

TOWN OF WAPPINGER



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

BUILDING PERMIT APPLICATION

(NEW HOME CONSTRUCTION)

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

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

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

1. Legal 911 address form completed
2. You must supply a copy of the Recording page of the corresponding deed or a HUD 1 Disclosure statement at time of application
3. Supply 4 original of PRELIMINARY PLOT PLANS
(SUPPLY GRID NUMBER ON EACH COPY) of proposed home showing:
 - a. Elevations (ALL FLOORS)
 - b. Setbacks
 - c. Wetland delineation (including 100' buffer and boulders every 40' along buffer)
 - d. Septic location if applicable
 - e. Municipal Water & Sewer line location if applicable
 - f. Driveway location with elevations
 - g. Existing contours and final proposed contours
 - h. Erosion control
 - i. All notes pertaining to site plan approval of subdivision
 - j. Engineers certification stamp

4. Supply 2 sets of WORKING CONSTRUCTION DRAWINGS complying with the current N.Y.S. Residential Building Code. Engineer of record, fax & phone numbers.

5. FOUNDATION AS-BUILT PLOT PLANS are to be supplied for both framed construction and Modular home installation. **NO WORK/FRAMING IS TO CONTINUE UNTIL AFTER THESE PLOT PLANS ARE APPROVED AND RETURNED TO THE APPLICANT.**

6. ***WELL TEST REQUIRED FOR ALL NEW HOMES ON PRIVATE WELL-PART 5 OF THE NYS RESIDENTIAL BUILDING CODE & ON FILE WITH THE BUILDING DEPT BEFORE A CO WILL BE ISSUED *****

*You will be notified when Building permit is ready to be picked up,
and additional fees to be paid*

ALL FEES ARE NON-REFUNDABLE

(NEW BUILDING DATA SHEET)

APPLIC. # _____

SITE: _____

PLEASE CIRCLE WHICH APPLIES: WATER SEWER WELL SEPTIC

O BUILDING STYLES:

- 1 - RANCH 2 - RAISED RANCH
- 3 - SPLIT LEVEL 4 - CAPE COD
- 5 - COLONIAL 6 - CONTEMPORARY
- 7 - OTHER: _____

- 1 - MODULAR
- 2 - NEW HOME 1 ½ STORY W/BASEMENT
- 3 - NEW HOME 1 ½ STORY W/SLAB CRAWL
- 4 - NEW HOME 1 STORY W/BASEMENT
- 5 - NEW HOME 1 STORY W/SLAB CRAWL
- 6 - NEW HOME 2-STORY

O TOTAL # OF ROOMS (EXCLUDE BATHROOMS)

	<u>1ST FLOOR</u>	<u>2ND FLOOR</u>
# OF BEDROOMS	_____	_____
# OF FAMILY ROOMS	_____	_____
# OF LIVING ROOMS	_____	_____
# OF DINING ROOMS	_____	_____
# OF BONUS ROOMS	_____	_____
# OF BATHS	_____	_____
# OF STORIES ABOVE BASEMENT	_____	_____

O BASEMENT TOTAL AREA SQ FT (_____ x _____)

BASEMENT FINISHED AREA SQ FT (_____ x _____)

SQ FT OF LIVING AREA (SFLA)

1ST FLOOR: (_____ x _____)

2ND FLOOR: (_____ x _____)

O SQ FT OF GARAGE (_____ x _____)

BASEMENT GARAGE: NONE 1 CAR 2 CAR 3 CAR

ATTACHED GARAGE: NONE 1 CAR 2 CAR 3 CAR

DETACHED GARAGE: NONE 1 CAR 2 CAR 3 CAR

SFLA OVER ATTACHED/DETACHED GARAGE: (_____ x _____)

O CENTRAL AIR CONDITIONING: 1-YES 2-NO

O HEAT TYPE: 1 - NONE 2 - WARM AIR 3 - HW/STM

 4 - FLR FURN 5 - UNIT 6 - STA

O EXTERIOR WALLS:

