

# TOWN OF WAPPINGER



**Fee:**

\$150 Application Fee (Residential)

or

\$250 Application Fee (Commercial)

PLUS

Additional square footage fees will be calculated when plans are reviewed.

You will be notified of additional fees

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

## BUILDING PERMIT APPLICATION

**(RENOVATION / REPAIR OF EXISTING STRUCTURE)  
(INCLUDING BASEMENT AREAS)**

**Commercial**

**Residential**

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

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

*No material for structures 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.*

### **THE FOLLOWING WILL BE NEEDED TO PROCESS YOUR APPLICATION**

1. **Two copies** of scaled drawings showing all details of construction and related footings, cross sections and floor plans. Only detailed drawings will be accepted and may be required to be submitted by a licensed design professional upon review of the Code Official. All applicable building codes must be adhered to from the N.Y.S. Residential and Building code.
  - 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 Monoxide Detector placement
  - I. Plumbing/Mechanical details
2. Any increase in bedrooms will require approval from the Board of Health, if septic is currently used.

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

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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 REQUIRED**
- PLOT PLANS MUST BE FILLED OUT COMPLETELY AND SIGNED**
- APPLICATION FEE MUST ACCOMPANY APPLICATION**
- SURVEY OF PROPERTY REQUIRED**
- INSURANCE REQUIRED** (WORKERS COMP. AND DISAB. OR EXEMPTION FORM)

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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FAX: (845) 297-0579

## OWNER CONSENT FORM

BUILDING PERMIT # \_\_\_\_\_ APPLICATION # \_\_\_\_\_

SITE LOCATION: \_\_\_\_\_

GRID: # \_\_\_\_\_

Name of APPLICANT: \_\_\_\_\_  
(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 the Zoning Administrator.

***FAILURE TO COMPLY MAY RESULT IN COURT PROCEEDINGS.***

*I, \_\_\_\_\_, owner of the land/site/building hereby give my permission for the Town of Wappinger to approve or deny the above 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.*

\_\_\_\_\_  
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 CODE OFFICIAL FOR COMPLIANCE TO SUBMITTED DRAWINGS AND N.Y.S. BUILDING CODE.
14. Final inspection by Fire Inspector for approval.
15. Provide Final As-Built for Site Plan of Project.
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.

**\*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