

# TOWN OF WAPPINGER



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

## 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: \_\_\_\_\_