

TOWN OF WAPPINGER



Fees: Residential \$250 application fee Commercial \$250 application fee
--

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

PERMIT APPLICATION FOR CONNECTING TO TOWN SEWER

*****Please contact Building Department PRIOR to submitting this application to determine sewer connection eligibility. Eligibility will be confirmed by Town Engineer and Camo Pollution Control. A determination will need to be made as to if/what infrastructure is available for connection.*****

If the property is NOT in an approved sewer district AND an emergency situation arises, district expansion or tenancy agreement approved by the Town Board will be required. Please see below for buy-in fees associated with such process. A building permit will still need to be obtained after approvals.

§ 236-6. Buy-in fees to sewer and water districts

Water districts.

(a)

Nonresidential parcels. The capital buy-in fee for out-of-district nonresidential parcels to a water district shall be a sum equal to \$10 per gallon of estimated daily design flow, as determined by a competent engineer and confirmed by the Engineer to the Town.

(b)

Residential parcels.

[1]

For single-family residential parcels with no more than four bedrooms per residential unit, the average daily usage shall be deemed to be 320 gallons per day, equaling a capital buy-in fee of \$3,200.

[Amended 4-9-2012 by L.L. No. 7-2012]

[2]

For each additional bedroom, the presumptive daily usage will increase by 100 gallons per day, with an additional capital buy-in fee of **\$1,000 per bedroom over four bedrooms.**

If property is determined to be in an existing sewer district the following will be required to be submitted along with this application:

- Plan/drawing showing type of piping, routing, septic disconnections, details for materials and trenching, etc.
Attached Town specifications for residential connection MUST be adhered to.
- Proof of Workers' Compensation and Disability insurance for contractor. The Town of Wappinger requires proof of Workers' Compensation (C105.2 or 26.3) and Disability (DB120.1) 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.
- If the connections disturb a state, county or town road right of way, highway work permit will be required from the entity with jurisdiction
- Upon issuance of the permit to connect, we require a meeting with Camo Pollution & the contractor to ensure the point of connection and any other construction issues are clear.
- Work must be inspected by Building Department or Camo Pollution

****CALL 811 BEFORE YOU DIG****

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

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)

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: # _____

Name of APPLICANT: _____

(Person PHYSICALLY coming in to apply)

~ 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.*

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/business. If this permit is not issued a certificate before the expiration date it will remain as a violation on my property until it is closed out. After the expiration date a new application and the permit fee will have to be submitted/paid again in order to close out the permit. I understand, as the land/site/building owner, that I am ultimately responsible for the closure/completion of the work described on this permit.

FAILURE TO COMPLY MAY RESULT IN COURT PROCEEDINGS.

