

TOWN OF WAPPINGER



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

PERMIT APPLICATION (CHANGE OF COMMERCIAL OCCUPANCY)

*** THE FOLLOWING MUST BE SUBMITTED AT TIME OF APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED ***

FEE (NON-REFUNDABLE): \$250.00 (ADDITIONAL FEES WILL APPLY ON PERMITS WITH RENOVATIONS. CHECK WITH BUILDING DEPARTMENT FOR MORE INFORMATION. ADDITIONAL FEES WILL BE CHARGED FOR WORK PERFORMED WITHOUT APPROVED PERMITS)

*****Important*****

No material can be installed, constructed or delivered until building permit is approved, issued and received. Work estimated to be \$10,000 or more will require certified engineer/architect stamped and signed plans.

O RENOVATION OF SPACE

O NO ALTERATION OF SPACE

The following must be submitted for processing of your application:

1. Written narrative of type of business and its use to be approved by Zoning Administrator and Fire Inspector submitted by the prospective occupant. This must be a comprehensive written narrative that includes a detailed description of the business. This must include exact services that will be provided at the location.
(Attach to application.)
2. Copies of any other necessary permits, licenses, approvals or other authorizations required to conduct business.
3. Provide 2 sets of drawings showing all floor plans and cross sections of construction, if renovating space. ONLY detailed drawings will be accepted and may be required to be submitted by a licensed design professional after review by the Code Official. All plans must comply with the N.Y.S. Building and Fire Code. If no renovations of space are being made, a sketch showing the layout of the business will still be required.
4. Valid driver's license/photo identification of owner of business

Please supply if applicable to project:

- A. Cross sections specifically drawn with materials to be used
- B. Floor plans showing use of all rooms
- C. Ceiling heights and projections
- D. Window/Door clear opening sizes
- E. Building/Structure elevations
- F. Rafter/Joist/Header spans and sizes
- G. Insulation values
- H. Smoke/carbon Dioxide Detector placement
- I. Plumbing/Mechanical details

****FINAL INSPECTION BY BUILDING/FIRE INSPECTOR REQUIRED BEFORE OPERATING.
OPERATIONAL PERMITS MUST BE RENEWED EVERY YEAR****

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

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20 MIDDLEBUSH ROAD
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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.

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 TYPE CONSTRUCTION

BUILDING DEPARTMENT

20 MIDDLEBUSH ROAD

WAPPINGERS FALLS, NY 12590

(845) 297-6256

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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 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***

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: _____

~ 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: _____

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.

1. Pre-site inspection if required by Code Official
2. Erosion control measures as dictated on plan or notes
3. Footing inspection when complete all rebar placement and form work; notify at least 24 hours before our (mandatory)
4. Foundation walls both poured concrete and block complete; Notify at least 24 hours before pour.
5. Footing drains and damp-proof of walls before backfill.
6. **Interim** plot plan for new homes only before any framing begins must be submitted and approved.
7. Framing inspection compliance to submitted approved drawings.
8. Rough plumbing with all required air/water tests
9. Mechanical Inspection includes: Furnace/Fireplace/Woodstove etc.
10. Rough Electrical inspection by third party, approved list supplied.
11. Insulation compliance inspection prior to drywall installation
12. Final Electrical inspection by third party agency certificate MUST BE SUBMITTED TO THIS OFFICE.
13. FINAL INSPECTION BY FIRE INSPECTOR 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
Inspections On Time	
Alfred Shauger/ Maria Mendez Emmanouil Zervakis	(845)233-6711

THESE ARE 3RD PARTY INSPECTORS AND THEY WILL CHARGE THEIR OWN FEES

NARRATIVE OF PROPOSED BUSINESS FOR ZONING APPROVAL

Change of Occupant/Initial Occupant

Business Name: _____

Number of Employees: _____

Hours of Operation: _____

Days of Week Open: _____

Outside Storage: If YES description(include any parking of business vehicles):

Outside Service: _____

Type of business: _____

Services Provided (must list all services): _____

Open to public: Yes/No (*circle one*)

Yes

No



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NARRATIVE OF PROPOSED BUSINESS for ZONING APPROVAL

Change of Occupant

Date: _____

Grid# _____
Comm'l Zone: _____

Owner of Property: _____
Address: _____
Contact#: _____

New Occupant: _____
Contact Name: _____
Address: _____
Phone#: _____
E-MAIL: _____

Previous Occupant: _____

PROPOSED USE OF PREMISES : Attach a typed precise descriptive narrative (on letterhead if available) describing business addressing the following items: **MUST INCLUDE** the number of employees; hours of operation; type of business; outside storage; a description of type of business (i.e. retail, service, (food, clothing, toys, furniture, etc.), office space (medical, attorneys, real estate, contracting, etc); billing offices (open to the public or not open to public just employees only).

A sketch of the structure to be occupied and/or outside site to be used for business proposed must be supplied with narrative for determination is needed (if multiple tenants please identify area).

.....
Office use only:

Site Plan Approval: _____ Approved Use: _____

SUP for use: _____

Restrictions: _____

☐ Approval of Change of Occupancy:

- ☐ Sign Permit Required
- ☐ Owner Consent Received

☐ Denied:

- ☐ Change of use
- ☐ Use not permitted in said Zone
- ☐ Change of use needs Planning Board approval
- ☐ Incomplete Submission

Zoning Administrator

Date