

# TOWN OF WAPPINGER

## CODE ENFORCEMENT

Susan Dao X126

Sal Morello, III X142

## FIRE INSPECTOR

Mark Liebermann X 127

## ZONING ADMINISTRATOR

Barbara Roberti X



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

## BUILDING PERMIT APPLICATION (CHANGE OF COMMERCIAL OCCUPANCY)

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

APPLIC FORM COMPLETED    INSURANCE SUBMITTED    INSURANCE ON FILE    CONSENT IF APPLIC

**FEE (NON-REFUNDABLE): \$250.00**

RENOVATION OF SPACE

NO ALTERATION OF SPACE

### The following must be submitted for processing of your application:

1. Explicate narrative of type of business and its use to be approved by Zoning Administrator and Fire Inspector submitted by the prospective occupant.  
(Attach to application.)
2. 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 to the N.Y.S. Building and Fire Code.

### 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

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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
- DEED FOR PROPERTY REQUIRED (OBTAINED AT THE ASSESSOR'S OFFICE)
- INSURANCE REQUIRED (WORKERS COMP. & DISAB.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

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## 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

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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 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
<b>New York Certified Electrical Inspectors</b> Jerry Caliendo	203 Purgatory Rd. Campbell Hall, NY 10916	845-294-7695
John Metsger		845-339-2119

**NARRATIVE OF PROPOSED BUSINESS  
FOR ZONING APPROVAL**

**Change of Occupant/Initial Occupant**

**Business Name:** \_\_\_\_\_

**Number of Employees:** \_\_\_\_\_

**Hours of Operation:** \_\_\_\_\_

**Days of Week Open:** \_\_\_\_\_

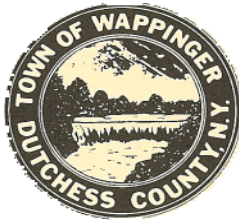
**Outside Storage: If YES description:** \_\_\_\_\_

\_\_\_\_\_

**Type of business:** \_\_\_\_\_

\_\_\_\_\_

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



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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**