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 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

TOWN OF WAPPINGER



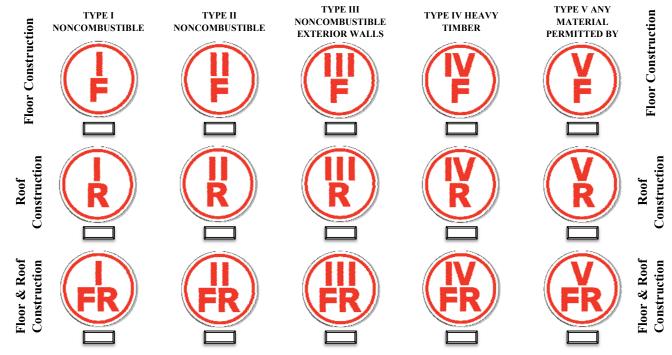
BUILDING DEPARTMENT

20 MIDDLEBUSH ROAD WAPPINGERS FALLS, NY 12590 Phone: (845) 297-6256

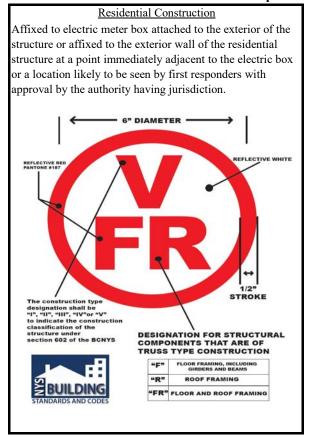
TRUSS TYPE, PRE-ENGINEERED WOOD OR TIMBER CONSTRUCTION IN RESIDENTIAL & COMMERCIAL STRUCTURES

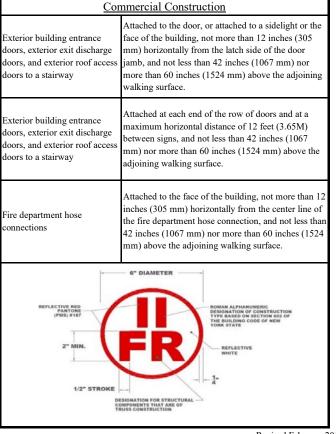
FOR OFFICE USE ONLY			
APPLICATION NO.			
Project Location:			
an in	STREET / ADDRESS	TOWN	
GRID			
OWNER INFORMATION: NAME:			
MAILING ADDRESS:			
TELEPHONE #			
E-MAIL:			
PLEASE TAKE NOTICE THAT TH	IE STRUCTURE IS (CHECK EACH APPLICABLE L	INE):	
☐ NEW STRUCTURE	ADDITION TO EXISTING STRU	CTURE	
EXISTING STRUCTURE	☐ REHABILITATION TO EXISTIN	G STRUCTURE	
TO BE CONSTRUCTED OR PERFO (CHECK EACH APPLICABLE LIN	ORMED AT THE SUBJECT PROPERTY REFERENCE (E): (see back for sign designation)	CE ABOVE WILL UTILIZE	
TRUSS TYPE CONSTRUCTION	DN (TT) PRE-ENGINEERED WOOD C	CONSTRUCTION (PW)	
TIMBER CONSTRUCTION FI	LOOR (TC)		
IN THE FOLLOWING LOCATION	(S) (CHECK EACH APPLICABLE LINE): (see back f	for sign designation)	
FLOOR FRAMING, INCLUDE	NG GIRDERS AND BEAMS (F)	MING (R)	
☐ FLOOR FRAMING AND ROO	F FRAMING (FR)		
STRUCTURE CONSTRUCTION TY	YPE: (CHECK APPLICABLE LINE): (see back for sig.	n designation)	
TYPE I NONCOMBUSTIBLE	TYPE III NONCOMBUSTIBLE EXTERIOR WALI	_	
TYPE II NONCOMBUSTIBLE	TYPE IV HEAVY TIMBER	OR ANY MATERIAL PERMITTED BY CODE	
OWNER OR OWNER	'S REPRESENTATIVE SIGNATURE	DATE	
	·		
OWNER OR OWN	IER'S REPRESENTATIVE PRINT		

IDENTIFICATION OF BUILDINGS UTILIZING TRUSS TYPE CONSTRUCTION (check appropriate symbol)



Required Sign Location(s)





