

TOWN OF WAPPINGER

CODE ENFORCEMENT

Susan Dao X125

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

BUILDING PERMIT APPLICATION (NEW HOME CONSTRUCTION)

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

APPLIC FORM COMPLETED INSURANCE SUBMITTED INSURANCE ON FILE CONSENT IF APPLIC

NOTE: The following will need to be submitted to process your application.

1. Legal 911 address form completed (owner's responsibility)
2. You must supply a copy of the Recording page of the corresponding deed or a HUD 1 Disclosure statement at time of application
3. Supply 4 original of PRELIMINARY PLOT PLANS
(SUPPLY GRID NUMBER ON EACH COPY) of proposed home showing:
 - a. Elevations (ALL FLOORS)
 - b. Setbacks
 - c. Wetland delineation
 - d. Septic location if applicable
 - e. Municipal Water & Sewer line location if applicable
 - f. Driveway location with elevations
 - g. Existing contours and final proposed contours
 - h. Erosion control
 - i. All notes pertaining to site plan approval of subdivision
 - j. Engineers certification stamp
4. Supply 2 sets of WORKING CONSTRUCTION DRAWINGS complying with the N.Y.S. Residential Building Code. Engineer of record, fax & phone numbers.
5. FOUNDATION CONSTRUCTION DRAWINGS are to be supplied for both framed construction and Modular home installation
6. ***WELL TEST REQUIRED FOR ALL NEW HOMES ON PRIVATE WELL-PART 5 OF THE NYS RESIDENTIAL BUILDING CODE & ON FILE WITH THE BUILDING DEPT BEFORE A CO WILL BE ISSUED *****
You will be notified when Building permit is ready to be picked up, and additional fees to be paid

(NEW BUILDING DATA SHEET)

APPLIC. # _____

SITE: _____

PLEASE CIRCLE WHICH APPLIES: WATER SEWER WELL SEPTIC

O BUILDING STYLES:

- 1 - RANCH 2 - RAISED RANCH
- 3 - SPLIT LEVEL 4 - CAPE COD
- 5 - COLONIAL 6 - CONTEMPORARY
- 7 - OTHER: _____

- 1 - MODULAR
- 2 - NEW HOME 1 1/2 STORY W/BASEMENT
- 3 - NEW HOME 1 1/2 STORY W/SLAB CRAWL
- 4 - NEW HOME 1 STORY W/BASEMENT
- 5 - NEW HOME 1 STORY W/SLAB CRAWL
- 6 - NEW HOME 2-STORY

O TOTAL # OF ROOMS (EXCLUDE BATHROOMS)

	<u>1ST FLOOR</u>	<u>2ND FLOOR</u>
# OF BEDROOMS	_____	_____
# OF FAMILY ROOMS	_____	_____
# OF LIVING ROOMS	_____	_____
# OF DINING ROOMS	_____	_____
# OF BONUS ROOMS	_____	_____
# OF BATHS	_____	_____
# OF STORIES ABOVE BASEMENT	_____	_____

O BASEMENT TOTAL AREA SQ FT (_____ x _____)

BASEMENT FINISHED AREA SQ FT (_____ x _____)

SQ FT OF LIVING AREA (SFLA)

1ST FLOOR: (_____ x _____)

2ND FLOOR: (_____ x _____)

O SQ FT OF GARAGE (_____ x _____)

BASEMENT GARAGE: NONE 1 CAR 2 CAR 3 CAR

ATTACHED GARAGE: NONE 1 CAR 2 CAR 3 CAR

DETACHED GARAGE: NONE 1 CAR 2 CAR 3 CAR

SFLA OVER ATTACHED/DETACHED GARAGE: (_____ x _____)

O CENTRAL AIR CONDITIONING: 1-YES 2-NO

O HEAT TYPE: 1 - NONE 2 - WARM AIR 3 - HW/STM

 4 - FLR FURN 5 - UNIT 6 - STA

O EXTERIOR WALLS:

- 1 - WOOD 2 - CB 3 - BR
- 4 - WD SIDING 5 - STUCCO 6 - STA 7 - ALUM/VIN

O TOTAL # OF FIREPLACES

SELECT TYPE: GAS _____ WOOD _____ WOOD _____ LOCATION: _____

 GAS _____ WOOD _____ WOOD _____ LOCATION: _____

O TYPE OF BUILDING CONSTRUCTION

- 1 - FIRE RESISTANT (MASONARY METAL)
- 2 - HEAVY TIMBER
- 3 - MASON WALLS W/WOOD, JOISTS & RAFTERS
- 4 - WOOD FRAME

O SQ FT OF DECK:

FRONT OPEN - COVERED - ENCLOSED _____

REAR OPEN - COVERED - ENCLOSED _____

BI-LEVEL OPEN - COVERED - ENCLOSED _____

WRAP-AROUND OPEN - COVERED - ENCLOSED _____

OTHER DESCRIPTION: _____

O SQ FT OF PORCH:

FRONT OPEN - COVERED - ENCLOSED _____

REAR OPEN - COVERED - ENCLOSED _____

BI-LEVEL OPEN - COVERED - ENCLOSED _____

WRAP-AROUND OPEN - COVERED - ENCLOSED _____

OTHER DESCRIPTION: _____

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 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



