

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)

<u>PERMIT TYPE</u>	<u>FEE</u>	<u>REQUIREMENTS</u>
Electric Only	\$50.00	(service repairs/electrical upgrades, etc.)
Stand-By Generators	\$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)
Ductless Air Systems	\$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.

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

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 NOT BE***

ACCEPTED*

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



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

Smoke and CO Alarms – Residential

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):

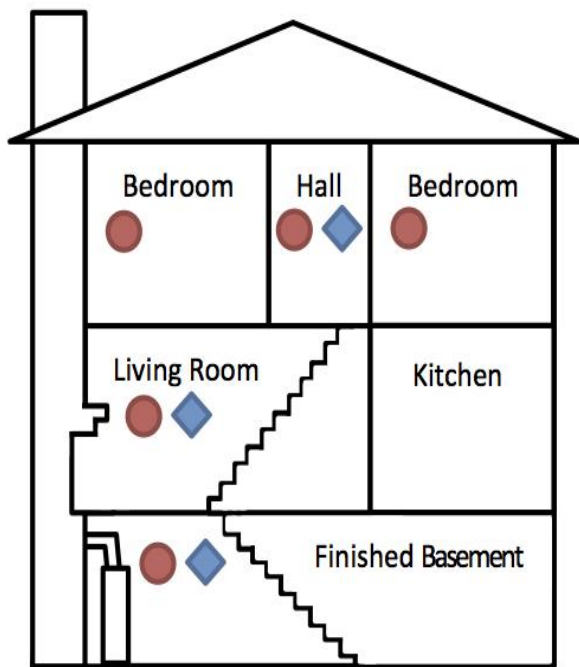
Carbon Monoxide (CO) Alarms shall be listed and labeled as complying with UL2034.

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.

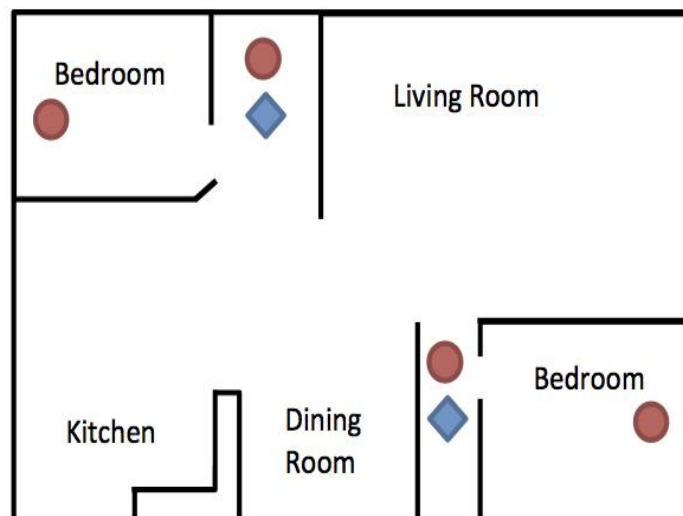
ALL ALARMS NEED TO BE INSTALLED PER MANUFACTURER'S SPECIFICATIONS

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



Multi Story Residence

KEY		Smoke Alarms
		CO Alarms
		Both or Combination



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

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 PLOT PLAN

Building Permit # _____

Date _____

Address: _____

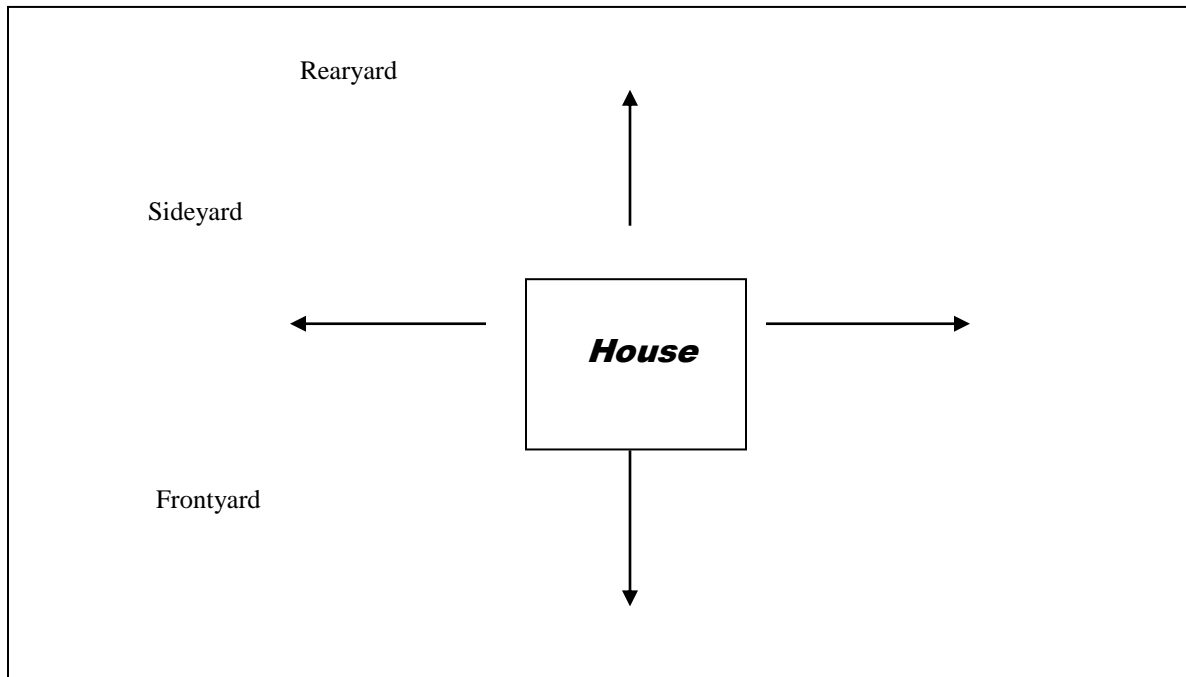
Interior/Corner Lot: *circle one*

Owner of Land _____

Zone: _____

LIST ALL EXISTING STRUCTURES ON PROPERTY: (*ie: Pool, shed, decks, detached garage*)

1. House, _____



Draw proposed structure on plot plan.
Indicate Location Setbacks to both sides and rear property line
measurement of structure you are applying for.

Signature

Approved:/Rejected: _____

Date: _____

Zoning Administrator

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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: _____

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
Inspections On Time	
Alfred Shauger/ Maria Mendez Emmanouil Zervakis	(845)233-6711