



VILLAGE OF WAPPINGERS FALLS

Office Of Building, Planning & Zoning
Office of Code Enforcement / Office of The Fire Inspector
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1203 BUILDING INSPECTION APPLICATION FIRE SAFETY INSPECTION

Part I Facility Information/Building Information

Facility Name: _____ Application # _____

Facility Address: _____

Telephone: _____ Fax: _____

Facility Type: [_____] Capacity: [_____]

Facility Status: [] Profit [] Non Profit Indicate days operation is open S M T W T F S

Legal Operator or Operating corporation: _____

Contact Person: _____ Telephone: _____

E-mail Address: _____

Permanent Address: _____

1. Date of last Inspection of Premises? _____

2. Are there currently any open Building Permits associated with the premises? YES NO
If yes, please describe (attach additional sheets if necessary): _____

3. Have any violations to the Uniform Code been issued in relation to the Premises? YES NO
If yes, please describe (attach additional sheets if necessary): _____

4. Have any variances to the Uniform Fire Prevention and Building Code been granted in relation to these premises?
If yes please describe (attach additional sheets if necessary): (Include Variance Decision Number)

YES NO

8. Additional Comments:

Part II Signature of Facility Owner/Authorized Representatives

I hereby certify that the foregoing information is true and complete.

Name and title, if applicable of person signing application (please print)

Signature of Facility Owner or Authorized Representatives Signature

Date