

TOWN OF WAPPINGER



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

APPLICATION FOR WETLAND DISTURBANCE PERMIT

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

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

NOTE: THE FOLLOWING WILL BE NEEDED TO PROCESS YOUR APPLICATION

1. *****APPLICATION MUST BE ACCOMPANIED WITH A COMPLETE SET OF PLANS FOR LOT IMPROVEMENTS AND LOCATION MAP OF WETLANDS AS THEY EXIST IN THE FIELD OR AS SHOWN ON WAPPINGER ENVIRONMENTAL MAPS*****

Administrative Permit: if applicable

Planning Board Permit/Resolution: if applicable

2. Two copies of scaled plans showing all details of construction and related footprint of structure. Only detailed drawings will be accepted and may be required to be submitted by a licensed design professional upon review of the Code Official.
3. Plot Plan Sheet provided must be filled out showing all sizes and setbacks of structure.

4. Wetland Expert delineating Wetland: _____
ESTIMATED QUANTITY OF EXCAVATION: _____ C.Y. _____ CUT _____ FILL _____
ESTIMATED TOTAL VALUE OF WORK: _____
PROPOSED STARTING DATE: _____ PROPOSED COMPLETION DATE: _____
PLANS PREPARED BY: _____ DATE: _____
LIST APPLICABLE COUNTY, STATE OR FEDERAL PERMITS: _____

OWNER'S SIGNATURE: _____ DATE: _____

5. Size of Activity Area: _____
Is work proposed in Wetland: _____ or Wetland Buffer Area: _____
Impacts that the prolonged activity will have on the Wetland: _____

6. After application is completed, a pre-site visit is required to be scheduled with this office.

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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:** _____

NAME OF OWNER OF BUILDING/LAND: _____

***PROJECT SITE ADDRESS*:** _____

ADDRESS: _____

TEL #: _____ **CELL:** _____ **FAX #:** _____ **E-MAIL:** _____

APPLICANT NAME: _____

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:** _____ **LEFT SIDE YARD:** _____ **RIGHT SIDE YARD:** _____

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:

CODE ENFORCEMENT OFFICIAL:

Approved Denied **Date:** _____

Approved Denied **Date:** _____

Signature/Zoning Administrator

Signature of Code Enforcement Official

Signature of Applicant

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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: _____