

TOWN OF WAPPINGER



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

BUILDING PERMIT APPLICATION (PLUMBING / MECHANICAL)

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

APPLIC FORM COMPLETED INSURANCE SUBMITTED INSURANCE ON FILE CONSENT IF APPLIC

BOILER ___ Gas ___ Oil

FURNACE ___ Gas ___ Oil

WATER HEATER ___ Gas ___ Oil ___ Electric

A/G TANK ___ Oil ___ Propane ___ Other

U/G TANK ___ Oil ___ Propane ___ Other

U/G TANK REMOVAL/ABANDONMENT ___ Oil ___ Propane ___ Other

GENERATOR – FUEL SOURCE: _____

SEWER LINE ---> ***** FOR SEWER LINE / WATER SERVICE, PROVIDE APPROVAL FROM**

WATER SERVICE ---> **HIGHWAY SUPERINTENDENT FOR POSSIBLE ROAD OPENING PERMIT *****

SUMP / SEWER EJECTOR PUMP

PLUMBING – fixtures, water supply lines, DWV piping, hydronic heat piping

WOOD STOVE, PELLET STOVE, FIREPLACE GAS

A/C Unit(s)

OTHER PLUMBING/MECHANICAL: _____

You must submit a floor plan or draw a floor plan in the provided space on the reverse side of this sheet.
Drawings must include and clearly show: location of all equipment or appliances (i.e., garage, basement, closet), all dimensions and clearances, all piping (valves, feed water valve, backflow preventer, water cut-offs, pumps, expansion tanks, etc.), vents or chimneys, any additional electrical wiring, oil or other tank location, and location of any other items related to the installation.

The Manufacturer's specifications for all equipment or appliances must be included with the permit application. All applicable New York State Code requirements must be adhered to. If you have any questions concerning code requirements, it is best to have those questions or concerns addressed before any work is commenced or completed.

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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

REQUIRED DRAWING / FLOOR PLAN

OWNER NAME: _____ **SITE ADDRESS:** _____

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: _____

Signature of Applicant

FIRE INSPECTOR:

Approved Denied Date: _____

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

FOR OFFICE USE ONLY

Code Enforcement Official: _____

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Plumbing/Mechanical Code Reference Sheet

The code requirements on this sheet are in no way a complete list of all the codes that must be adhered to when performing work. This is a REFERENCE to make you aware of some of the major code items inspectors from this office will be looking for. For a complete list of all applicable codes refer to the New York State Residential, Building, Mechanical, Fuel-Gas, Plumbing, Property Maintenance, and Energy Code.

1. **Boilers** - shut off valves are required in supply and return piping, pressure relief valves must be piped to within 18" of the floor, *low water cut-off control is required*, ignition source must be 18" off the floor if installed in a garage.
2. **All pipes** must be supported at the code required intervals with **approved** hangers.
3. **Water supply** piping needs an air test not less than **50psi** or prove tight under water pressure not less than the working pressure of the system.
4. **DWV piping** should be tested on completion of the rough piping installation by water 10 feet above the highest fitting connection or air at **5psi** for 15 minutes.
5. **Gas pipe** installations require a completed gas line certification form which is available from the office.
6. **Oil Tanks** must be secured to the floor. If installed in a garage a vehicle barrier must be installed. Oil lines must be secured and protected.
7. **Oil Tanks** that are removed or abandoned must be inspected and a salvage receipt must be filed with this office if the tank is removed.
8. **Wood-burning, pellet, gas-fired and other stoves** require the manufacturer's specifications to be submitted with the permit application. All required clearances must be met and the required drawing must show the size, location, and type of chimney or vent being installed.

INSPECTIONS

All plumbing, heating, gas and other piping, as well as Mechanical Equipment and/or Appliances are required to have rough inspections, as well as a final inspection.

Rough inspections must occur before walls and ceilings are covered. Some fixtures and appliances can and will be checked during the final inspection. Stoves, fireplaces or other solid fuel burning appliances that have required clearances must be inspected before walls or ceilings are closed up. Any vents or chimneys must be inspected before walls and ceilings are covered.

~ INSPECTIONS ARE MANDATORY BEFORE A C/C OR C/O CAN BE ISSUED ~

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SUPERVISOR

Barbara Gutzler

TOWN COUNCIL

William Beale
Vincent Bettina
Ismay Czarniceki
Michael Kuzmicz

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Distribution Piping Pressure Test Verification

AFFIDAVIT

Name of Business: _____

This certifies that the gas distribution piping installed inside the building

LOCATED AT: _____

OWNER: _____

Has successfully passed a leakage test at a pressure of _____ psi for a period of _____ hour(s) and has been installed per the Residential Code and/or the Fuel Gas of NYS.

On _____
(Date)

Note: See Section G2416 RCNYS Test pressure shall not be less than one-and-one-half times the proposed working pressure, but not less than 3psig (20kPA gauge), irrespective of design pressure. Test duration shall be not less than 10 minutes. Test medium shall be air or an inert gas. Oxygen shall not be used.

Plumber's Signature: _____

Print Name: _____

Plumbing Contractor: _____

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 Wallkill, 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