VILLAGE OF WAPPINGERS FALLS

BUILDING INSPECTOR
ZONING ADMINISTRATOR
FIRE INSPECTOR
PLUMBING INSPECTOR
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CODE ENFORCEMENT OFFICER
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DEMOLITION OF STRUCTURE PERMIT APPLICATION

*** TO BE ATTACH TO BUILDING PERMIT APPLICATION ***

NOTE: APPLICATIONS FOR BUILDING PERMITS CANNOT BE REVIEWED UNTIL THE SUBMITTAL IS COMPLETE.
(All items below must be submitted and fee paid)

1. PLANNING BOARD APPROVAL

___ No demolition permit shall be issued for any commercial structure unless a proposal for such land use or for a new structure has been suitably approved by the planning board. In order to present your proposal to the Planning Board you have to file an **Application for Planning Board Review.**

2. BUILDING PERMIT APPLICATION

___ Application must be fully completed

___ If contractor is applicant, the contractor **MUST** provide consent from the homeowner authorizing him to file for Building Permit. (Complete **Consent Form** on Page 3)

___ **Proof of Insurance -** The applicant shall file with the village a Certificate of insurance indicating that the village has been named as primary insured under an insurance policy in the amounts of three hundred thousand/five hundred thousand dollars ($300,000.00/500,000.00) for bodily injury and one hundred and fifty thousand dollars ($150,000.00) for property damage.

___**Workers' Compensation** - Proof of insurance must be submitted from the contractor and/or homeowner at the time of the application.

*Contractors **MUST** submit Certificate of Workers Compensation (not acceptable on Accord Forms) or Affidavit in lieu thereof -- signed and stamped by Workers Compensation Board.

Accepted Forms:

- U26.3 - Certificate of Workers' Compensation Ins (NYS Insurance Fund only)
- C105.2 (9/07) - Certificate of Workers' Compensation Insurance
- GSI 105.2 (2/02) - Certificate of Participation in Workers' Compensation

3. REQUIRE SUBMITTAL:

[ ] **Asbestos & Lead Survey and Removal Certification** - For buildings, except ones where the construction was begun on or after January 1, 1974, and except for agricultural buildings as defined in the New York State Labor Law, the applicant shall provide a copy of an asbestos survey conducted by a licensed Asbestos contractor and proof of completion of asbestos remedial work, if necessary, by a licensed asbestos contractor. For details regarding asbestos removal call NYS DOL (518) 457 0 2072 or go to web site http://www.labor.state.ny.us/workerprotection/safetyhealth/DOSH_ASBESTOS.shtm

[ ] **Pest Inspection Certification** - The applicant shall provide evidence that the building or other structure has been inspected and is free from insect, vermin or rodent infestation, harborage or breeding areas.

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3. REQUIRE SUBMITTAL:(Continued)

[ ] **Site Plan -** A plan or survey of the property showing the location of the demolition and dumpsters. (Must show basement, fill and schedule of demo.) Show the means of protecting the public way and adjacent properties in compliance with Part 23 of Tittle 12 from the department of labor. Show Soil & Erosion Control details. All disturbed areas are to be seeded and hayed.

[ ] **All Taxes Paid -** An application to demolish the building or other structures shall be accompanied by a tax search showing that all current taxes and water rents have been paid.

4. UTILITY DISCONNECTION: Prior to demolition permit being issued, the Plumbing Inspector shall certify to the Building Inspector that the water source is disconnected from the main, the sewer lateral is properly disconnected from the building, that the water meter has been removed, and confirmation from Central Hudson that the gas service has been removed and the electric has been terminated. Where applicable, the Fire Inspector shall determine that all flammable and hazardous products have been properly removed from the building.

