VILLAGE OF WAPPINGERS FALLS

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

BUILDING INSPECTOR
CODE ENFORCEMENT OFFICER
ARMAND ALFONSO

MAYOR
MATTHEW ALEXANDER
TRUSTEES
SCOTT DAVIS
JOHN CHASE
DENISE CALABRESE
VERONICA KOMORNIK
JENNIFER NIZNIK
KEVIN HUBER

BUILDING DEPARTMENT
OFFICE OF CODE ENFORCEMENT
OFFICE OF THE FIRE INSPECTOR
2582 SOUTH AVENUE
WAPPINGERS FALLS, NY 12590
PHONE: (845) 297-5277 FAX: (845)296-0379
E-mail: bmurphy@wappingersfallsny.gov
www.wappingersfallsny.gov

BUILDING PERMIT
PLUMBING / MECHANICAL APPLICATION

NOTE: APPLICATIONS FOR BUILDING PERMITS CANNOT BE REVIEWED UNTIL THE SUBMITTAL IS COMPLETE.
(All items below must be submitted. Fee payable upon issuance of building permit))

Applicable Codes **:** ***2010 NYS Building, Fire, Plumbing, Mechanical and Energy Conservation Codes***

BUILDING PERMIT APPLICATION
___ Application must be fully completed
___ Must be signed by the owner or submitted with a consent form(included in packet)
___ Workers' Compensation, proof of insurance must be submitted from the contractor at the time of the application.

BUILDING PLANS
___ Submit a floor plan or draw a floor plan on the space provided in this packet.
Drawing must include and clearly show: location of all equipment or appliances (i.e garage, basement, closet), all dimensions clearances, all piping (valves, feed water valve, back-flow preventer, low water cutoffs, 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 manufacture'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.

PLUMBING DETAIL
___ Location of all plumbing fixtures including layout for future fixtures
___ Floor drains, water heater, clothes washer and dryer location

MECHANICAL DETAILS
___ Furnace Location ___ Combustion air location
___ Mechanical sizing information

DEPARTMENT APPROVALS: Required BEFORE a review of the project by the Building Department.
___ Dig Safety New York, if you plan to dig or do any type of excavation work, New York State Law requires you call Dig Safety New York prior doing so 811
___ Water Department, if connected with to a Village Water system 845 297 3716
___ Highway Department, if connected to a Village Sewer system ..... 845 297 9758 If the driveway connects to a state or county road a letter of approval for a curb cut permit must be submitted from the applicable department.
___ Planning & Zoning Department ..... 845 297 5277 ___ Engineering 845 297 5277

VILLAGE OF WAPPINGERS FALLS

PLUMBING PERMIT APPLICATION **BUILDING PERMIT # _____-- _____**

APPLICANT : _____

ADDRESS : _____ **PHONE :** _____

OWNER: _____

ADDRESS : _____ **PHONE :** _____

BUILDER : _____

ADDRESS : _____ **PHONE :** _____

(Road:Town,County, State or Private)

BUILDING SITE LOCATION : _____

TAX GRID NUMBER : #06 _____---_____---_____

ZONING DISTRICT : _____ **Fire Deparment [ ] SW Johnson [ ] WT Garner**

Existing Size of Structure (dimensions) :

Height : _____ Number of Stories : _____ Number of Dwelling Units: _____

No. of Bedrooms: _____ No. of Bathrooms : _____ Finished Basement ? _____

(Check all that apply.)

[ ] Construction of New Building

[ ] Tank removal/installation

[ ] Pool - Above Ground : **Size** _____

[ ] Pool - In-Ground : **Size** _____

[ ] Installation/Replacement of Equipment and Systems

1.[ ] Boiler __Gas __Oil
2.[ ] Furnance __Gas __Oil
3.[ ] Water Heater __Gas __Oil __Electric
4.[ ] A/G Oil Tank
5.[ ] U/G Tank __Oil __Propane __Other
6.[ ] Genarator fuel source _____
7.[ ] Sewer Line
8. [ ] Water Service
9. [ ] Sump / Sewer Ejector Pump
10.[ ] Plumbing -fixtures, water supplies lines, DWV piping, hydronic heat piping
11.[ ] Wood Stove, Pellet Stove, Gas-Fireplace
12.[ ] A/C Units
13.[ ] Other Mechanical Plumbing _____

