

TOWN OF WAPPINGER

Fees:

New Home Application: \$250

Town Water/Sewer Applications:

\$250 per application



Additional square footage fees will be assessed when construction plans are reviewed. Fees will be due when approved permit is picked up. Check payments over \$500 must be certified.

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

BUILDING PERMIT APPLICATION (NEW HOME CONSTRUCTION)

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

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

1. Legal 911 address form completed
2. You must supply a copy of the Recording page of the corresponding deed or a HUD 1 Disclosure statement at time of application
3. Supply 4 original of PRELIMINARY PLOT PLANS
(SUPPLY GRID NUMBER ON EACH COPY) of proposed home showing:
 - a. Elevations (ALL FLOORS)
 - b. Setbacks
 - c. Wetland delineation (including 100' buffer and boulders every 40' along buffer)
 - d. Septic location if applicable
 - e. Municipal Water & Sewer line location if applicable
 - f. Driveway location with elevations
 - g. Existing contours and final proposed contours
 - h. Erosion control
 - i. All notes pertaining to site plan approval of subdivision
 - j. Engineers certification stamp
4. Supply two sets of construction drawings complying with the current NYS Residential Building Code. Include Engineer of record, fax & phone numbers. Manufacturer specifications for all mechanical equipment should be included.
5. Foundation as-built plot plans are to be supplied for both framed construction and Modular home installation.

NO WORK/FRAMING IS TO CONTINUE UNTIL AFTER THESE PLOT PLANS ARE APPROVED AND RETURNED TO THE APPLICANT.

6. Well test required for all new homes on a private well. Test must comply with Part 5 of the NYS Sanitary Code and be on file with Building Department prior to CO being issued. Result must come directly from a NYS certified laboratory.
7. Separate applications must be submitted for town water/sewer line connections. Connections must comply with Town of Wappinger standards. Dutchess County Department of health approval must be obtained for well and septic.

You will be notified when permit is ready to be picked up and additional fees to be paid

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

(NEW BUILDING DATA SHEET)

APPLIC. # _____

SITE: _____

PLEASE CIRCLE WHICH APPLIES: WATER SEWER WELL SEPTIC

O BUILDING STYLES:

1 – RANCH 2 – RAISED RANCH
3 – SPLIT LEVEL 4 – CAPE COD
5 – COLONIAL 6 – CONTEMPORARY
7 – OTHER: _____

1 – MODULAR
2 – NEW HOME 1 ½ STORY W/BASEMENT
3 – NEW HOME 1 ½ STORY W/SLAB CRAWL
4 – NEW HOME 1 STORY W/BASEMENT
5 – NEW HOME 1 STORY W/SLAB CRAWL
6 – NEW HOME 2-STORY

O TOTAL # OF ROOMS (EXCLUDE BATHROOMS)

OF BEDROOMS

OF FAMILY ROOMS

OF LIVING ROOMS

OF DINING ROOMS

OF BONUS ROOMS

OF BATHS

OF STORIES ABOVE BASEMENT

1ST FLOOR

2ND FLOOR

O BASEMENT TOTAL AREA SQ FT (_____ x _____)

BASEMENT FINISHED AREA SQ FT (_____ x _____)

SQ FT OF LIVING AREA (SFLA)

1ST FLOOR: (_____ x _____)

2ND FLOOR: (_____ x _____)

O SQ FT OF GARAGE (_____ x _____)

BASEMENT GARAGE: NONE 1 CAR 2 CAR 3 CAR

ATTACHED GARAGE: NONE 1 CAR 2 CAR 3 CAR

DETACHED GARAGE: NONE 1 CAR 2 CAR 3 CAR

SFLA OVER ATTACHED/DETACHED GARAGE: (_____ x _____)

O CENTRAL AIR CONDITIONING: 1-YES 2-NO

O HEAT TYPE: ☐ OIL ☐ NATURAL GAS ☐ ELECTRIC ☐ PROPANE ☐ OTHER _____

MANUFACTURER SPECIFICATIONS REQUIRED

O EXTERIOR WALLS:

