#### TOWN OF WAPPINGER



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

# **SITE WORK PERMIT APPLICATION**

Residential Fee: \$150 Commercial Fee: \$250

#### This application form is to be used for the approval of site work related to:

- -Subdivision Development
- -Commercial Construction

A Site Work Permit entitles applicants to perform site work as per the approved site plan.

#### **Required:**

- Two copies of the site plan, including all site work details. A final certified as-built plan may be required to close the permit. Both must be stamped and signed by a NYS licensed design professional.
- -Completed application and owner consent form. (attached)
- -Insurance for contractors: The Town of Wappinger requires proof of Workers' Compensation (C105.2 or U-26.3) and Disability (DB120.1) 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

Building construction is not permitted until you have secured the applicable building permits.

#### **TOWN OF WAPPINGER BUILDING DEPARTMENT**

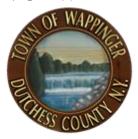
20 Middlebush Road, Wappingers Falls, N.Y. 12590 telephone: 845-297-6256 fax: 845-297-0579

## **APPLICATION FOR BUILDING PERMIT**

| Al        | PPLICATION TYPE:                    | O Residential          | <b>ZONE:</b>     | DATE:       |
|-----------|-------------------------------------|------------------------|------------------|-------------|
| o         | <b>New Construction</b>             | O Commercial           | APPL #:          | PERMIT #    |
| o         | Renovation/Alteration               | O Multiple Dwelling    | GRID:            |             |
| <u>AF</u> | PLICANT NAME:                       |                        |                  |             |
|           |                                     |                        |                  |             |
| TE        | L #:                                | _ CELL:                | FAX #:           | E-MAIL:     |
| NI A      | ME OWNED OF RUII                    | DINC/LAND.             |                  |             |
|           |                                     |                        |                  |             |
|           |                                     |                        |                  |             |
|           |                                     |                        |                  | E-MAIL:     |
|           | JILDER/CONTRACTO<br>OMPANY NAME:    |                        |                  |             |
| ΑI        | DDRESS:                             |                        |                  |             |
| TE        | L #:                                | _CELL:                 | FAX #:           | E-MAIL:     |
| DI<br>TE  | ESIGN PROFESSIONAI<br> L #:         | L NAME:<br>_ CELL:     | FAX #:           | E-MAIL:     |
| AF        | PPLICATION FOR:                     |                        |                  |             |
|           |                                     |                        |                  |             |
| SE        | TBACKS: FRONT:                      | REAR:                  | L-SIDEYARD:      | R-SIDEYARD: |
|           |                                     |                        | 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 #:  |
|           | PPROVALS:                           |                        |                  |             |
|           | ONING ADMINISTRAT Approved O Denied |                        | FIRE INSPECTOR:  | iod Date:   |
|           | Approved O Demed                    | Date:                  | O Approved O Den | led Date:   |
| _         |                                     |                        |                  |             |

**Print Name or Company Name(if applicable)** 

### TOWN OF WAPPINGER



#### **BUILDING DEPARTMENT**

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### **OWNER CONSENT FORM**

| BUILDING PERMIT #   | APPLICATION #   | _  |
|---|---|--|
| SITE LOCATION:  |   | _  |
| GRID: #   |   | _  |
| Name of APPLICANT:  |   | _  |
| (Pers   | son PHYSICALLY coming in to apply)  |  |
|   | ~ CERTIFICATION ~   |  |
| NOTICE TO APPLICANTS: 240-109 C   |   |  |
|   | to use or permit the use of any building or premises or part the arged, wholly or partly, in its use or structure <i>until a Certificate pector and the Zoning Administrator</i> .  |  |
| I understand that this permit will not be clibuilding inspector having access to the interpretation date it will remain as a violar application and the permit fee will have to | , owner of the land/site/building hereby give my permise above application in accordance with local and state codes osed out unless all proper inspections are completed which therior of my residence/business. If this permit is not issued a attion on my property until it is closed out. After the expirate be submitted/paid again in order to close out the permit. It is tely responsible for the closure/completion of the work description. | can include the<br>certificate before<br>on date a new<br>inderstand, as the |
| Date  | Owner's Signature   |  |
| Owner's Telephone Number  | Print Name  |  |
|   | Print Owner's Address   |  |
| Code Enforcement Official:  | FOR OFFICE USE ONLY   |  |