BUILDING DEPARTMENT

20 MIDDLEBUSH ROAD WAPPINGERS FALLS, NY 12590 (845) 297-6256 Fax (845) 297-0579

REQUIREMENTS FOR ALL BUILDING PERMIT APPLICATIONS

APPLIC	CATIONS MUST BE COMPLETELY FILLED OUT AND SIGNED
OWNE	ERS SIGNATURE AND/OR OWNERS CONSENT FORM REQ.
PLOT I	PLANS MUST BE FILLED OUT COMPLETELY AND SIGNED
APPLI	CATION FEE MUST ACCOMPANY APPLICATION
SURV	EY OF PROPERTY REQUIRED
INSUF	RANCE REQUIRED (WORKERS COMP. & DISAB.OR HOME OWNERS WAIVER)
The town must be list completed by homeov contract or license in each project with the	iger requires proof of Workers' Compensation (C105 or 26.3) <u>and</u> Disability (DB120) insurance ted as certificate holder. The Certificate of Attestation of Exemption, Form CE-200, may only be where doing their own work, entities with no employees and/or out-of-state entities obtaining a which all the work is being performed outside of New York State. A new CE-200 is required for project address listed on the certificate. WE DO NOT ACCEPT THE ACCORD FORM AS PROOF OF INSURANCE
ANY	NEWLY PURCHASED PROPERTIES MUST ATTACH THE
RECO	RDING PAGE FROM THE DUTCHESS COUNTY CLERK

*IF APPLICATION IS NOT LEGIBLE IT WILL <u>NOT</u> BE

ACCEPTED*

APPLICATIONS CAN ONLY BE PROCESSED ONCE <u>ALL</u> 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

Al	PPLICATION TYPE:	O Residential	ZONE:	DATE:
o	New Construction	O Commercial	APPL #:	PERMIT #
o	Renovation/Alteration	O Multiple Dwelling	GRID:	
Al	PPLICANT NAME:			
TE	EL #:	_ CELL:	FAX #:	E-MAIL:
TE	EL #:	_CELL:	FAX #:	E-MAIL:
	J ILDER/CONTRACTO DMPANY NAME:			
TE	EL #:	_ CELL:	FAX #:	E-MAIL:
DI Te	ESIGN PROFESSIONAL	L NAME: _ CELL:	FAX #:	E-MAIL:
Al	PPLICATION FOR:			
				R-SIDEYARD:
ES	STIMATED COST:		TYPE OF USE:	
N(ON-REFUNDABLE API	PL. FEE: PAID O	N: CHECK #	RECEIPT #:
2,1,				RECEIPT #:
ΔI	PPROVALS:	CL DCL17HD 0	CHECK "	REERT I #.
Z(ONING ADMINISTRAT		FIRE INSPECTOR:	
O	Approved O Denied	Date:	O Approved O Den	ied Date:
_				
C:	gnature of Applicant		Signature of Building	Inchaetar

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/OWNER:		
~	CERTIFICATION ~	
	o use or permit the use of any building or premises or greed, wholly or partly, in its use or structure until a Ce	
understand that this permit will not be clos building inspector having access to the inte will remain as a violation on my property u	, owner of the land/site/building hereby give my lapplication in accordance with local and state codes red out unless all proper inspections are completed wherior of my residence. If this permit is not closed befountil it is closed out. After the expiration date the permit the permit. I understand that I am ultimately responsit IN COURT PROCEEDINGS.	hich can include the ore the expiration date it mit fee and application will
Date	Owner's Signature	
Owner's Telephone Number	Print Name	-
	Print Owner's Address	
Code Enforcement Official:	FOR OFFICE USE ONLY	

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

Hours of Operation: Days of Week Open: Outside Storage: If YES description(include any parking of business vehicles): Outside Service: Type of business:	Business Name:
Days of Week Open: Outside Storage: If YES description(include any parking of business vehicles): Outside Service: Type of business:	Number of Employees:
Outside Storage: If YES description(include any parking of business vehicles): Outside Service: Type of business:	Hours of Operation:
Outside Service: Type of business:	Days of Week Open:
Outside Service: Type of business:	Outside Storage: If YES description(include any parking of business vehicles):
Type of business:	Outside Service:
	Type of business:
Services Provided (must list all services):	Services Provided (must list all services):

Open to public: Yes/No (circle one)

Yes No



BUILDING DEPARTMENT

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

NARRATIVE OF PROPOSED BUSINESS for ZONING APPROVAL

Change of Occupant

<u>Date</u> :		
Grid#	Owner of Property:	
Comm'l Zone:	Address: _	
	Contact#:	
New Occupant:		Previous Occupant:
Contact Name:		
Address :		
Phone#:		
E-MAIL:		
available) describing business add	dressing the following items	precise descriptive narrative (on letterhead if s: <u>MUST INCLUDE</u> the number of employees;
		cription of type of business (i.e. retail, service, (food,
	-	ys, real estate, contracting, etc); billing offices (open
to the public or not open to public	just employees only).	
A sketch of the structure to l	be occupied and/or outside	de site to be used for business proposed must be
supplied with narrative for determ		
supplied with halfative for determine	mation is needed (if mater)	tenants prease raching area).
Office use only:		
Site Plan Approval:	Approved Use:	
SUP for use:		
Restrictions:		
O Approval of Change of Occup	ancy:	O Denied:
		O Change of use
O Sign Permit Required		O Use not permitted in said Zone
O Owner Consent Received		O Change of use needs Planning Board approval O Incomplete Submission
Zoning Administrator	Date	