

BUILDING DEPARTMENT

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

BUILDING PERMIT APPLICATION (COMMERCIAL-NEW CONSTRUCTION)

Fee: \$250 (additional fees will apply)

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

The following will need to be submitted to process your application:

- 1. Town of Wappinger Planning Board Resolution of approval for project. (ALL ITEMS MUST BE ADDRESSED IN RESOLUTION)
- 2. Two complete sets of approved site plan (SUPPLY GRID NUMBER ON EACH COPY)
- 3. Two complete sets of certified building plans with all contact numbers of design professional of record for the project.
 - **PDF copy of plans will also be required in addition to the 2 paper copies.**
- 4. Legal 911 address for property pertaining to project

Note to all applicants:

ALL DRAWINGS SUBMITTED WILL BE REVIEWED FOR COMPLIANCE TO THE NEW YORK STATE BUILDING/FIRE CODE. YOU MUST PROVIDE ALL INFORMATION FOR PROCESSING, INCLUDING SEISMIC DESIGN FOR AREA/ALL FIRE ALARM DIAGRAMS, ETC.

ALL FEES ARE NON-REFUNDABLE



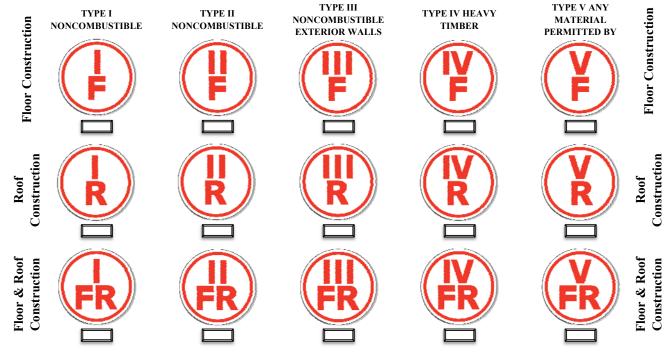
BUILDING DEPARTMENT

20 MIDDLEBUSH ROAD WAPPINGERS FALLS, NY 12590 Phone: (845) 297-6256

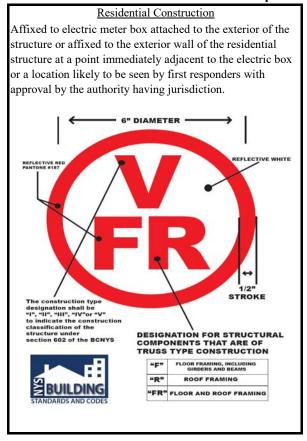
TRUSS TYPE, PRE-ENGINEERED WOOD OR TIMBER CONSTRUCTION IN RESIDENTIAL & COMMERCIAL STRUCTURES

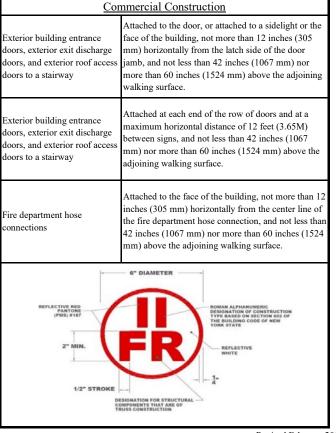
FOR OFFICE USE ONLY APPLICATION NO.	DATE RECEIVED:	
Project Location:		
	STREET / ADDRESS	TOWN
GRID		
OWNER INFORMATION:		
NAME:		
MAILING ADDRESS:		
TELEPHONE #		
E-MAIL:		
	HE STRUCTURE IS (CHECK EACH APPLICABLE L	INE)·
☐ NEW STRUCTURE	☐ ADDITION TO EXISTING STRU	
=	_	
EXISTING STRUCTURE	REHABILITATION TO EXISTING	
TO BE CONSTRUCTED OR PERFORM (CHECK EACH APPLICABLE LIN	ORMED AT THE SUBJECT PROPERTY REFERENG (E): (see back for sign designation)	CE ABOVE WILL UTILIZE
☐ TRUSS TYPE CONSTRUCTION	<u> </u>	CONSTRUCTION (PW)
☐ TIMBER CONSTRUCTION F	LOOR (TC)	
IN THE FOLLOWING LOCATION	N(S) (CHECK EACH APPLICABLE LINE): (see back f	for sign designation)
	NG GIRDERS AND BEAMS (F) ROOF FRAM	
☐ FLOOR FRAMING AND ROC	<u> </u>	
_	YPE: (CHECK APPLICABLE LINE): (see back for sign	n designation)
TYPE I NONCOMBUSTIBLE	TYPE III NONCOMBUSTIBLE EXTERIOR WALI	LS TYPE V (COMBUSTIBLE)
TYPE II NONCOMBUSTIBLE	TYPE IV HEAVY TIMBER	OR ANY MATERIAL PERMITTED BY CODE
OWNED OF OWNED	'S REPRESENTATIVE SIGNATURE	DATE
OWNER OR OWNER	S REI RESENTATIVE SIGNATURE	DATE
	JEDIO DEDDEGOVE A TIME DE COM	
OWNER OR OWN	JER'S REPRESENTATIVE PRINT	

IDENTIFICATION OF BUILDINGS UTILIZING TRUSS TYPE CONSTRUCTION (check appropriate symbol)



Required Sign Location(s)