Utility	Completed			Contact
__Dig Safety New York	[ ]Yes	[ ]No	[ ]N/A	811
__Water Source	[ ]Yes	[ ]No	[ ]N/A	845 297 3716 ..... Water Department
__Sewer Lateral	[ ]Yes	[ ]No	[ ]N/A	845 297 9758 ..... Highway Department
__Gas Service	[ ]Yes	[ ]No	[ ]N/A	Call your provider
__Electric Service	[ ]Yes	[ ]No	[ ]N/A	Call your provider
__Hazardous Materials	[ ]Yes	[ ]No	[ ]N/A	(518) 457 0 2072 .. NYS DOL
__Oil Tank	[ ]Yes	[ ]No	[ ]N/A	845 297 5277 .....Building Department (Requires to file a tank Removal Application)

5. REQUIRE INSPECTIONS

1._ Schedule a Pre-Inspection with this office before work begins.

2._ Provide the Building Department with all RECEIPTS FOR REMOVAL from appropriate carter and/or transfer station for the proper disposal of all material.

3._ Schedule a Final Inspection with this office for compliance of removal.

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CONSENT FORM

Name of property owner: _____

Address of property owner: _____

City: _____ **State:** _____ **Zip:** _____

Phone number of property owner: (Include home, work, mobile number and email 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 email 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**

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RECEIVED: _____ PERMIT # _____

DEMOLITION OF STRUCTURE PERMIT APPLICATION

OWNER: _____ **PHONE: (H)** _____ **(C)** _____

ADDRESS : _____

MAILING ADDRESS: _____

BUILDER/CONTRACTOR DOING WORK:

COMPANY NAME: _____ **PHONE: (H)** _____ **(C)** _____

ADDRESS : _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Contractor must provide : ☐ **Workmen's Compensation** ☐ **Liability Insurance**

BUILDING SITE LOCATION : _____

ZONING DISTRICT : _____ **TAX GRID NUMBER : #** _____---_____---_____

PROJECT DESCRIPTION : _____

_____

[ ] RESIDENTIAL **[ ] COMMERCIAL**

Is the structure within a historic district or a designated landmark ? ☐ **Yes** ☐ **No**

SETBACKS: Front Line: _____ Rear Line : _____ Left Side : _____ Right Side: _____

SIZE OF STRUCTURE: _____ **LOT AREA** (acres) : _____ **ESTIMATED COST :** _____

REQUIRED SUBMITTALS:

☐ **Site Plan** ☐ **Pest Inspection Certification** ☐ **Asbestos & Lead Survey and Removal Certification**
☐ **All Taxes Paid** ☐ **Planning Board Approval**

UTILITIES DISCONNECTION: (If the structure is to be removed please check any applicable services that exist at the property)

☐ **Water Source** ☐ **Sewer Lateral** ☐ **Water Meter** ☐ **Gas Service** ☐ **Electric Service**

☐ **Hazardous Material** ☐ **Oil Tank**

(If gas or electric are checked a letter from central Hudson stating that the service has been disconnected must be provided.)

(The applicant is responsible for contacting the sewer and /or water departments regarding their removal)

It is understood that authorization is hereby given for the Building Inspector/Zoning Administrator/Code Enforcement Officer to enter premises to perform required inspections. The Owner/Applicant agrees to conforms to all applicable laws of this jurisdiction, adhere to the plans and specifications affixed hereto.
All required inspections are listed on Building Permit. All applications MUST be completed before review by an inspector.

_____ _____

Signature of Owner/Contractor/Agent **Date Signed**

— — — — — — — — — — — — — — — — — **ZONING DEPT. USE:** — — — — — — — — — — — — — — — — —

[ ] FEE : _____ Deposit : _____ Paid On: _____ Check # : _____ Receipt # _____

☐ **Approved Date:** _____ ☐ **Denied Date:** _____

_____ _____

[ ] Code Enforcement Officer Approval **Date**

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IMPORTANT NOTICES: READ & SIGN

1. **Work conducted pursuant to a building permit must be visual 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 owners 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, PROVIDE, 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 issue 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.**

5. **If a Certificate of Occupancy or Certificate of Compliance 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. **The 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 Contractor /Agent of said owner and affirm under the penalty of perjury that all statements made by me on this applications are true.

_____ _____

Signature of Owner/Contractor/Agent **Date Signed**