Date

Owner's Signature

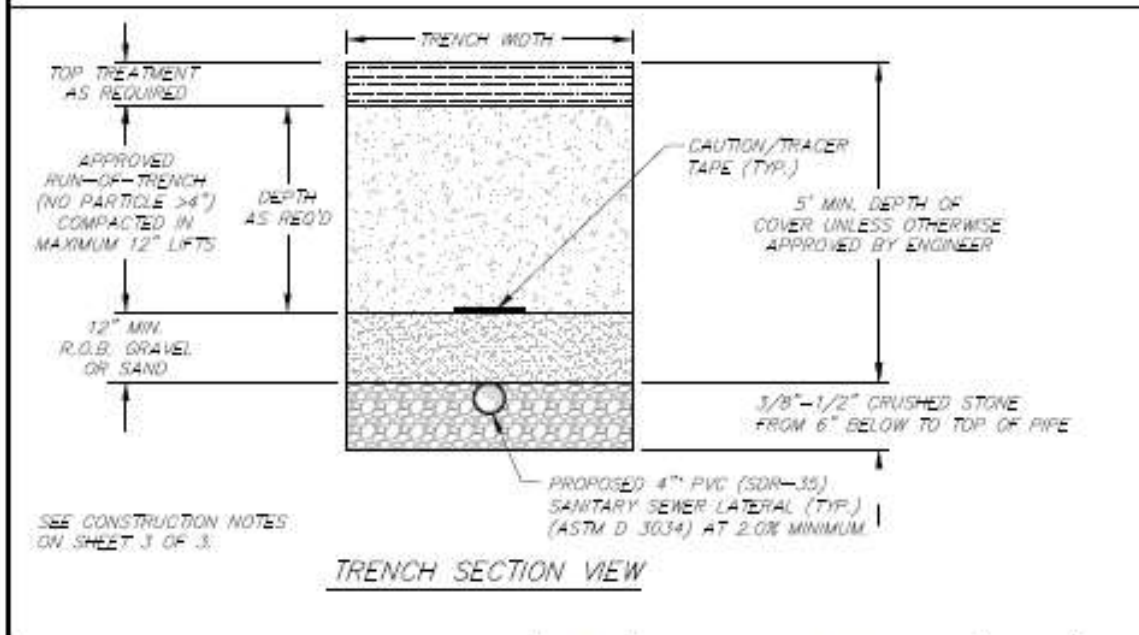
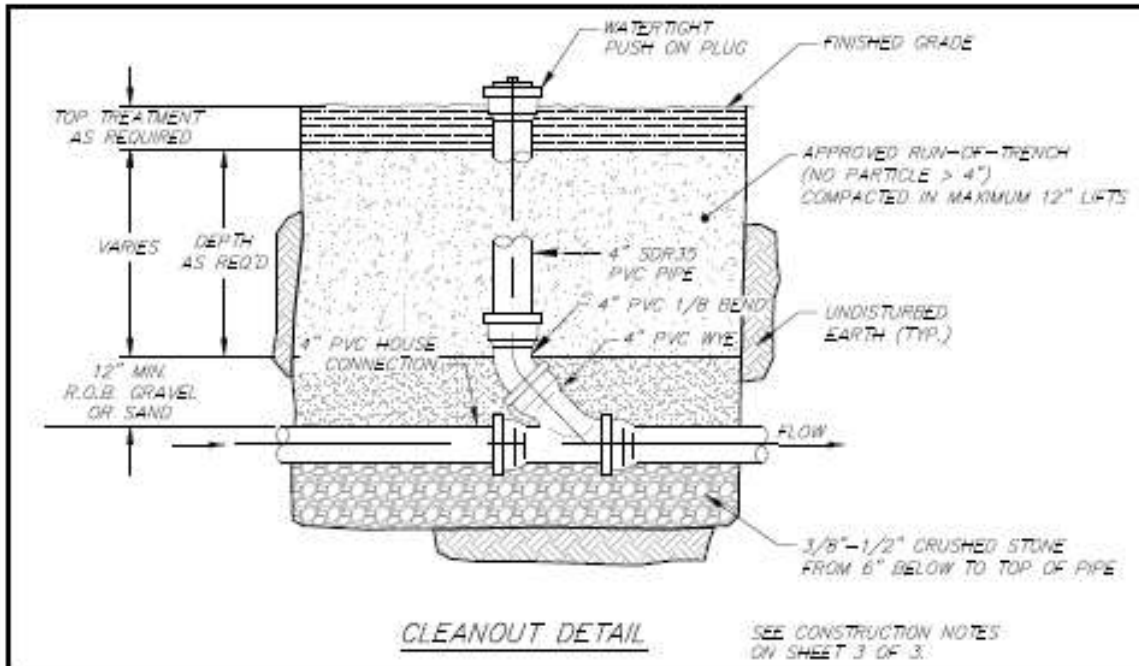
Owner's Telephone Number


Print Name

Print Owner's Address

FOR OFFICE USE ONLY

Code Enforcement Official: _____



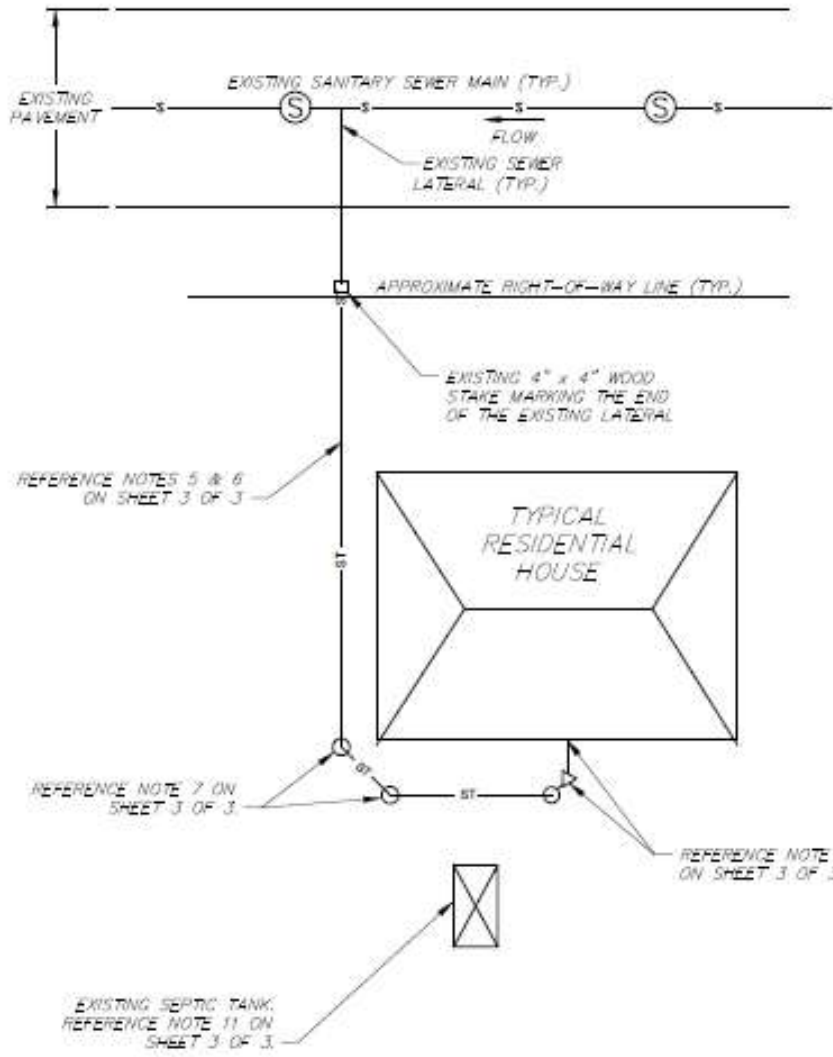
 <p>9 ELKS LANE POUGHKEEPSIE, NEW YORK 12601 TEL (845) 454-3411 FAX (845) 473-1962</p> <p>CPLteam.com ARCHITECTURE • ENGINEERING • PLANNING</p>	REV. No.	DESCRIPTION	DATE	BY
	TYPICAL SANITARY SEWER LATERAL INSTALLATION			
	TOWN OF WAPPINGER		DUTCHESS COUNTY, NY	
SECTION VIEW				
DATE	SCALE	DRAWN BY	FILE No.	
01-05-21	N.T.S.	JFL/PEH	W21500.20	
		GB		
		RJG		
			DWG	2-3

