

TOWN OF WAPPINGER



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

BUILDING PERMIT APPLICATION (PLUMBING / MECHANICAL)

PERMIT FEE: Residential: \$150 Commercial: \$250

LEGALIZATION FEES: \$250 (IF WORK WAS ALREADY DONE WITHOUT PERMIT)

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

O BOILER ___ Gas ___ Oil

O FURNACE ___ Gas ___ Oil

O WATER HEATER ___ Gas ___ Oil ___ Electric

O A/G TANK ___ Oil ___ Propane ___ Other

O A/G TANK REMOVAL ___ Oil ___ Propane ___ Other

O U/G TANK REMOVAL/ABANDONMENT ___ Oil ___ Propane ___ Other

(SOIL SAMPLE WILL BE REQUIRED TO ISSUE CO. / SPILL INCIDENTS WILL REQUIRE CLOSURE FROM DEC)

O OIL TO GAS/PROPANE CONVERSION - Need job number from Central Hudson/ Need manufacturer specs for propane tanks being installed. Separate permit needed for oil tank removal.

O SEWER LINE ---→ *** FOR SEWER LINE / WATER SERVICE, PROVIDE APPROVAL FROM

O WATER SERVICE ---→ HIGHWAY SUPERINTENDENT FOR POSSIBLE ROAD OPENING PERMIT ***
ADDITIONAL FEES FOR WATER METERS WILL APPLY

O SUMP / SEWER EJECTOR PUMP

O PLUMBING – fixtures, water supply lines, DWV piping, hydronic heat piping

O WOOD STOVE, PELLET STOVE, FIREPLACE GAS

• OTHER PLUMBING/MECHANICAL: _____

You must submit a floor plan or draw a floor plan in the provided space on the reverse side of this sheet.

Drawings must include and clearly show: location of all equipment or appliances (i.e., garage, basement, closet), all dimensions and clearances, all piping (valves, feed water valve, backflow preventer, water cut-offs, pumps, expansion tanks, etc.), vents or chimneys, any additional electrical wiring, oil or other tank location, and location of any other items related to the installation. * Equipment/Appliances installed in a garage will require impact barriers**

Manufacturer's specifications for all equipment or appliances must be included with the permit application.

All applicable New York State Code requirements must be adhered to. If you have any questions concerning code requirements, it is best to have those questions or concerns addressed before any work is commenced or completed.

SMOKE AND CO DETECTORS MUST BE INSTALLED ACCORDING TO THE CURRENT CODE REQUIREMENTS.
SEE ATTACHED REFERENCE SHEET.

ALL FEES ARE NON-REFUNDABLE

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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 (C105.2 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

- ☐ 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):

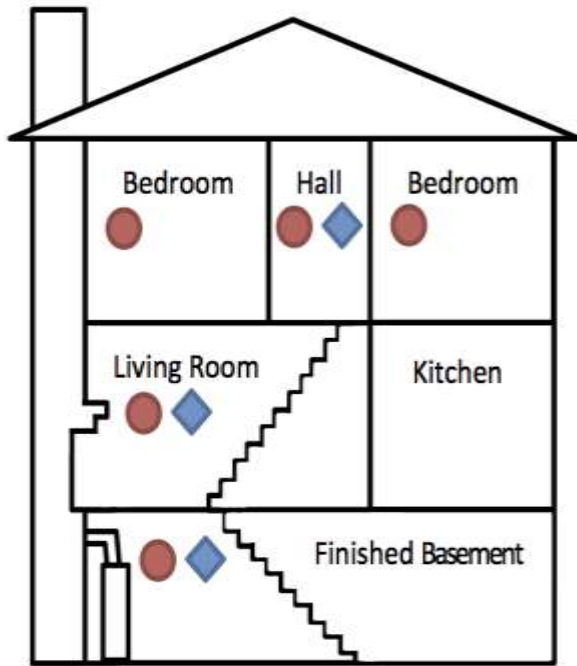
Carbon Monoxide (CO) Alarms shall be listed and labeled as complying with UL2034.

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.

