

TOWN OF WAPPINGER PLANNING BOARD

Application No.

Date Received: _____

Fee Received: _____

**APPLICATION FOR MINOR ARCHITECTURAL REVIEW
(NO ESCROW TAKEN)**

TITLE OF PROJECT: _____

Location of Property: _____

NAME & ADDRESS OF APPLICANT (Corporation or Individual):

Street Town State Zip

Contact Person Phone Number Fax Number

NAME & ADDRESS OF OWNER (Corporation or Individual):

Street Town State Zip

Contact Person Phone Number Fax Number

Grid No. _____

Please specify use or uses of building.

Existing Design: _____

Proposed Change to exterior of building or Signage: _____

Materials to be used: _____

Proposed cost of construction: _____

Zoning District: _____ **Acreage:** _____

Existing No. of Parking Spaces: _____ **Proposed No. of Parking Spaces:** _____

Type Name (Corporation, LLC, Individual, etc.)

Date

Owner or representative's signature

Owner's Telephone No.

Type Name and Title ***

Owner's Address

*****If this is a Corporation or LLC please provide documentation of authority to sign.**

Note: The following must be submitted with application.

- **THERE IS A \$ 250.00 APPLICATION FEE**
- Application Fees are non-refundable.
- **ATTACH A TYPED NARRATIVE DESCRIBING YOUR PROPOSED PROJECT IN COMPLETE DETAIL.**
- **ATTACH A SITE PLAN (INCLUDE 12 COPIES)**
- **ATTACH PHOTOS**
- **CURRENT BUILDING ELEVATIONS**
- **PROPOSED ELEVATION CHANGES**
- **ATTACH AN OWNER'S CONSENT**

FAILURE TO COMPLETELY FILL OUT APPLICATION WILL CAUSE IT TO BE REJECTED.

EXAMPLES OF A MINOR ARCHITECTURAL REVIEW:

Sign change

Color change on building

Small architectural changes

Canopies on buildings

TOWN OF WAPPINGER PLANNING BOARD
ARCHITECTURAL REVIEW

Appl. #: _____
Date: _____

PROJECT: _____

LOCATION: _____

DATE OF PLANNING BOARD MEETING: _____

PROJECT CONSISTS OF THE FOLLOWING:

APPROVED: _____ DENIED: _____

MOTION MOVED BY: _____

SECOND BY: _____

CONDITIONS:

BEA OGUNTI, SECRETARY
TOWN OF WAPPINGER PLANNING BOARD SECRETARY

TOWN OF WAPPINGER

ZONING ADMINISTRATOR
Barbara Roberti X128

CODE ENFORCEMENT
Susan Dao X126

SUPERVISOR
Dr. RICHARD THURSTON

TOWN COUNCIL
WILLIAM H. BEALE
ANGELA BETTINA



ZONING DEPARTMENT
20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590-0324
(845) 297-1373
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
