

# TOWN OF WAPPINGER

CODE ENFORCEMENT

Susan Dao X 126

Sal Morello, III X142

FIRE INSPECTOR

Mark Liebermann X127

ZONING ADMINISTRATOR

Barbara Roberti X128



## BUILDING DEPARTMENT

20 MIDDLEBUSH ROAD

WAPPINGERS FALLS, NY 12590-0324

(845) 297-6256

FAX: (845) 297-0579

### FEES:

## BUILDING PERMIT APPLICATION

Sheds \$100.00

*\*Sheds over 200 sq. ft.*

*Will be charged .40 per sq. ft. (ACCESSORY STRUCTURES)  
Constructed Sheds & Pre-Fab Sheds*

**LEGALIZATION FEE: \$250.00 IF APPLICABLE**

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

APPLIC FORM COMPLETED    INSURANCE SUBMITTED    INSURANCE ON FILE    CONSENT IF APPLIC

### Please provide:

#### Specifications of structure provided by manufacturer including:

1. Deed to property
2. Survey of property
3. Brochure of Pre-Fab Shed
4. If shed is stick built include:  
sufficient drawings (2 Copies) of construction;  
show all dimensions and construction, including footings and materials being used
5. Plot Plan Sheet provided must be filled out showing all sizes and setbacks of structure  
and other structures on the property from the property line in each direction.

#### SHED:

NOTE: PLEASE REST SHED ON PATIO BLOCKS OR GRAVEL BASE.

#### ELECTRICAL:

NOTE: ALL ELECTRICAL WORK TO BE INSPECTED;  
USE LIST ATTACHED OF THIRD PARTY INSPECTORS.

**No Accessory Structure to be used until final inspection by Building Inspector is done  
and  
Certificate of Compliance is issued.**

## BUILDING DEPARTMENT

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

# REQUIREMENTS

## FOR ALL BUILDING PERMIT APPLICATIONS

- APPLICATIONS MUST BE COMPLETELY FILLED OUT AND SIGNED
- OWNERS SIGNATURE AND/OR OWNERS CONSENT FORM REQUIRED
- PLOT PLANS MUST BE FILLED OUT COMPLETELY AND SIGNED
- APPLICATION FEE MUST ACCOMPANY APPLICATION
- SURVEY OF PROPERTY REQUIRED
- DEED FOR PROPERTY REQUIRED (OBTAINED AT THE ASSESSOR'S OFFICE)
- INSURANCE REQUIRED (WORKERS COMP. AND DISABILITY OR HOME OWNERS WAIVER)
- 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\*

