

TOWN OF WAPPINGER



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

BUILDING PERMIT APPLICATION (COMMERCIAL-NEW CONSTRUCTION)

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

APPLIC FORM COMPLETED INSURANCE SUBMITTED (WC&DB) INSURANCE ON FILE OWNER'S CONSENT

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

1. Town of Wappinger Planning Board Resolution of approval for project.
(ALL ITEMS MUST BE ADDRESSED IN RESOLUTION)
2. Two complete sets of approved site plan (SUPPLY GRID NUMBER ON EACH COPY)
3. Two complete sets of certified building plans with all contact numbers of design professional of record for the project.
4. Legal 911 address for property pertaining to project
(see application on reverse; you must submit directly to county 911 if needed)

Note to all applicants:

**ALL DRAWINGS SUBMITTED WILL BE REVIEWED
FOR COMPLIANCE TO THE NEW YORK STATE BUILDING/FIRE CODE.
YOU MUST PROVIDE ALL INFORMATION FOR PROCESSING, INCLUDING
SEISMIC DESIGN FOR AREA/ALL FIRE ALARM DIAGRAMS, ETC.**

****ALL FEES ARE NON-REFUNDABLE****

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REQUIREMENTS

FOR ALL BUILDING PERMIT APPLICATIONS

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

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*

**Dutchess County Real Property Tax Service Agency
Address Request Form**

Office Phone: (845) 486-2140
22 Market St, Poughkeepsie, New York 12601

Fax Number: (845) 486-2093
rtaddressing@co.dutchess.ny.us

Name of Firm/Person requesting address _____

Contact person _____ Date: _____

Phone #: _____ Fax #: _____

Email: _____

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 _____ - _____ - _____ - _____
Swis code (4) Section (4) Block (2) Lot (6) Suffix (4)

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 RPT Addressing Staff:

New assigned 9-1-1 address: _____

Name of Technician: _____ Date Assigned: _____

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

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.

Date

Owner's Signature

Owner's Telephone Number

Print Name

Print Owner's Address

FOR OFFICE USE ONLY

Code Enforcement Official: _____

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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. **Provide interim foundation location (4 COPIES). Must be approved by Town and signed copy returned to applicant before framing can begin.**
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 Board Approved Electrical Inspection Agencies

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