1 – WOOD

2 – CB

3 – BR

4 – WD SIDING

5 – STUCCO

6 – STA

7 – ALUM/VIN

O TOTAL # OF FIREPLACES

SELECT TYPE: GAS _____ WOOD _____ WOOD _____ LOCATION: _____

O TYPE OF BUILDING CONSTRUCTION

1 - FIRE RESISTANT (MASONARY METAL)

2 – HEAVY TIMBER

3 – MASON WALLS W/WOOD, JOISTS & RAFTERS

4 – WOOD FRAME

O SQ FT OF DECK:

FRONT OPEN – COVERED – ENCLOSED _____

REAR OPEN – COVERED – ENCLOSED _____

BI-LEVEL OPEN – COVERED – ENCLOSED _____

WRAP-AROUND OPEN – COVERED – ENCLOSED _____

OTHER DESCRIPTION: _____

O SQ FT OF PORCH:

FRONT OPEN – COVERED – ENCLOSED _____

REAR OPEN – COVERED – ENCLOSED _____

BI-LEVEL OPEN – COVERED – ENCLOSED _____

WRAP-AROUND OPEN – COVERED – ENCLOSED _____

OTHER DESCRIPTION: _____

TOWN OF WAPPINGER



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: _____

PLEASE TAKE NOTICE THAT THE STRUCTURE IS (CHECK EACH APPLICABLE LINE):

- ☐ NEW STRUCTURE ☐ ADDITION TO EXISTING STRUCTURE
☐ EXISTING STRUCTURE ☐ REHABILITATION TO EXISTING STRUCTURE

**TO BE CONSTRUCTED OR PERFORMED AT THE SUBJECT PROPERTY REFERENCE ABOVE WILL UTILIZE
(CHECK EACH APPLICABLE LINE):** *(see back for sign designation)*

- ☐ TRUSS TYPE CONSTRUCTION (TT) ☐ PRE-ENGINEERED WOOD CONSTRUCTION (PW)
☐ TIMBER CONSTRUCTION FLOOR (TC) ☐ OTHER: _____

IN THE FOLLOWING LOCATION(S) (CHECK EACH APPLICABLE LINE): *(see back for sign designation)*

- ☐ FLOOR FRAMING, INCLUDING GIRDERS AND BEAMS (F) ☐ ROOF FRAMING (R)
☐ FLOOR FRAMING AND ROOF FRAMING (FR) ☐ OTHER: _____

STRUCTURE CONSTRUCTION TYPE: (CHECK APPLICABLE LINE): *(see back for sign designation)*

- ☐ TYPE I NONCOMBUSTIBLE ☐ TYPE III NONCOMBUSTIBLE EXTERIOR WALLS ☐ TYPE V (COMBUSTIBLE)
☐ TYPE II NONCOMBUSTIBLE ☐ TYPE IV HEAVY TIMBER OR ANY MATERIAL PERMITTED BY CODE

OWNER OR OWNER'S REPRESENTATIVE SIGNATURE

DATE

OWNER OR OWNER'S REPRESENTATIVE PRINT

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

	TYPE I NONCOMBUSTIBLE	TYPE II NONCOMBUSTIBLE	TYPE III NONCOMBUSTIBLE EXTERIOR WALLS	TYPE IV HEAVY TIMBER	TYPE V ANY MATERIAL PERMITTED BY	
Floor Construction						Floor Construction
Roof Construction						Roof Construction
Floor & Roof Construction						Floor & Roof Construction

Required Sign Location(s)

Residential Construction

Affixed to electric meter box attached to the exterior of the structure or affixed to the exterior wall of the residential structure at a point immediately adjacent to the electric box or a location likely to be seen by first responders with approval by the authority having jurisdiction.