- 1 - WOOD 2 - CB 3 - BR
- 4 - WD SIDING 5 - STUCCO 6 - STA 7 - ALUM/VIN

O TOTAL # OF FIREPLACES

SELECT TYPE: GAS _____ WOOD _____ WOOD _____ LOCATION: _____

 GAS _____ WOOD _____ WOOD _____ LOCATION: _____

O TYPE OF BUILDING CONSTRUCTION

- 1 - FIRE RESISTANT (MASONARY METAL)
- 2 - HEAVY TIMBER
- 3 - MASON WALLS W/WOOD, JOISTS & RAFTERS
- 4 - WOOD FRAME

O SQ FT OF DECK:

FRONT OPEN - COVERED - ENCLOSED _____

REAR OPEN - COVERED - ENCLOSED _____

BI-LEVEL OPEN - COVERED - ENCLOSED _____

WRAP-AROUND OPEN - COVERED - ENCLOSED _____

OTHER DESCRIPTION: _____

O SQ FT OF PORCH:

FRONT OPEN - COVERED - ENCLOSED _____

REAR OPEN - COVERED - ENCLOSED _____

BI-LEVEL OPEN - COVERED - ENCLOSED _____

WRAP-AROUND OPEN - COVERED - ENCLOSED _____

OTHER DESCRIPTION: _____

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 Commercial Multiple Dwelling **ZONE:** _____ **DATE:** _____
 New Construction **APPL #:** _____ **PERMIT #** _____
 Renovation/Alteration **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

BUILDING DEPARTMENT

20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590
(845) 297-6256
Fax (845) 297-0579

REQUIREMENTS

FOR ALL BUILDING PERMIT APPLICATIONS

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

The Town of Wappinger requires proof of Workers' Compensation (C105 or 26.3) and Disability (DB120) insurance. The town must be listed as certificate holder. The Certificate of Attestation of Exemption, Form CE-200, 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. A new CE-200 is required for each project with the project address listed on the certificate.

WE DO NOT ACCEPT THE ACCORD FORM AS PROOF OF INSURANCE

- ANY NEWLY PURCHASED PROPERTIES MUST ATTACH THE RECORDING PAGE FROM THE DUTCHES COUNTY CLERK

****IF APPLICATION IS NOT LEGIBLE IT WILL NOT BE***

ACCEPTED*

****APPLICATIONS CAN ONLY BE PROCESSED ONCE ALL REQUIRED ITEMS ARE RECEIVED****

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OWNER CONSENT FORM

BUILDING PERMIT # _____ APPLICATION # _____

SITE LOCATION: _____

GRID: # _____

Name of APPLICANT/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 Telephone Number

Owner's Signature

Print Name

Print Owner's Address



**Dutchess County
Department of Emergency Response
Address Request Form**



Office Phone: (845) 486-2080
Poughkeepsie, New York 12601

Fax Number: (845) 486-3998 392 Creek Road,

addressing@dutchessny.gov

Name of Firm/Person requesting address _____

Contact person _____ Date: _____

Phone #: _____

Email: _____

TO BE FILLED IN BY PERSON REQUESTING NEW ADDRESS:

1. Type of Structure: () Single-family () Commercial () Government
() Multi-family () Mobile Home () Accessory Use
() 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. **Attach a plot plan showing actual location of driveway:**

=====

To be completed by Addressing Staff:

New assigned 9-1-1 address: _____

Assigned by: _____ Date Assigned: _____

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. All concrete slabs must be inspected, i.e. garage, basement, etc.
6. Footing drains and damp-proof of walls before backfill.
7. **INTERIM plot plan BEFORE any framing begins must be submitted AND approved (4 COPIES)**
8. Framing inspection compliance to submitted approved drawings.
9. Rough plumbing with all required air/water tests
10. Mechanical Inspection includes: Furnace/Fireplace/Woodstove etc.
11. Rough Electrical inspection by third party, approved list supplied.
11. Insulation compliance inspection prior to drywall installation
13. Final Electrical inspection by third party agency certificate
MUST BE SUBMITTED TO THIS OFFICE.
14. Final inspection by Fire Inspector for approval.
15. **Provide FINAL AS-BUILT for Site Plan of Project (4 COPIES)**
16. Final Inspection by Zoning Administrator for compliance to site plan approval and resolution.
17. Provide ALL certificates required by Dutchess County Board of Health.
18. **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