

TOWN OF WAPPINGER



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

BUILDING PERMIT APPLICATION (MANUFACTURED HOME)

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

APPLIC FORM COMPLETED INSURANCE SUBMITTED (WC&DB) INSURANCE ON FILE CONSENT IF APPLIC

Grid # _____ Date: _____

BP # _____ APPLIC # _____

Make: _____ SINGLE or DOUBLE-WIDE

Model: _____ Serial Number: _____ Year: _____

Size: _____ Bedrooms: _____

Deck: () YES () NO Size: _____

Shed: () YES () NO Size: _____

PARK NAME: _____

Location: _____

Park Owner: Name: _____

Mailing Address: _____

Telephone # _____

Mobile Home Owner:

Name: _____

Mailing Address: _____

Telephone # _____ Lot # _____

Mobile Home Installer:

Name: _____

Mailing Address: _____

Telephone # _____

All mobile home installations are to comply with the New York State Uniform Fire Prevention and Residential Code and Town of Wappinger Building Code and Zoning Code and Fire Prevention Code.

INSPECTIONS REQUIRED ARE AS FOLLOW: Concrete Slab, Electrical and Water Line, Footings for Decks and Final Inspection prior to skirting by Code Official for Compliance. **ALL FEES ARE NON-REFUNDABLE**

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: _____

Signature of Applicant

FIRE INSPECTOR:

Approved Denied Date: _____

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: _____

TOWN OF WAPPINGER PLOT PLAN

Building Permit # _____

Date _____

Address: _____

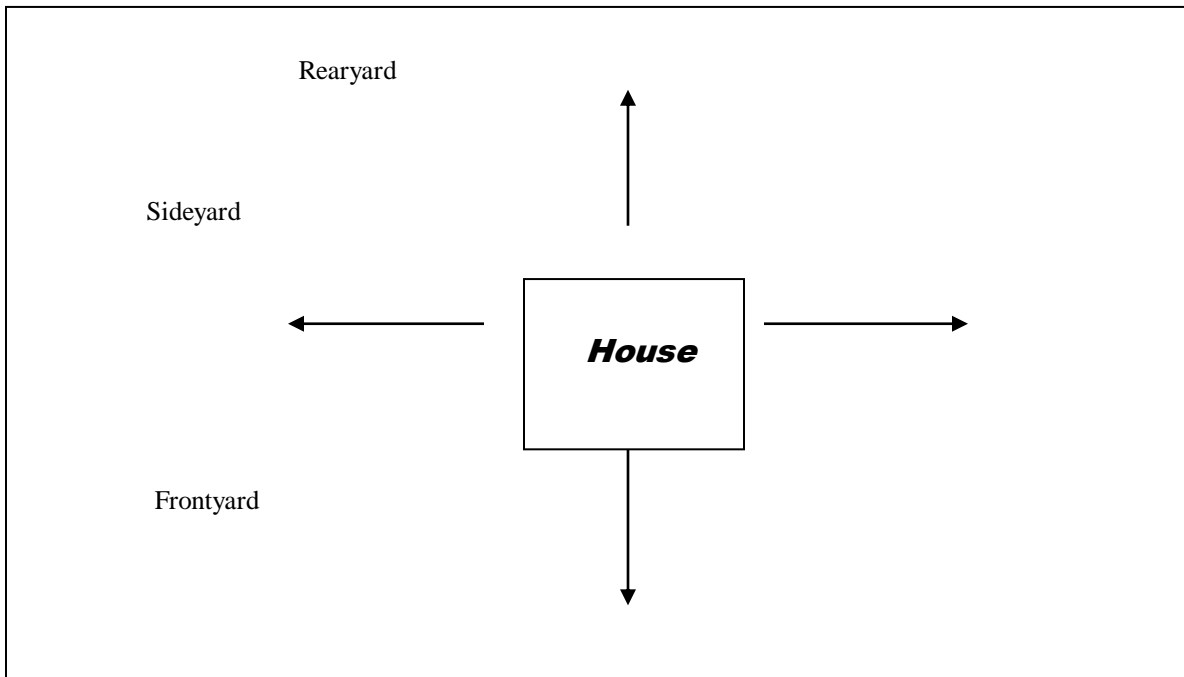
Interior/Corner Lot: *circle one*

Owner of Land _____

Zone: _____

LIST ALL EXISTING STRUCTURES ON PROPERTY: (*ie: 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

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