________________  ________________________________________
Signature of Applicant  Signature of Building Inspector
TOWN OF WAPPINGER
PLOT PLAN

Building Permit #____________________________  Date___________________

Address:______________________________________  Interior/Corner Lot: circle one

Owner of Land_______________________________  Zone:_______________

LIST ALL EXISTING STRUCTURES ON PROPERTY: (i.e.: Pool, shed, decks, detached garage)

1. House,________________________________________________________________________
   _______________________________________________________________________________

Draw proposed structure on plot plan.
Indicate Location Setbacks to both sides and rear property line measurement of structure you are applying for.

________________________________________________
Signature

Approved:/Rejected: ______________________________  Date:_______________

Zoning Administrator
OWNER CONSENT FORM

BUILDING PERMIT #____________________ APPLICATION #____________________

SITE LOCATION: ___________________________________________________________

GRID: #______________________________________________________________

Name of APPLICANT/OWNER: ________________________________________________
(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/or Zoning Administrator.

I, ______________________________________, owner of the land/site/building hereby give my permission for the Town of Wappinger to approve or deny the attached application in accordance with local and state codes and ordinances. I understand that this permit will not be closed out unless all proper inspections are completed which can include the building inspector having access to the interior of my residence. If this permit is not closed before the expiration date it will remain as a violation on my property until it is closed out. After the expiration date the permit fee and application will have to be re-submitted in order to close out the permit. I understand that I am ultimately responsible for the closure of this permit. FAILURE TO COMPLY MAY RESULT IN COURT PROCEEDINGS.

_________________________  __________________________
Owner’s Signature          Date

_________________________
Owner’s Telephone Number

_________________________
Print Name

_________________________
Print Owner’s Address

_________________________
Code Enforcement Official:

FOR OFFICE USE ONLY
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
3. Footing inspection when complete all rebar placement and form work; notify at least 24 hours before
4. Framing inspection compliance to submitted approved drawings.
5. Rough plumbing with all in-ground pools
6. Final Electrical inspection by third party agency certificate MUST BE SUBMITTED TO THIS OFFICE.
7. 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******

1. Above ground pools need to be 48” in height from grade all around the pool.
2. Pool alarm rated ASTM F2208 must be activated once pool is filled with water.
3. In ground pools require a complying permanent barrier (FENCE) 90 days from the date of the installation of the pool.
4. POOL IS NOT TO BE USED UNTIL ELECTRICAL INSPECTION BY A TOWN APPROVED ELECTRICAL INSPECTOR AND A CERTIFICATE OF COMPLIANCE IS ISSUED BY THE BUILDING DEPARTMENT.

Failure to comply with the above may result in legal action!
Building Department

POOL ALARM CERTIFICATION
(ASTM F 2208 only)

Building Permit: ________________________________________________

Date: _________________________________________________________

Location: _____________________________________________________

Owner / Builder: ______________________________________________

Company / Business: ___________________________________________

The undersigned hereby attests to the fact that the building/structure has installed an alarm system which conforms to the laws, title or regulation governing Building Construction, Title 19 NYCRR Residential Code of New York State (RCNYS) Chapter XXXIII, Subchapter A, Part 1220.5, Building Code Part 1221.3.

The above-listed owner/builder company/business hereby acknowledges that the alarm system and all components have been tested and that both manual and automatic features are working properly. The alarm sound is a minimum of 85 dba (decibel) when measures 10’ away from alarm mechanism and meets requirements of ASTM F 2208. (Alarm sound both at poolside and inside any adjacent residence of building of occupancy.)

___________________________________________________
Property Owner/Authorized Agent that installed working pool alarm.
<table>
<thead>
<tr>
<th>Name:</th>
<th>Telephone #</th>
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<tbody>
<tr>
<td>Middle Department Insp. Agency, Inc.</td>
<td></td>
</tr>
<tr>
<td>Dave Williams</td>
<td>(800) 479-4504</td>
</tr>
<tr>
<td>New York Electrical Inspectors</td>
<td></td>
</tr>
<tr>
<td>Greg Murad</td>
<td>(845)586-2430/(888) 693-4693</td>
</tr>
<tr>
<td>Tom Le Jeune</td>
<td>(845)373-7308</td>
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<tr>
<td>New York Board</td>
<td></td>
</tr>
<tr>
<td>Pat Decina</td>
<td>(845)298-6792</td>
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<tr>
<td>Tri-State Insp. Agency, Inc.</td>
<td></td>
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<tr>
<td>Lou Ambrosia</td>
<td>(845) 986-6514</td>
</tr>
<tr>
<td>Commonwealth Electrical Insp. Services</td>
<td></td>
</tr>
<tr>
<td>Keith Sutton</td>
<td>(845) 527-8821</td>
</tr>
<tr>
<td>Ron Henry</td>
<td>(845)562-8429</td>
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<tr>
<td>All County Electrical Insp. Services, Inc.</td>
<td></td>
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<tr>
<td>Dave Scism</td>
<td>(845)757-5916</td>
</tr>
<tr>
<td>Electrical Underwriters of NY, LLC</td>
<td></td>
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<tr>
<td>Ernest C Bello Jr.</td>
<td>(845) 569-1759</td>
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<tr>
<td>The Inspector, LLC</td>
<td>(518) 497-9918</td>
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<tr>
<td>Z3 Consultant, Inc.</td>
<td></td>
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<tr>
<td>Gary Beck</td>
<td>(845) 471-9370</td>
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<tr>
<td>NY Electrical Insp. &amp; Consult, LLC</td>
<td></td>
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<tr>
<td>John Wierl</td>
<td>(845) 551-8466</td>
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<tr>
<td>Swanson Consulting, Inc.</td>
<td></td>
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<tr>
<td>J.O. Swanson</td>
<td>(845)496-4443</td>
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<tr>
<td>State Wide Inspection Services</td>
<td></td>
</tr>
<tr>
<td>Frank J. Farina</td>
<td>(845) 202-7224</td>
</tr>
<tr>
<td>New York Certified Electrical Inspectors</td>
<td></td>
</tr>
<tr>
<td>Jerry Caliendo</td>
<td>(845) 294-7695</td>
</tr>
<tr>
<td>John Metsger</td>
<td>(845) 339-2119</td>
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