

# VILLAGE OF WAPPINGERS FALLS



BUILDING INSPECTOR  
CODE ENFORCEMENT OFFICER  
JOHN J. FENTON JR.

FIRE INSPECTOR  
CODE ENFORCEMENT OFFICER  
RICHARD F. TRAVIS

CODE ENFORCEMENT OFFICER  
ARMAND ALFONSO

**BUILDING DEPARTMENT  
OFFICE OF CODE ENFORCEMENT  
OFFICE OF THE FIRE INSPECTOR  
7 SPRING STREET  
WAPPINGERS FALLS, NY 12590  
(845) 297-5277  
FAX: (845) 296-0379**

MAYOR  
MATTHEW ALEXANDER  
TRUSTEES  
ROBERT MARSHALL  
JOHN VISENTIN  
RICHARD GERINO  
JOHN CHASE  
DENISE CALABRESE  
ROBERT KIRSTEIN

## **Shed / Detached Garages Building Permit Application**

Please attach the following:

**SITE PLAN** (see attached example)

- Lot dimensions--all sides  Size and location of any easements or right-of-ways
- Names and locations of all adjacent streets  Locations of proposed and existing structures
- Setback dimensions--front, rear, and all sides
- Outside building dimensions and distances between buildings on building site
- Driveways, exterior stairs, landings, patios, and decks

**BUILDING PLANS** (If built onsite) (two complete sets required)

- Floor system and support, size and type of materials, spacing, spans.
- Wall system, size and type of materials and spacing
- Roof system, size and type of materials, spacing, spans.
- ~~Overhead and sectional view of shed~~
- For pre-built shed submit plans from supplier showing recommended floor support.

**A BUILDING PERMIT IS NOT REQUIRED FOR SHEDS 144 SQ FT. OR LESS AND 10 FT OR LESS IN HEIGHT AT THE EAVES AND COMPLYING WITH THE REGULATIONS IN SECTION 64-5 B. (1) OF THE VILLAGE OF WAPPINGERS FALLS CODE**

VILLAGE OF WAPPINGERS FALLS

BUILDING PERMIT APPLICATION # \_\_\_\_--\_\_\_\_

7 Spring Street, Wappingers Falls, NY 12590 (845)297-5277 fax: (845)296-0379

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUILDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUILDING SITE LOCATION: \_\_\_\_\_

(Road: Town, County, State or Private)

TAX GRID NUMBER: #06 \_\_\_\_\_

PROJECT: \_\_\_\_\_

(Check all that apply.)

- Construction of New Building
- Demolition
- Factory Manufactured Home
- Conversion - Change in Use/Occupancy
- Alteration
- Addition to Existing Building
- Repair to Existing Structure
- Oil/Gas/LP-Gas Heating or other Appliance
- Installation/Replacement of Equipment and Systems
- Installation/Extension of Electrical Systems
- Pool - Above Ground: size \_\_\_\_\_
- Pool - In-Ground: size \_\_\_\_\_
- Garage, Attached
- Garage, Detached
- Noncommercial Storage Building (shed)
- Deck/Porch
- Solid Fuel Heating Device (woodstove, pellet stove, fireplace)
- Tank removal/installation
- Sign
- Other: \_\_\_\_\_

Size of Structure (dimensions): \_\_\_\_\_ Square Footage: \_\_\_\_\_

Height: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Number of Dwelling Units: \_\_\_\_\_

No. of Bedrooms: \_\_\_\_\_ No. of Bathrooms: \_\_\_\_\_ Finished Basement? \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_ Fire Department:  SW Johnson  WT Garner

Proposed Setback Minimums:

Distance of structure from... Front Line: \_\_\_\_\_ Rear Line: \_\_\_\_\_ Left Side: \_\_\_\_\_ Right Side: \_\_\_\_\_

Road Frontage (feet): \_\_\_\_\_ Lot Area (acres): \_\_\_\_\_

- Planning Approval - Site Plan, Special Use, etc.
- Village Variance (attach ZBA resolution)
- State Variance (attach Board of Review resolution)
- Driveway Permit - Village, Town, County, State DOT
- Water/Sewer Department Approvals
- Wetland
- Flood Plain
- Statement of Special Inspections-Commercial
- SAN 34 Form - Dept. of Health Approval
- Manufactured Home: Stamped and Signed Plans
- Trusses: Stamped and Signed Plans
- Energy Code Compliance Sheet
- Electrical Inspection Agency: Application Filed
- Attached Plot Plan or Survey
- INSURANCE / WORKERS COMPENSATION

Zoning Dept. Use: \_\_\_\_\_ Bldg. Dept. Use: \_\_\_\_\_ ESTIMATED COST OF PROJECT: \_\_\_\_\_

FEE: \_\_\_\_\_ Deposit: \_\_\_\_\_ Balance: \_\_\_\_\_ Total: \_\_\_\_\_

It is understood that authorization is hereby given for the Building Inspector/Zoning Administrator/Code Enforcement Officer to enter premises for purposes of inspection any time prior to the issuance of the Certificate of Occupancy.