CODE ENFORCEMENT

Susan Dao X125

Sal Morello III X142

FIRE INSPECTOR

Mark Liebermann X127

ZONING ADMINISTRATOR

Barbara Roberti X 128

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: _____

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;
All new homes must install a construction Rock Wash at Drive entrance 12' x 25' before site construction begins.
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. All concrete slabs must be inspected, i.e. garage, basement, etc.
6. Footing drains and damp-proof of walls before backfill.
7. **INTERIM plot plan new homes only before any framing begins must be submitted and approved (4 COPIES)**
8. Framing inspection compliance to submitted approved drawings.
9. Rough plumbing with all required air/water tests
10. Mechanical Inspection includes: Furnace/Fireplace/Woodstove etc.
11. Rough Electrical inspection by third party, approved list supplied.
11. Insulation compliance inspection prior to drywall installation
13. Final Electrical inspection by third party agency certificate **MUST BE SUBMITTED TO THIS OFFICE.**
14. Final inspection by Fire Inspector for approval.
15. **Provide FINAL AS-BUILT for Site Plan of Project (4 COPIES)**
16. Final Inspection by Zoning Administrator for compliance to site plan approval and resolution.
17. Provide ALL certificates required by Dutchess County Board of Health.
18. **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

Zoning Administrator

Town Board Approved Agencies

NAME	ADDRESS	TEL. #
NY ATLANTIC-INLAND INC. <i>William Jacox</i>	12 Ackert Rd. Rhinebeck, NY 12372	(845) 876-8794
Middle Department Insp. Agency, Inc. <i>Dave Williams</i>	(800) 873-6342 P.O. Box 474 Valatie, NY 12184	(800) 479-4504
New York Electrical Inspectors <i>Greg Murad</i> <i>Tom Le Jeune</i>	HCR #4 Kelly Corners, NY 12455 P.O. Box 384 Amenia, NY 12501	(845) 586-2430 / (888) 693-4693 (845) 373-7308
New York Board <i>Pat Decina</i>	P.O. Box 1558 Wappingers Falls, NY 12590	(845) 298-6792 tel & fax.
Tri-State Insp. Agency, Inc. <i>Lou Ambrosia</i>	P.O. Box 1034 Warwick, NY 10990	(845) 986-6514
Commonwealth Elect. Insp. Svcs. <i>Bill Meyer</i> <i>Ron Henry</i>	94 Long Lane Walkill, NY 12589 2 Mallard Dr. Newburgh, NY 12550	(845) 895-2130 (845) 562-8429 tel. & fax
All County Electrical Insp. Svcs., Inc. <i>Dave Scism</i>	4725 Rt. 9G Red Hook, NY 12571	(845) 757-5916/ fax (845) 757-5688
Electrical Underwriters of NY,LLC <i>Ernest C. Bello, Jr.</i>	P.O. Box 4089 New Windsor, NY 12553	(845) 569-1759/ fax. 757-5688
The Inspector, LLC	7063 State Rt. 374 Chateaugay, NY 12970	(518) 497-9918 / (800) 487-0535
Z3 Consultants, Inc. <i>Gary Beck</i>	P.O. Box 363 LaGrangeville, NY 12540	(845) 471-9370 tel. & fax
NY Electrical Insp. & Consult., LLC <i>John Wierl</i>	93 Beattie Ave. Middletown, NY 10940	(845) 551-8466
Swanson Consulting, Inc. J. O. Swanson	P.O. Box 1361 Salisbury Mills, NY 12577 Northville, NY 12134	(845) 496-4443 / fax (845) 496-5160
State Wide Inspection Services <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.
Campbell Hall, NY 10916

845-294-7695

John Metsger

845-339-2119

TOWN OF WAPPINGER

HIGHWAY SUPERINTENDENT
Vincent Bettina

10 HIGHWAY DRIVE
WAPPINGERS FALLS, NY 12590

Email : Vbettina@townofwappinger.us
(845) 297-9451 Office
(845) 298-0524 – Fax

Secretary
Karol Kelly



SUPERVISOR
Barbara Gutzler
845-297-4158 Main

TOWN BOARD
William H. Beale
William Ciccarelli
Ismay Czarniecki
Michael Kuzmicz

TOWN CLERK
Joseph Paoloni

OFFICE OF THE SUPERINTENDENT OF HIGHWAYS

DRIVEWAY PERMIT

Property Owner: _____ Phone: _____
(All owners must sign)

Name of Applicant: _____ Phone: _____
(If different from owner)

Mailing Address: _____ 911 Address: _____

Grid Number: _____ Required Fee: _\$150.00_____ (Submit with application)

Location of Work: _____

The Town reserves the right to grant or deny a permit request. All authorized work shall be completed within one year from permit issue date. If work cannot be completed by the date specified, applicant must apply for renewal of the permit

The Permittee shall assume all liability for and save the Town, its agents and its employees, harmless from any and all claims for damages, actions or causes of action arising out of work to be done herein and the continuing uses by Permittee, including, but not limited to the placing, constructing, reconstructing and maintaining utility under this application.

The requirements of the Town of Wappinger for putting in a new driveway are as follows:

- The driveway shall be laid out and constructed, and the grade within 25' of the road shall be no less than 2% or greater than 4%. Driveway shall be staked prior to construction
- The first 25' of all driveways shall be paved. Any driveway with a grade of 6% or more must be paved in its entirety. No area of any driveway may exceed 15%
- All side slopes of all driveways shall not exceed 1' on 3'
- The contractor shall obtain all necessary permits and construct entrances to the satisfaction of the Town Superintendent of Highways.
- Property owners shall maintain lawns to edge and shoulder of pavement

(I, We), the undersigned, accept the terms and conditions of the Highway Work Permit established by the Town and will perform all work to the specifications of the Superintendent of Highways.

APPLICANT SIGNATURE: _____ DATE: _____

Permit application is valid for one year. Upon expiration of the one year period, if work has not commenced, a new application and fee may be required at the discretion of the Highway Superintendent.

OFFICE USE ONLY

Application reviewed / approved by Town Engineer: _____

PERMIT # _____

Application reviewed / approved by Highway Superintendent: _____

APPLICATION STATUS (date, initials): _____

Approved _____ Denied _____ Cancelled _____