CONSTRUCTION NOTES:

1. INSTALLATION OF AN INDIVIDUAL RESIDENTIAL SANITARY SEWER LATERAL SHALL REQUIRE THAT A PERMIT BE OBTAINED FROM THE TOWN OF WAPPINGER BUILDING DEPARTMENT.
2. THE APPLICANT SHALL BE REQUIRED TO MAKE ALL ARRANGEMENTS WITH THE TOWN OF WAPPINGER BUILDING DEPARTMENT, INCLUDING SCHEDULING OF ALL SITE INSPECTIONS. ANY WORK PERFORMED WITHOUT PROPER INSPECTION WILL NEED TO BE REDONE IN THE PRESENCE OF THE TOWN INSPECTOR. ANY WORK WITHIN TOWN ROAD RIGHT-OF-WAY MUST BE SCHEDULED IN ADVANCE WITH THE TOWN HIGHWAY SUPERINTENDENT.
3. NO TRENCH SHALL BE BACKFILLED UNTIL SUCH TIME AS THE TOWN INSPECTOR HAS HAD ADEQUATE TIME TO INSPECT EACH PIPE JOINT.
4. THE APPLICANT SHALL BE RESPONSIBLE FOR CONTACTING THE UNDERGROUND FACILITIES PROTECTION ORGANIZATION AT 1-800-962-7962, FOR AN EXISTING UTILITY MARK OUT PRIOR TO THE START OF ANY EXCAVATION.
5. ALL SANITARY SEWER PIPING SHALL BE A MINIMUM 4 INCH DIAMETER P.V.C. SDR-35 (ASTM D 3034).
6. ALL SANITARY SEWER LATERAL PIPING SHALL BE LAID AT A MINIMUM GRADE OF 2.0% (1/4" PER FOOT).
7. THE APPLICANT SHALL BE RESPONSIBLE FOR INSTALLING CLEANOUTS ON THE SEWER LATERAL AT ALL BENDS, AND AT A MAXIMUM SPACING OF 75' ON ALL STRAIGHT RUNS UNLESS OTHERWISE APPROVED BY THE ENGINEER. THE MAXIMUM PIPE BEND SHALL BE 1/8. NO 1/4 BENDS SHALL BE PERMITTED.
8. THE APPLICANT SHALL BE RESPONSIBLE FOR COMPLYING WITH ALL APPLICABLE OSHA REGULATIONS FOR TRENCHES IN EXCESS OF 5 FEET DEPTH. ALL DITCHES/TRENCHES SHALL BE ADEQUATELY DEWATERED PRIOR TO PIPE INSTALLATION. PIPE SHALL NEVER BE LAID IN ANY GROUNDWATER CONDITION, WHATSOEVER. THE OPEN END OF THE SEWER LATERAL SHALL BE KEPT PLUGGED AT ALL TIMES, AND SHALL NOT BE USED TO DEWATER THE TRENCH.
9. IF UNSUITABLE AND/OR UNSTABLE SUBBASE CONDITIONS ARE ENCOUNTERED, ADDITIONAL CRUSHED STONE BEDDING MATERIAL IN EXCESS OF THE 8 INCH MINIMUM DEPTH SHALL BE PLACED PRIOR TO PIPE INSTALLATION.
10. THERE SHALL BE NO ROOF DRAINS, FOOTING DRAINS, SUMP PUMPS OR ANY OTHER EXTRANEIOUS SOURCE OF FLOW TIED INTO THE SANITARY SEWER LATERAL.
11. THE EXISTING SEPTIC TANK (IF ANY) SHALL BE PUMPED OUT, THE TOP AND BOTTOM BROKEN OUT, AND FILLED WITH COMPACTED CLEAN SAND OR STONE FILL IN ACCORDANCE WITH ALL APPLICABLE DUTCHESS COUNTY HEALTH DEPARTMENT CODES.
12. THE LATERAL CONNECTION TO THE EXISTING HOUSE SOIL LINE SHALL BE MADE APPROXIMATELY 5 FEET FROM THE OUTSIDE EDGE OF THE HOUSE, WITH A "PROFLEX" SERIES 3000 COUPLING AS MANUFACTURED BY FERNCO, OR APPROVED EQUAL. USE CONCRETE AROUND THE FERNCO FOR SUPPORT. FOR NEW BUILDING CONSTRUCTION, A PIPE SLEEVE IS REQUIRED THROUGH THE FOUNDATION WALL FOR THE LATERAL.
13. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ACCEPTED STANDARDS AND PRACTICES TO THE SATISFACTION OF THE TOWN BUILDING INSPECTOR, THE TOWN ENGINEER, THE SEWER SYSTEM OPERATOR, AND THE DUTCHESS COUNTY HEALTH DEPARTMENT.
14. ALL SEWER LATERALS SHALL BE 10 FEET MINIMUM FROM EXISTING WATER LINES, WITH 18 INCH MINIMUM SEPARATION AT ALL CROSSINGS. SEWER LATERALS SHALL BE 25 FEET MINIMUM FROM SURROUNDING WELLS. SEWER LINES SHALL CROSS BENEATH WATER LINES WHEN POSSIBLE. IN EXTRAORDINARY CIRCUMSTANCES, SEWER AND WATER SERVICE LINES MAY BE CONSTRUCTED IN THE SAME TRENCH IF APPROVED IN ADVANCE BY THE TOWN AND CONSTRUCTED TO THE REQUIREMENTS OF THE N.Y.S. BUILDING AND PLUMBING CODES.

