

VILLAGE OF WAPPINGERS FALLS



BUILDING INSPECTOR
ZONING ADMINISTRATOR
FIRE INSPECTOR
PLUMBING INSPECTOR
BRYAN J. MURPHY

BUILDING INSPECTOR
CODE ENFORCEMENT OFFICER
ARMAND ALFONSO

**BUILDING DEPARTMENT
OFFICE OF CODE ENFORCEMENT
OFFICE OF THE FIRE INSPECTOR
7 SPRING STREET
WAPPINGERS FALLS, NY 12590
PHONE: (845) 297-5277 FAX: (845)296-0379
E-mail: bmurphy@wappingersfallsny.gov
www.wappingersfallsny.gov**

MAYOR
MATTHEW ALEXANDER
TRUSTEES
JOHN CHASE
DENISE CALABRESE
SCOTT DAVIS
ROBERT ALFONSO
VERONICA KOMORNIK
JENNIFER NIZNIK

CONSENT FORM

Name of property owner: _____

Address of property owner: _____

City: _____ State: _____ Zip: _____

Phone number of property owner: (Include home, work, mobile number and e-mail address):

(H) _____ (C) _____

(W) _____ (E-mail) _____

Address of site where work is being conducted: _____

Description of work: _____

Name of person doing work: _____

Address of person doing work: _____

City: _____ State: _____ Zip: _____

Phone number of person doing work (Include home, work, mobile numbers and e-mail address):

(H) _____ (C) _____

(W) _____ (E-mail) _____

I, as property owner for the above mentioned property, am aware of all work described above and give my consent to the aforementioned person to do the work.

Signature of Property Owner

Date Signed