

TOWN OF WAPPINGER

DIRECTOR OF CODE ENFORCEMENT

Susan Dao X 126
Sal Morello, III X142

FIRE INSPECTOR
Mark Liebermann X238

ZONING ADMINISTRATOR
Barbara Roberti X128



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

APPLICATION FOR WETLAND DISTURBANCE PERMIT

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

APPLIC FORM COMPLETED INSURANCE SUBMITTED INSURANCE ON FILE CONSENT IF APPLIC

NOTE: THE FOLLOWING WILL BE NEEDED TO PROCESS YOUR APPLICATION

- ***APPLICATION MUST BE ACCOMPANIED WITH A COMPLETE SET OF PLANS FOR LOT IMPROVEMENTS AND LOCATION MAP OF WETLANDS AS THEY EXIST IN THE FIELD OR AS SHOWN ON WAPPINGER ENVIRONMENTAL MAPS*****

Administrative Permit: if applicable

Planning Board Permit/Resolution: if applicable

- Two copies of scaled plans showing all details of construction and related footprint of structure. Only detailed drawings will be accepted and may be required to be submitted by a licensed design professional upon review of the Code Official.
- Plot Plan Sheet provided must be filled out showing all sizes and setbacks of structure.

- Wetland Expert delineating Wetland: _____
ESTIMATED QUANTITY OF EXCAVATION: _____ C.Y. _____ CUT _____ FILL _____
ESTIMATED TOTAL VALUE OF WORK: _____
PROPOSED STARTING DATE: _____ PROPOSED COMPLETION DATE: _____
PLANS PREPARED BY: _____ DATE: _____
LIST APPLICABLE COUNTY, STATE OR FEDERAL PERMITS: _____

OWNER'S SIGNATURE: _____ DATE: _____

- Size of Activity Area: _____
Is work proposed in Wetland: _____ or Wetland Buffer Area: _____
Impacts that the prolonged activity will have on the Wetland: _____

- After application is completed, a pre-site visit is required to be scheduled with this office.

TOWN OF WAPPINGER

DIRECTOR OF CODE ENFORCEMENT
GEORGE A. KOLB JR.

FIRE INSPECTOR
MARK J. LIEBERMANN

ZONING ADMINISTRATOR
TATIANA LUKIANOFF



SUPERVISOR
CHRISTOPHER J. COLSEY

TOWN COUNCIL
WILLIAM H. BEALE
VINCENT BETTINA
MAUREEN McCARTHY
JOSEPH P. PAOLONI

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: _____