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REQUIREMENTS FOR ALL BUILDING PERMIT APPLICATIONS

APPLICATIONS	MUST BE COMPLETELY FILLED OUT AND SIGNED
OWNERS SIGNA	ATURE AND/OR OWNERS CONSENT FORM REQUIRED
PLOT PLANS MU	JST BE FILLED OUT COMPLETELY AND SIGNED
APPLICATION F	EE MUST ACCOMPANY APPLICATION
SURVEY OF PRO	PERTY REQUIRED
INSURANCE REQ	UIRED (WORKERS COMP. AND DISABILITY OR EXEMPTION FORM)
The town must be listed as certificompleted by homeowners doing contract or license in which all the each project with the project added to the contract of the project and th	es proof of Workers' Compensation (C105 or 26.3) <u>and</u> Disability (DB120) insurance. icate holder. The Certificate of Attestation of Exemption, Form CE-200, may only be getheir own work, entities with no employees and/or out-of-state entities obtaining a he work is being performed outside of New York State. A new CE-200 is required for dress listed on the certificate. T ACCEPT THE ACCORD FORM AS PROOF OF INSURANCE
ANY NEWLY PUR	CHASED PROPERTIES MUST ATTACH THE RECORDING
PAGE FROM THE	DUTCHESS COUNTY CLERK
*IF APPLICATIO	ON IS NOT LEGIBLE IT WILL <u>NOT</u> BE
ACCEPTED *AP	PLICATIONS CAN ONLY BE PROCESSED ONCE ALL REQUIRED

ITEMS ARE RECEIVED*



Dutchess County Department of Emergency Response Address Request Form



Office Phone: (845) 486-2080 Fax Number: (845) 486-3998 392 Creek Road, Poughkeepsie, New York 12601 addressing@dutchessny.gov

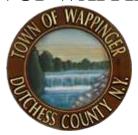
Nam	e of Firm/Person red	luesting a	address					
Cont	act person					Date:		
Phon	ne #:							
Emai	il:							
ТО І	BE FILLED IN BY	PERSO	N REQUESTI	NG	NEW ADDRES	S:		
1.	Type of Structure	()	Multi-family	() Commercial) Mobile Home	() Government) Accessory Use () Other
2.	Real Property Tax	x Parcel (Grid Number:					
	13	_	_		_	_		
	Swis c	ode (4)	Section (4)		Block (2)	Lot (6)	Suffix (4)	
	Filed Map Numb	er (if ava	ilable):		Lot #			
3.	Parcel old address	s (if appli	icable):					
4.	Attach a plo	t plan	showing ac	<u>tua</u>	l location of	<u>fdriv</u>	⁄eway:	
 To b	e completed by Ado							
	New assigned 9-1	-1 addre	ss:					
	Assigned by:				Date Assigned	d:		

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

	ГЕ:
O New Construction O Commercial APPL #: PER	RMIT #
O Renovation/Alteration O Multiple Dwelling GRID:	
APPLICANT NAME:	
ADDRESS:	
TEL #:	
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	J:
DESIGN PROFESSIONAL NAME: TEL #: CELL: FAX #: E-MAIL	·
TEL#E-MAIL	··
SETBACKS: FRONT: REAR: L-SIDEYARD: R-SI	DEYARD:
SIZE OF STRUCTURE:	
ESTIMATED COST: TYPE OF USE:	
NON-REFUNDABLE APPL. FEE:PAID ON: CHECK # REC	EIPT #:
BALANCE DUE:PAID ON: CHECK #REC	EIPT #:
APPROVALS: ZONING ADMINISTRATOR: O Approved O Denied Date: O Approved O 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:		<u> </u>
GRID: #		<u> </u>
Name of APPLICANT/OWNER:		_
~	CERTIFICATION ~	
	o use or permit the use of any building or premises or part th rged, wholly or partly, in its use or structure until a Certificat	
understand that this permit will not be close building inspector having access to the inte will remain as a violation on my property u	, owner of the land/site/building hereby give my permisd application in accordance with local and state codes and desided out unless all proper inspections are completed which coverior of my residence. If this permit is not closed before the until it is closed out. After the expiration date the permit fee at the permit. I understand that I am ultimately responsible AT IN COURT PROCEEDINGS.	an include the expiration date it and application will
Date	Owner's Signature	
Owner's Telephone Number	Print Name	
	Print Owner's Address	
Code Enforcement Official:	FOR OFFICE USE ONLY	



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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 <u>advance</u> 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. Footing drains and damp-proof of walls before backfill.
- 6. Provide interim foundation location (4 COPIES). Must be approved by Town and signed copy returned to applicant before framing can begin.
- 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 for approval.
- 14. Provide FINAL AS-BUILT for Site Plan of Project (4 COPIES)
- 15. Final Inspection by Zoning Administrator for compliance to site plan approval and resolution.
- 16. Provide ALL certificates required by Dutchess County Board of Health.
- 17. 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 #		
Middle Department Insp. Agency, Inc.			
Dave Williams	(800) 479-4504		
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		
Tri-State Insp. Agency, Inc.			
Lou Ambrosia	(845) 986-6514		
Commonwealth Electrical Insp. Services			
Keith Sutton	(845) 527-8821		
Ron Henry	(845)562-8429		
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	(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	(845) 339-2119		