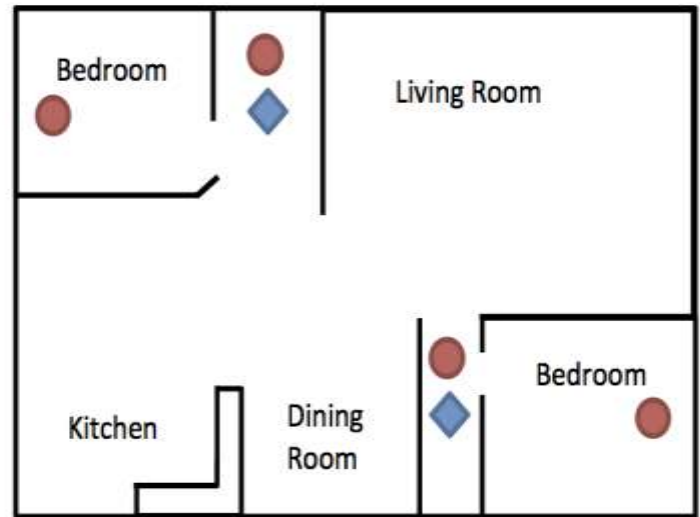
ALL ALARMS NEED TO BE INSTALLED PER MANUFACTURER'S SPECIFICATIONS

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



Multi Story Residence

KEY		Smoke Alarms
		CO Alarms
		Both or Combination



Single Story Residence

REQUIRED DRAWING / FLOOR PLAN

OWNER NAME: _____ **SITE ADDRESS:** _____

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)

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OWNER CONSENT FORM

BUILDING PERMIT # _____ **APPLICATION #** _____

SITE LOCATION: _____

GRID: # _____

Name of APPLICANT/OWNER: _____

(Person PHYSICALLY coming in to apply, if other than the 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 Signature

Owner's Telephone Number

Print Name

Print Owner's Address

FOR OFFICE USE ONLY

Code Enforcement Official: _____

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Plumbing/Mechanical Code Reference Sheet

The code requirements on this sheet are in no way a complete list of all the codes that must be adhered to when performing work. This is a REFERENCE to make you aware of some of the major code items inspectors from this office will be looking for. For a complete list of all applicable codes refer to the New York State Residential, Building, Mechanical, Fuel-Gas, Plumbing, Property Maintenance, and Energy Code.

1. **Boilers** - shut off valves are required in supply and return piping, pressure relief valves must be piped to within 6" of the floor, *low water cut-off control is required*, ignition source must be 18" off the floor if installed in a garage.
2. **All pipes** must be supported at the code required intervals with **approved** hangers.
3. **Water supply** piping needs an air test not less than **50psi** or prove tight under water pressure not less than the working pressure of the system.
4. **DWV piping** should be tested on completion of the rough piping installation by water 10 feet above the highest fitting connection, smoke or mint testing.
5. **Gas pipe** installations require a completed gas line certification form which is available from the office.
6. **Oil Tanks** must be secured to the floor. If installed in a garage a vehicle barrier must be installed. Oil lines must be secured and protected.
7. **Oil Tanks** that are removed or abandoned must be inspected and a salvage receipt must be filed with this office if the tank is removed.
8. **Wood-burning, pellet, gas-fired and other stoves** require the manufacturer's specifications to be submitted with the permit application. All required clearances must be met and the required drawing must show the size, location, and type of chimney or vent being installed. **Certification by a professional installer may be required even if homeowner does their own installation.**

INSPECTIONS

All plumbing, heating, gas and other piping, as well as Mechanical Equipment and/or Appliances are required to have rough inspections, as well as a final inspection.

Rough inspections must occur before walls and ceilings are covered. Some fixtures and appliances can and will be checked during the final inspection. Stoves, fireplaces or other solid fuel burning appliances that have required clearances must be inspected before walls or ceilings are closed up. Any vents or chimneys must be inspected before walls and ceilings are covered.

~ INSPECTIONS ARE MANDATORY BEFORE A C/C OR C/O CAN BE ISSUED ~

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Distribution Piping Pressure Test Verification

AFFIDAVIT

Name of Business: _____

This certifies that the gas distribution piping installed inside the building

LOCATED AT: _____

OWNER: _____

Has successfully passed a leakage test at a pressure of _____ psi for a period of _____ hour(s)
and has been installed per the Residential Code and/or the Fuel Gas of NYS.

On _____
(Date)

Note: See Section G2416 RCNYS Test pressure shall not be less than one-and-one-half times the proposed working pressure, but not less than 3psig (20kPA gauge), irrespective of design pressure. Test duration shall be not less than 10 minutes. Test medium shall be air or an inert gas. Oxygen shall not be used.

Plumber's Signature: _____

Print Name: _____

Plumbing Contractor: _____

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