

# TOWN OF WAPPINGER



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

## **BUILDING PERMIT APPLICATION (CHANGE OF COMMERCIAL OCCUPANCY)**

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

**FEE (NON-REFUNDABLE): \$250.00 (ADDITIONAL FEES WILL APPLY ON PERMITS WITH RENOVATIONS CHECK WITH BUILDING DEPARTMENT FOR MORE INFORMATION)**

**\*\*Important\*\***

*No material can be installed, constructed or delivered until building permit is approved, issued and received.  
Work estimated to be \$10,000 or more will require certified engineer/architect stamped and signed plans.*

### **O RENOVATION OF SPACE**

### **O NO ALTERATION OF SPACE**

**The following must be submitted for processing of your application:**

1. Explicate narrative of type of business and its use to be approved by Zoning Administrator and Fire Inspector submitted by the prospective occupant.  
(Attach to application.)
2. Provide 2 sets of drawings showing all floor plans and cross sections of construction, if renovating space. ONLY detailed drawings will be accepted and may be required to be submitted by a licensed design professional after review by the Code Official. All plans must comply with the N.Y.S. Building and Fire Code.
3. Valid driver's license/photo identification

Please supply if applicable to project:

- A. Cross sections specifically drawn with materials to be used
- B. Floor plans showing use of all rooms
- C. Ceiling heights and projections
- D. Window/Door clear opening sizes
- E. Building/Structure elevations
- F. Rafter/Joist/Header spans and sizes
- G. Insulation values
- H. Smoke/carbon Dioxide Detector placement
- I. Plumbing/Mechanical details

**\*\*FINAL INSPECTION BY BUILDING/FIRE INSPECTOR REQUIRED BEFORE OPERATING.  
OPERATIONAL PERMITS MUST BE RENEWED EVERY YEAR\*\***

**\*\*ALL FEES ARE NON-REFUNDABLE\*\***

## BUILDING DEPARTMENT

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# 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\***

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

**FIRE INSPECTOR:**

Approved  Denied **Date:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Signature of Building Inspector**

\_\_\_\_\_  
**Print Name or Company Name(if applicable)**

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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 Signature

\_\_\_\_\_  
Owner's Telephone Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Owner's Address

**FOR OFFICE USE ONLY**

Code Enforcement Official: \_\_\_\_\_

# **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
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. Footing drains and damp-proof of walls before backfill.
6. **Interim** plot plan for new homes only before any framing begins must be submitted and approved.
7. Framing inspection compliance to submitted approved drawings.
8. Rough plumbing with all required air/water tests
9. Mechanical Inspection includes: Furnace/Fireplace/Woodstove etc.
10. Rough Electrical inspection by third party, approved list supplied.
11. Insulation compliance inspection prior to drywall installation
12. Final Electrical inspection by third party agency certificate  
MUST BE SUBMITTED TO THIS OFFICE.
13. FINAL INSPECTION BY FIRE INSPECTOR 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

**NARRATIVE OF PROPOSED BUSINESS  
FOR ZONING APPROVAL**

**Change of Occupant/Initial Occupant**

**Business Name:** \_\_\_\_\_

**Number of Employees:** \_\_\_\_\_

**Hours of Operation:** \_\_\_\_\_

**Days of Week Open:** \_\_\_\_\_

**Outside Storage: If YES description:** \_\_\_\_\_

\_\_\_\_\_

**Type of business:** \_\_\_\_\_

\_\_\_\_\_

**Open to public: Yes/No (*circle one*)**



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## NARRATIVE OF PROPOSED BUSINESS for ZONING APPROVAL

### Change of Occupant

Date: \_\_\_\_\_

Grid# \_\_\_\_\_  
Comm'l Zone: \_\_\_\_\_

Owner of Property: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact#: \_\_\_\_\_

New Occupant: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone#: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

Previous Occupant: \_\_\_\_\_

**PROPOSED USE OF PREMISES** : Attach a typed precise descriptive narrative (on letterhead if available) describing business addressing the following items: **MUST INCLUDE** the number of employees; hours of operation; type of business; outside storage; a description of type of business (i.e. retail, service, (food, clothing, toys, furniture, etc.), office space (medical, attorneys, real estate, contracting, etc); billing offices (open to the public or not open to public just employees only).

**A sketch of the structure to be occupied** and/or outside site to be used for business proposed must be supplied with narrative for determination is needed (if multiple tenants please identify area).

.....  
**Office use only:**

Site Plan Approval: \_\_\_\_\_ Approved Use: \_\_\_\_\_

SUP for use: \_\_\_\_\_

Restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approval of Change of Occupancy:

- Sign Permit Required
- Owner Consent Received

Denied:

- Change of use
- Use not permitted in said Zone
- Change of use needs Planning Board approval
- Incomplete Submission

\_\_\_\_\_  
Zoning Administrator Date