All inspections are listed on Building Permit. All applications MUST be complete before review by an Inspector.

\_\_\_\_\_  
Signature (Owner, Builder, Agent) Date

## APPLICATION FOR A BUILDING PERMIT

### IMPORTANT NOTICES: READ & SIGN.

1. Work conducted pursuant to a building permit must be visually inspected by the Code Enforcement Office and must conform to the New York State Uniform Fire Prevention and Building Code, the Code of Ordinances of the Village of Wappingers Falls and all other applicable codes, rules or regulations.
2. It is the owner's responsibility to contact the Code Enforcement Office at 845-297-5277 – Monday through Friday from 9:00 a.m. to 3:30 p.m. at least 48 hours before the owner wishes to have an inspection conducted. More than one inspection may be necessary. This is especially true for "internal work" which will eventually be covered from visual inspection by additional work (i.e., electrical work later to be covered by a wall).

**DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION IF SUCH "INTERNAL WORK" HAS NOT BEEN INSPECTED.** Otherwise, work may need to be removed at the owner's or contractor's expense to conduct the interior inspection. Close coordination with the Code Enforcement Office will greatly reduce this possibility.

3. **OWNER HEREBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICE TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT, PROVIDED, HOWEVER, THAT SUCH INSPECTION(S) IS(ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S).**
4. New York State law requires contractors to maintain Worker's Compensation and Disability Insurance for their employees. No permit will be issued unless currently valid Worker's compensation and Disability Insurance certificates are attached to this application or are on file with the Bureau of Fire Prevention and Inspection Services. If the contractor believes he/she is exempt from the requirements to provide Worker's Compensation and/or Disability Benefits, the contractor must complete form BP-1 attached hereto.
5. If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate has been issued. Section 64-9 (a) Village Code
6. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.
7. This permit does not include any privilege of encroachment in, over, under, or upon any city street or right-of-way.
8. The building permit card must be displayed so as to be visible from the street nearest to the site of the work being conducted.

I, \_\_\_\_\_, the above-named applicant, hereby attest that I am the lawful owner of the property described within or am the lawful agent of said owner and affirm under the penalty of perjury that all statements made by me on this application are true.

(Signature) \_\_\_\_\_

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

## **VILLAGE OF WAPPINGERS FALLS**

### **POLICY ON CONSTRUCTION INSPECTIONS**

Inspections are required under NYS and Village Law. The following inspections are required to be scheduled by the contractor and/or property owner at a minimum 24 hours BEFORE the inspection is needed. In some cases more time is required before an inspection takes place. (see below) Failing to schedule required inspections is a violation of Village Law and legal action may be taken against you and/or a STOP WORK ORDER issued if you fail to schedule the required inspections.

**FOOTINGS** –When the excavation for footings is completed and before footings are poured. Soil bearing tests are the responsibility of the homeowner/contractor. Must call to schedule **48 hours BEFORE** pouring concrete in order to allow for corrections.

**FOOTING DRAINS** – Before backfilling foundation.

**FOUNDATION WALLS** – When the foundation forms (for poured walls) have been erected, and before any backfilling has taken place. **48 hours BEFORE pouring.** Block walls may require intermittent inspections for reinforcing rods or other details that may be included on a designed plan. Also, for block walls schedule an inspection before back-filling.

**CONCRETE FLOORS & SLABS** – 48 BEFORE pouring.

**UNDERGROUND & ROUGH PLUMBING** – DWV requires an air test of 5psi or a water test (system being tested filled to at least 10 feet above that system with water), either test holding for at least 15 minutes. **Water-supply** required to be proved water tight under a water pressure not less than the working pressure of the system or by an air test of not less than 50 psi. Water used for testing must be from a potable source. **Backflow devices** require an initial inspection and test and must be inspected and tested at least annually. These devices are inspected by Third-party inspectors (contact the office for a courtesy list of inspectors or visit the NYSDOH web-site.)

**FINAL PLUMBING** – DWV fixtures must be filled and prove water tight. Water-supply and Backflow devices (see above)

**FRAMING** – When all framing has been completed and prior to the installation of any wall finishes. Inspectors will check for fire caulking and/or Fire – rated assemblies.

**INSULATION** – When insulation and vapor barrier is installed and before wall finishes.

**MECHANICAL** - Solid fuel burning heating appliances, chimneys, flues or gas vents. ANY of the previous that will be concealed in walls or by finishes must be inspected prior to those walls or finishes being applied or installed. This includes clothing dryer vents.

**FINAL** – When all work is complete and before any occupancy of building or structure. Electrical, plumbing and fire inspections must also be completed.

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**NO CERTIFICATE OF OCCUPANCY** will be issued for any building permit until all required inspections have been completed and work accepted.