The construction type designation shall be "I", "II", "III", "IV" or "V" to indicate the construction classification of the structure under section 602 of the BCNYS

DESIGNATION FOR STRUCTURAL COMPONENTS THAT ARE OF TRUSS TYPE CONSTRUCTION

"F"	FLOOR FRAMING, INCLUDING GIRDERS AND BEAMS
"R"	ROOF FRAMING
"FR"	FLOOR AND ROOF FRAMING

NYS BUILDING STANDARDS AND CODES

Commercial Construction

Exterior building entrance doors, exterior exit discharge doors, and exterior roof access doors to a stairway	Attached to the door, or attached to a sidelight or the face of the building, not more than 12 inches (305 mm) horizontally from the latch side of the door jamb, and not less than 42 inches (1067 mm) nor more than 60 inches (1524 mm) above the adjoining walking surface.
Exterior building entrance doors, exterior exit discharge doors, and exterior roof access doors to a stairway	Attached at each end of the row of doors and at a maximum horizontal distance of 12 feet (3.65M) between signs, and not less than 42 inches (1067 mm) nor more than 60 inches (1524 mm) above the adjoining walking surface.
Fire department hose connections	Attached to the face of the building, not more than 12 inches (305 mm) horizontally from the center line of the fire department hose connection, and not less than 42 inches (1067 mm) nor more than 60 inches (1524 mm) above the adjoining walking surface.

DESIGNATION FOR STRUCTURAL COMPONENTS THAT ARE OF TRUSS CONSTRUCTION

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)

BUILDING DEPARTMENT

20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590
(845) 297-6256
Fax (845) 297-0579

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 DUTCHES COUNTY CLERK

****IF APPLICATION IS NOT LEGIBLE IT WILL NOT BE
ACCEPTED****

***APPLICATIONS CAN ONLY BE PROCESSED ONCE ALL REQUIRED ITEMS ARE
RECEIVED***

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20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590-0324
(845) 297-6256
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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 Telephone Number

Owner's Signature

Print Name

Print Owner's Address



**Dutchess County
Department of Emergency Response
Address Request Form**



Office Phone: (845) 486-2080
392 Creek Road, Poughkeepsie, New York 12601

Fax Number: (845) 486-3998
addressing@dutchessny.gov

Name of Firm/Person requesting address _____

Contact person _____ Date: _____

Phone #: _____

Email: _____

TO BE FILLED IN BY PERSON REQUESTING NEW ADDRESS:

1. Type of Structure: () Single-family () Commercial () Government
() Multi-family () Mobile Home () Accessory Use
() Other _____

2. Real Property Tax Parcel Grid Number:

13 _____ - _____ - _____ - _____
Swis code (4) Section (4) Block (2) Lot (6) Suffix (4)

Filed Map Number (if available): _____ Lot # _____

3. Parcel old address (if applicable):

4. **Attach a plot plan showing actual location of driveway:**

=====

To be completed by Addressing Staff:

New assigned 9-1-1 address: _____

Assigned by: _____ Date Assigned: _____

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.

ALL INSPECTIONS MUST BE COORDINATED WITH THE BUILDING DEPARTMENT BEFORE WORK BEGINS OR CONTINUES TO THE NEXT STEP.

NO THIRD PARTY, DESIGN PROFESSIONAL INSPECTIONS WILL BE ACCEPTED IN PLACE OF AN INSPECTION BY THE TOWN BUILDING INSPECTOR WITHOUT PRIOR APPROVALS BY THE BUILDING INSPECTOR.

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;
4. Foundation walls both poured concrete and block complete;
5. All concrete slabs must be inspected, i.e. garage, basement, etc.
6. Footing drains and damp-proof of walls before backfill.
7. **INTERIM plot plan BEFORE any framing begins must be submitted AND approved (4 COPIES)**
8. Framing inspection compliance to submitted approved drawings.
9. Rough plumbing with all required air/water tests
10. Mechanical Inspection includes: Furnace/Fireplace/Woodstove etc.
11. Rough Electrical inspection by third party, approved list supplied.
11. Insulation compliance inspection prior to drywall installation
13. Final Electrical inspection by third party agency certificate MUST BE SUBMITTED TO THIS OFFICE.
14. Final inspection by Fire Inspector for approval.
15. **Provide FINAL AS-BUILT for Site Plan of Project (4 COPIES)**
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.
18. **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.	
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***