

# TOWN OF WAPPINGER

Fees:

**New Home Application:** \$150

**Town Water/Sewer Applications:**

\$150 per application



Additional square footage fees will be assessed when construction plans are reviewed. Fees will be due when approved permit is picked up.  
Check payments over \$500 must be certified.

**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 \*\*\***

**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 two sets of construction drawings complying with the current NYS Residential Building Code. Include Engineer of record, fax & phone numbers. Manufacturer specifications for all mechanical equipment should be included.
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 a private well. Test must comply with Part 5 of the NYS Sanitary Code and be on file with Building Department prior to CO being issued. Result must come directly from a NYS certified laboratory.
7. Separate applications must be submitted for town water/sewer line connections. Connections must comply with Town of Wappinger standards. Dutchess County Department of health approval must be obtained for well and septic.

\*You will be notified when 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 1/2 STORY W/BASEMENT
- 3 - NEW HOME 1 1/2 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)** \_\_\_\_\_

1ST FLOOR      2ND FLOOR

# 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)**

1<sup>ST</sup> FLOOR: ( \_\_\_\_\_ x \_\_\_\_\_ ) \_\_\_\_\_

2<sup>ND</sup> 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:**     OIL     NATURAL GAS     ELECTRIC     PROPANE     OTHER \_\_\_\_\_

**MANUFACTURER SPECIFICATIONS REQUIRED**

**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:** \_\_\_\_\_

**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: \_\_\_\_\_



## 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 DUTCHESS 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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20 MIDDLEBUSH ROAD  
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FAX: (845) 297-0579

## 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  
392 Creek Road, Poughkeepsie, New York 12601

Fax Number: (845) 486-3998  
[addressing@dutchessny.gov](mailto: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 #
<b>Middle Department Insp. Agency, Inc.</b>	
Dave Williams	(800) 479-4504
<b>New York Electrical Inspectors</b>	
Greg Murad	(845)586-2430/(888) 693-4693
Tom Le Jeune	(845)373-7308
<b>New York Board</b>	
Pat Decina	(845)298-6792
<b>Tri-State Insp. Agency, Inc.</b>	
Lou Ambrosia	(845) 986-6514
<b>Commonwealth Electrical Insp. Services</b>	
Keith Sutton	(845) 527-8821
Ron Henry	(845)562-8429
<b>All County Electrical Insp. Services, Inc.</b>	
Dave Scism	(845)757-5916
<b>Electrical Underwriters of NY, LLC</b>	
Ernest C Bello Jr.	(845) 569-1759
<b>The Inspector, LLC</b>	(518) 497-9918
<b>Z3 Consultant, Inc.</b>	
Gary Beck	(845) 471-9370
<b>NY Electrical Insp. &amp; Consult, LLC</b>	
John Wierl	(845) 551-8466
<b>Swanson Consulting, Inc.</b>	
J.O. Swanson	(845)496-4443
<b>State Wide Inspection Services</b>	
Frank J. Farina	(845) 202-7224
<b>New York Certified Electrical Inspectors</b>	
Jerry Caliendo	(845) 294-7695
John Metsger	(845) 339-2119