PROJECT DESCRIPTION : _____

_____

[ ] Estimated cost of Project: _____

It is understood that authorization is hereby given for the Building Inspector/Zoning Administrator/Code Enforcement Officer to enter premises for purposes of inspections prior to the issuance of the Certificate of Occupancy.
All inspection 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 : _____ **Receipt # :** _____ **Date Paid:** _____ **Check#** _____ **Cash**

_____ _____

[ ] Code Enforcement Officer Approval **Date**

VILLAGE OF WAPPINGERS FALLS

BUILDING PLANS - Need to submit a Floor Plan or Draw a Floor Plan of the proposed work.

Please Note: In certain instances the plans will need to be stamped and signed by a licensed design professional

VILLAGE OF WAPPINGERS FALLS

CONSENT FORM

Name of property owner: _____

Address of property owner: _____

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

_____

_____

Address of site where work is being conducted: _____

_____

Description of work: _____

_____

_____

_____

_____

_____

_____

_____

Name of person doing work: _____

Address of person doing work: _____

Phone number of person doing work (Include home, work and mobile numbers):

_____

_____

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**

VILLAGE OF WAPPINGERS FALLS

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 can not be used to waive the worker's 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 worker's 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 or less than 40 hours per week (aggregate hours for all paid individuals on the job site) for which the building permit is issued.**

I also agree to either:

Acquire appropriate worker's compensation coverage and provide appropriate proof of the coverage on forms approved by the Chair of the NYS Worker's Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hour or more per week (aggregate hours for all paid individuals on the job site) 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, owned-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 NYS Worker's 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 he job site) 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:

_____

_____

_____

_____

Sworn to before me this _____day of
_____, _____.

_____
(County Clerk or Notary Public)

Once notarized, this BP-1 form serves as an exemption for worker's compensation and disability benefits insurance coverage.

VILLAGE OF WAPPINGERS FALLS

APPLICATION FOR A BUILDING PERMIT

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 BEINGN 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. 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. **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**

— — — — — — — — — — — — — **Zoning Dept. Use:** — — — — — — — — — — — —

_____ _____

[ ] Code Enforcement Officer Approval **Date**

VILLAGE OF WAPPINGERS FALLS

POLICY ON CONSTRUCTION INSPECTIONS

Inspections are required under NYS and Village Law. The following inspections are required to be schedule by the contractor and/or property owner at a minimum 24 hours BEFORE the inspection is needed. In some cases more time is require before an inspection takes place. (see below) Failing to schedule required inspections is a violation of the 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 test 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 designed plan. Also for block walls schedule an inspection before back-filling.

CONCRETE FLOORS & SLABS - 48 hours BEFORE pouring.

UNDERGROUND AND ROUGH PLUMBING - DWV requires an air test of 5 psi 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. **Back-flow 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 Back-flow devices(see above)

FRAMING - When all framing has been completed and prior to the installation of any wall finishes. Inspector 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 completed and before any occupancy of building or structure. Electrical, plumbing and fire inspections must also be completed.

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

TIME LIMITS - Work must begin within 6 (six) months from date of permit issue. Permit expires 1(one) year from date of issue. Failure to schedule any inspections before the expiration date of the permit is a violation of the Village Law. Any violation is subject to the applicable fee.

Fire Inspector, Building Inspector, Code Enforcement Officer, Zoning Administrator and Plumbing Inspector can be reached at 297-5277. Electrical Inspectors are third-party inspectors and are listed on the electrical permit package.

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 I understand that is my responsability to call and schedule the inspections required under NYS and Village Laws.

_____
Signature of Owner/Contractor/Agent

_____
Date Signed

— — — — — — — — — — — — — **Zoning Dept. Use:** — — — — — — — — — — — —

_____
[ ] Code Enforcement Officer Approval

_____
Date