UTILITY LINES, INCLUDING SEWER AND WATER SERVICES, MUST BE SEPARATED BY A MINIMUM OF 10 FEET UNLESS BENCHED IN ACCORDANCE WITH N.Y.S. PLUMBING CODE. BENCHED PIPES SHALL HAVE 18 INCH MINIMUM HORIZONTAL AND VERTICAL SEPARATION. WATER LINES SHALL ALWAYS BE INSTALLED ABOVE SANITARY SEWER LINES.
15. ALL HOUSEHOLD WASTEWATER SHALL BE DISCHARGED TO THE TOWN SEWER SYSTEM, INCLUDING SEEPAGE PITS/DRYWELLS, ETC. (E.G. WASHING MACHINES). ALL SUCH SEEPAGE PITS/DRYWELLS SHALL BE ABANDONED SIMILARLY TO THE SEPTIC TANK (I.E. PUMPED AND FILLED). INTERNAL AND/OR EXTERNAL PIPING MODIFICATIONS MAY BE REQUIRED TO CONNECT THEM TO THE CENTRAL SEWER FACILITIES.

 <p>9 ELKS LANE POUGHKEEPSIE, NEW YORK 12601 TEL (845) 454-3411 FAX (845) 473-1962</p> <p>CPLteam.com</p> <p>ARCHITECTURE • ENGINEERING • PLANNING</p>	REV. No.	DESCRIPTION	DATE	BY
	TYPICAL SANITARY SEWER LATERAL INSTALLATION			
	TOWN OF WAPPINGER		DUTCHESS COUNTY, NY	
NOTES				
DATE	SCALE	DRAWN BY	CHECKED BY	FILE No.
01-06-21	N.T.S.	JFLITHH	ZRS	W21500.20
				DWG 3-3



9 ELKS LANE
 POUCHKEEPSIE, NEW YORK 12601
 TEL (845) 454-3411
 FAX (845) 473-1962
CPLteam.com
 ARCHITECTURE • ENGINEERING • PLANNING

REV. No.	DESCRIPTION	DATE	BY
TYPICAL SANITARY SEWER LATERAL INSTALLATION			
TOWN OF WAPPINGER		DUTCHESS COUNTY, NY	

DATE 01-05-21	SCALE N.T.S.	DESIGNED BY: JFL/PEH DRAWN BY: GS CHECKED BY: RJG	FILE No. W21500.20
------------------	-----------------	---	-----------------------

PLAN VIEW	DWG 1-3
------------------	---------