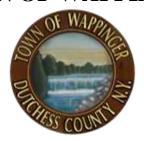
TOWN OF WAPPINGER



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 ***

0	APPLIC FORM COMPLETED O INSURANCE SUBMITTED (WC&DB) O INSURANCE ON FILE O 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 IMPROVEMENTS AND LOCATION MAP OF WETLANDS AS THEY EXIST IN THE FLOR AS SHOWN ON WAPPINGER ENVIRONMENTAL MAPS***						
	<u>Administrative Permit</u> : if applicable <u>Planning Board Permit/Resolution</u> : 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.					
	Plot Plan Sheet provided must be filled out showing all sizes and setbacks of structureShow wetland buffer (100') -Show boulders every 40' along wetland buffer					
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: DATE: LIST APPLICABLE COUNTY, STATE OR FEDERAL PERMITS:					
	OWNER'S SIGNATURE: DATE:					
5.	Size of Activity Area: 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.

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 :		O Residential	ZONE:	DATE:
o	New Construction	O Commercial	APPL #:	PERMIT #
o	Renovation/Alteration	O Multiple Dwelling	GRID:	
ΑI	PPLICANT NAME:			
TE	EL #:	_ CELL:	FAX #:	E-MAIL:
TE	EL #:	_CELL:	FAX #:	E-MAIL:
	JILDER/CONTRACTO DMPANY NAME:			
TE	EL #:	_CELL:	FAX #:	E-MAIL:
DI TE	ESIGN PROFESSIONAL	L NAME: _CELL:	FAX #:	E-MAIL:
ΑI	PPLICATION FOR:			
SE	TBACKS: FRONT:	REAR:	L-SIDEYARD:	R-SIDEYARD:
SI	ZE OF STRUCTURE: _			
ES	TIMATED COST:		TYPE OF USE:	
<u>N(</u>	ON-REFUNDABLE APF	PL. FEE: PAID O	N: CHECK #	RECEIPT #:
	BALAN	CE DUE: PAID O	N: CHECK #	RECEIPT #:
ΑI	PPROVALS:			
Z(ONING ADMINISTRAT		FIRE INSPECTOR:	
O	Approved O Denied	Date:	O Approved O Den	ied Date:
_				
<u></u>	gnature of Applicant		Signature of Building	Ingnoston

Print Name or Company Name(if applicable)

TOWN OF WAPPINGER



BUILDING DEPARTMENT

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

OWNER CONSENT FORM

BUILDING PERMIT #	APPLICATION #	
SITE LOCATION:		
GRID: #		
(Person PHYS	ICALLY coming in to apply, if other than the Owner)	
~	CERTIFICATION ~	
NOTICE TO APPLICANTS: 240-109 C	ertificate of Occupancy	
	o use or permit the use of any building or premises or part	
have been issued by the Building Inspector	arged, wholly or partly, in its use or structure until a Certific	cate of Occupancy shall
have been issued by the Building hispector	and/of Zonning / Administrator.	
I,	, owner of the land/site/building hereby give my perm	ission for the Town of
understand that this permit will not be clos building inspector having access to the inte will remain as a violation on my property u	I application in accordance with local and state codes and sed out unless all proper inspections are completed which erior of my residence. If this permit is not closed before the until it is closed out. After the expiration date the permit fut the permit. I understand that I am ultimately responsible LT IN COURT PROCEEDINGS.	can include the ne expiration date it fee and application will
Date	Owner's Signature	
Owner's Telephone Number	Print Name	
	Print Owner's Address	
Code Enforcement Official:	FOR OFFICE USE ONLY	