**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**

# TOWN OF WAPPINGER PLOT PLAN

Building Permit # \_\_\_\_\_

Date \_\_\_\_\_

Address: \_\_\_\_\_

Interior/Corner Lot: *circle one*

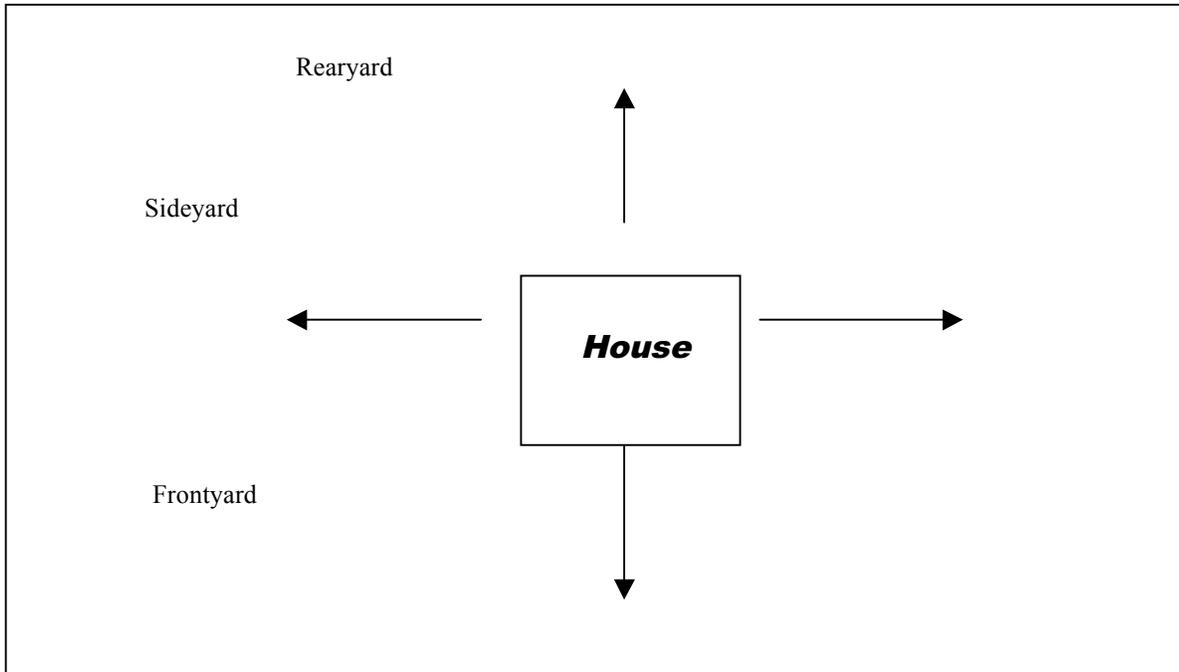
Owner of Land \_\_\_\_\_

Zone: \_\_\_\_\_

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

1. House, \_\_\_\_\_

---



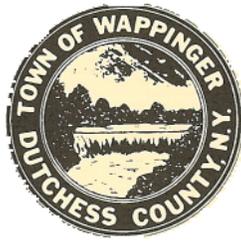
Draw proposed structure on plot plan.  
Indicate Location Setbacks to both sides and rear property line  
measurement of structure you are applying for.

\_\_\_\_\_  
Signature

Approved:/Rejected: \_\_\_\_\_

Date: \_\_\_\_\_

Zoning Administrator



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

## **OWNER CONSENT FORM**

TO BE FILED WHEN THE APPLICANT IS NOT THE BUILDING, SITE OR PROPERTY OWNER

**BUILDING PERMIT #** \_\_\_\_\_ **APPLICATION #** \_\_\_\_\_

**SITE LOCATION:** \_\_\_\_\_

**GRID: #** \_\_\_\_\_

**Name of APPLICANT:** \_\_\_\_\_  
(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 the Zoning Administrator.

***FAILURE TO COMPLY MAY RESULT IN COURT PROCEEDINGS.***

***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.***

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owner's Telephone Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Owner's Address

---

---

**FOR OFFICE USE ONLY**

**Code Enforcement Official:** \_\_\_\_\_

CODE ENFORCEMENT

Susan Dao X126

Sal Morello, III X142

FIRE INSPECTOR

Mark Liebermann X127

ZONING ADMINISTRATOR

Barbara Roberti X128



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

## 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
4. Framing inspection compliance to submitted approved drawings.
5. Rough plumbing with all required air/water tests
6. Final Electrical inspection by third party agency certificate  
MUST BE SUBMITTED TO THIS OFFICE.
7. FINAL INSPECTION BY CODE 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 Agencies**

<b>NAME</b>	<b>ADDRESS</b>	<b>TEL. #</b>
<b>NY ATLANTIC-INLAND INC.</b> <i>William Jacox</i>	12 Ackert Rd. Rhinebeck, NY 12372	(845) 876-8794
<b>Middle Department Insp. Agency, Inc.</b> <i>Dave Williams</i>	(800) 873-6342 P.O. Box 474 Valatie, NY 12184	(800) 479-4504
<b>New York Electrical Inspectors</b> <i>Greg Murad</i>	HCR #4 Kelly Corners, NY 12455	(845) 586-2430 / (888) 693-4693
<i>Tom Le Jeune</i>	P.O. Box 384 Amenia, NY 12501	(845) 373-7308
<b>New York Board</b> <i>Pat Decina</i>	P.O. Box 1558 Wappingers Falls, NY 12590	(845) 298-6792 tel & fax.
<b>Tri-State Insp. Agency, Inc.</b> <i>Lou Ambrosia</i>	P.O. Box 1034 Warwick, NY 10990	(845) 986-6514
<b>Commonwealth Elect. Insp. Svcs.</b> <i>Bill Meyer</i>	94 Long Lane Wallkill, NY 12589	(845) 895-2130
<i>Ron Henry</i>	2 Mallard Dr. Newburgh, NY 12550	(845) 562-8429 tel. & fax
<b>All County Electrical Insp. Svcs., Inc.</b> <i>Dave Scism</i>	4725 Rt. 9G Red Hook, NY 12571	(845) 757-5916/ fax (845) 757-5688
<b>Electrical Underwriters of NY,LLC</b> <i>Ernest C. Bello, Jr.</i>	P.O. Box 4089 New Windsor, NY 12553	(845) 569-1759/ fax. 757-5688
<b>The Inspector, LLC</b>	7063 State Rt. 374 Chateaugay, NY 12970	(518) 497-9918 / (800) 487-0535
<b>Z3 Consultants, Inc.</b> <i>Gary Beck</i>	P.O. Box 363 LaGrangeville, NY 12540	(845) 471-9370 tel. & fax
<b>NY Electrical Insp. &amp; Consult., LLC</b> <i>John Wierl</i>	93 Beattie Ave. Middletown, NY 10940	(845) 551-8466
<b>Swanson Consulting, Inc.</b> J. O. Swanson	P.O. Box 1361 Salisbury Mills, NY 12577 Northville, NY 12134	(845) 496-4443 / fax (845) 496-5160
<b>State Wide Inspection Services</b> <i>Frank J. Farina</i>	21 Old Main St., Suite 203 Fishkill, NY 12524	Tel. 845-202-7224/fax (914)219-1062

**New York Certified Electrical Inspectors**

Jerry Caliendo

203 Purgatory Rd.

845-294-7695

Campbell Hall, NY 10916

John Metsger

845-339-2119