**Fire Inspector, Building Inspector, Code Enforcement Officers, Zoning Administrator and Plumbing Inspector can be reached at 297-5277. Electrical Inspectors are third-party inspectors and are listed below.**

#### **ELECTRICAL INSPECTORS**

The following are the **ONLY** Electrical Agencies accepted by the Village of Wappingers Falls:

Atlantic Inland: Contact – Bill Jaycox (845) 876-8794

Commonwealth Electrical Inspection Agency: Contact – Ron Henry - 562-8429

New York Insp. Agency – Contact: Tom Lejeune – 373-7308

Middle Department Inspection Agency – Contact: David J. Williams – 1-800-USE-MDIA

Electrical Underwriters of NY, LLC: Contact: - Ernest C. Bello, Jr., - (845) 569-1759

Z3 Consultants, Inc.: Contact – Gary Beck - 471-9370

# Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

**\*\*This form cannot be used to waive the workers' compensation rights or obligations of any party.\*\***

**Under penalty of perjury**, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- I am performing all the work for which the building permit was issued.
- I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ◆ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; OR
- ◆ have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number \_\_\_\_\_

Property Address that requires the building permit:

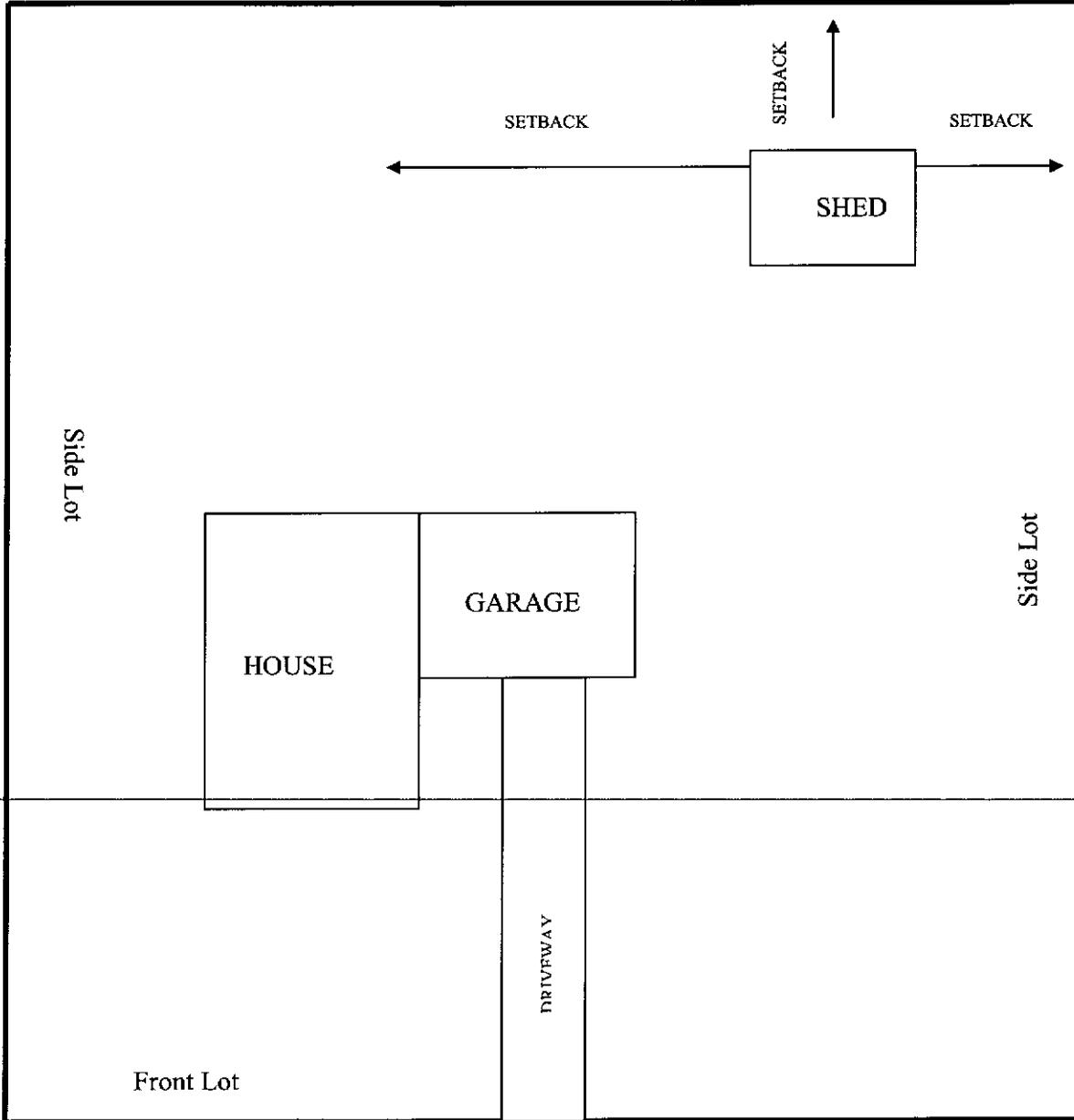
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<p><i>Sworn to before me this _____ day of</i></p> <p>_____</p> <p>_____</p> <p><i>(County Clerk or Notary Public)</i></p>
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Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.

\*PLEASE NOTE ON SITE PLAN IF CORNER LOT

Rear Lot Dimension



STREET NAME & NUMBER

NAME:  
ADDRESS:  
PHONE: