#### TOWN OF WAPPINGER

\*\*Important\*\*
No work can begin and no
material can be installed,
constructed or delivered
until building permit is
approved, issued and
received.



#### **BUILDING DEPARTMENT**

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

#### BUILDING PERMIT APPLICATION

(E L E C T R I C A L)

#### PERMIT TYPE FEE REQUIREMENTS

Electric Only	\$50.00	(service repairs/electrical upgrades, etc.)
<b>Stand-By Generators</b>	\$150.00	specifications of unit, kilowattage, plot plan showing location of unit and propane tanks if applicable (Generator permit will not be issued until application is submitted for propane tanks is applied for)
<b>Ductless Air Systems</b>	\$150.00	specifications of unit
Central-Air	\$150.00	specifications and of unit, plot plan showing location of unit
Hot Tubs	\$150.00	specifications of hot tub, specifications of cover (must be ASTM F 1346 rated), plot plan showing location of hot tub in relation to property lines
Solar Panels	\$250.00	letter from a NYS licensed engineer stating that the roof will support the new load, manufacturer specifications, kilowattage, proposed layout and a final post-installation engineer letter. Original engineer signatures are required on documents submitted.
Portable Generators (Transfer Switch)	\$50.00	no additional requirement
All commercial permits	\$250.00	as needed

LEGALIZATION FEE (WORK DONE WITOUT A PERMIT): \$250 (IF APPLICABLE)

#### **Inspections Required:**

- -Rough Electrical if applicable
- -Final Electrical Inspection by third party Town approved Electrical Inspector. See list provided in application. Submit copy of said inspection to this office.
- -Final inspection by this office for issuance of Certificate of Compliance.

# SMOKE AND CO DETECTORS MUST BE INSTALLED ACCORDING TO THE CURRENT CODE REQUIREMENTS. SEE ATTACHED REFERENCE SHEET.

#### **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 application for a Certificate of Attestation of Exemption, Form CE-200, from Workers' Compensation and/or Disability and Paid Family Leave Benefits coverage 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.			
ANY NEWLY PURCHASED PROPERTIES MUST ATTACH THE			
RECORDING PAGE FROM THE DUTCHESS COUNTY CLERK			
*IF APPLICATION IS NOT LEGIBLE IT WILL <u>NOT</u> BE			
ACCEPTED*			

\*APPLICATIONS CAN ONLY BE PROCESSED ONCE <u>ALL</u> REQUIRED ITEMS ARE RECEIVED\*



Building Department Town of Wappinger 20 Middlebush Rd. Wappingers Falls, NY 12590 845-297-6256

#### **Attention Homeowners and Contractors:**

As per the New York State Residential Code, most permits (major or minor alternations, boiler installation, gas piping, wood stove installation, furnaces, oil tanks, solar panel installation, electrical, etc.) issued by the Building Department will require the installation of smoke and CO alarms in existing 1 and 2 family homes. The Building Department requires proper placement and testing of the smoke and CO alarms at the final inspection. This needs to be done in order to receive a certificate of compliance. These requirements are in accordance with New York State Residential Code and New York State Fire Code.

#### Smoke Alarms (R314):

Smoke Alarms shall be listed in accordance with UL 217. Combination smoke and carbon monoxide alarms shall be listed in accordance with UL217 and UL 2034.

Smoke Alarms shall be installed in the following locations;

- 1. In all sleeping rooms.
- 2. Outside of each separate sleeping area in the immediate vicinity of the bedrooms.
- 3. On each additional story of the dwelling. This includes basements but does not include crawl spaces and uninhabitable attics.
- 4. Smoke Alarms shall be installed not less than 3 feet horizontally from the door or opening of a bathroom that contains a bathtub or a shower. Only install in this locations if this would prevent the placement of the smoke alarm required as listed above.

#### **Carbon Monoxide Alarms (R315):**

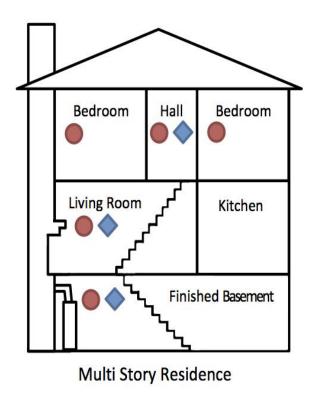
Carbon Monoxide (CO) Alarms shall be listed and labeled as complying with UL2034.

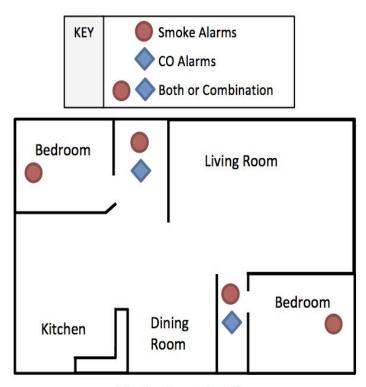
Carbon Monoxide Alarms should be installed in the following locations;

- 1. On each story of a dwelling. On stories containing a sleeping area. Must be installed within 10 feet of the sleeping area. More than one CO Alarm shall be provided where necessary to assure that no sleeping area on a story is more than 10 feet from a CO Alarm.
- 2. On any story of a dwelling unit that contains a carbon monoxide source.

# ALL ALARMS NEED TO BE INSTALLED PER MANUFACTURER'S SPECIFICATIONS

Any Questions Contact the Building Department at 845-297-6256





**Single Story Residence** 

#### **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**

ΑI	PPLICATION TYPE:	O Residential	<b>ZONE:</b>	DATE:
o	<b>New Construction</b>	O Commercial	<b>APPL</b> #:	PERMIT #
o	Renovation/Alteration	O Multiple Dwelling	GRID:	
ΑΙ	PPLICANT NAME:			
	DDRESS:			
			FAX #:	E-MAIL:
NI /	ME OWNED OF RUII	DINC/LAND		
			FAX #:	
ВI	JILDER/CONTRACTO	R DOING WORK:		
CC	OMPANY NAME:			
ΑI	DDRESS:			
TE	EL #:	_ CELL:	FAX #:	_ E-MAIL:
	ESIGN PROFESSIONAL		TAX II	E MAH
TE	L #:	_CELL:	FAX #:	E-MAIL:
SE	TBACKS: FRONT:	REAR:	L-SIDEYARD:	R-SIDEYARD:
SI	ZE OF STRUCTURE: _			
ES	TIMATED COST:		TYPE OF USE:	
<u>N(</u>	ON-REFUNDABLE API	<b>PL. FEE:</b> PAID O	N: CHECK #	RECEIPT #:
	BALANG	CE DUE:PAID O	N: CHECK #	RECEIPT #:
Z(	PROVALS: DNING ADMINISTRAT Approved O Denied		FIRE INSPECTOR: O Approved O Denied	Date:
_				
Sig	gnature of Applicant		Signature of Building Ins	pector
	· · · · · · · · · · · · · · · · · · ·	((		
rr	int Name or Company N	аше(п аррисавіе)		

# TOWN OF WAPPINGER **PLOT PLAN**

Building Permit #	Date
Address:	Interior/Corner Lot: circle one
Owner of Land	Zone:
LIST ALL EXISTING STRUCTURES O	N PROPERTY: (ie: Pool, shed, decks, detached garage)
l. House,	
Rearyard	<b>A</b>
Sideyard	
-	House
Frontyard	
Indicate Location	structure on plot plan. on Setbacks to both sides and rear property line f structure you are applying for.
modeur ement e	i ou decare y ou are apprymig for
Si	gnature
Approved:/Rejected:	Date:
Zoning Adn	ninistrator

### TOWN OF WAPPINGER



#### **BUILDING DEPARTMENT**

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## **OWNER CONSENT FORM**

BUILDING PERMIT #	APPLICATION #	
SITE LOCATION:		
GRID: #		
Name of APPLICANT:		
(Perso	on PHYSICALLY coming in to apply)	
	~ CERTIFICATION ~	
created, erected, changed, converted or enlar shall have been issued by the Building Insp.  I,	o use or permit the use of any building or premises or part thereof hereafte reged, wholly or partly, in its use or structure until a Certificate of Occupa vector and the Zoning Administrator.	incy
I understand that this permit will not be clobuilding inspector having access to the inte the expiration date it will remain as a violar application and the permit fee will have to	plication in accordance with local and state codes and ordinances. sed out unless all proper inspections are completed which can include to rior of my residence/business. If this permit is not issued a certificate be tion on my property until it is closed out. After the expiration date a new be submitted/paid again in order to close out the permit. I understand, as ally responsible for the closure/completion of the work described on this perform that the content of the work described on the content of the work described on the content of the work described on this perform that the content of the work described on this performance.	efore v s the
Dote	Oran ar's Simustana	
Date	Owner's Signature	
Owner's Telephone Number	Print Name	
	Print Owner's Address	
Code Enforcement Official:	FOR OFFICE USE ONLY	

## **Town Board Approved Electrical Inspection Agencies**

Name:	Telephone #
Middle Department Insp. Agency, Inc.	
Pete Jennings Jr.	(518) 610-8133
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
Commonwealth Electrical Insp. Services	
Keith Sutton	(845) 527-8821
Ron Henry	(845)562-8429/845-541-1871
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/ James Greaves	(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	
SAS Electrical Inspection	
Yuri Badovich	(845) 801-2172

These are 3rd party inspectors and they charge their own fees. Permit holder is responsible for the cost of these inspections\*