



VILLAGE OF WAPPINGERS FALLS
Office of Building, Planning & Zoning
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

TANK CLOSURE/ABANDONMENT/REMOVAL PERMIT

Name of Applicant: _____ Phone: _____

Address of Applicant: _____

Owner: _____ Phone: _____

Address of Owner: _____

Nature of Work: _____

Location of Work: _____

Starting Date: _____ Finishing Date: _____

Area of Excavation (Acres :) _____ DEC Case Number and Approval: _____

If the applicant is not the Owner, please submit a consent form signed by the owner.

The applicant hereby agrees to hold the Village of Wappingers Falls harmless on account of damages of any kind which may arise during the progress of the work authorized by this permit.

Worker's Compensation Insurance must be submitted from the contractor, which certifies all persons concerned with actual work under this permit are duly covered by workmen's compensation insurance and the Village, shall be held harmless.

Work under this permit shall commence within thirty (30) days of the date of the permit and be continued in an expeditious manner.

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 amount of \$1,000,000.00 / \$3,000,000.00 for liability.

Please be advised that the undersigned accepts this agreement.

Signature of Applicant _____ Date _____

Zoning Department Use Only

Fee Amount: _____ Receipt #: _____ Date Paid: _____ Check # _____ Cash _____

Approved Date: _____ Code Enforcement Officer/ Building Inspector: _____

VILLAGE OF WAPPINGERS FALLS



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

MAYOR
MATTHEW ALEXANDER

TRUSTEES
JOHN CHASE

DENISE CALABRESE

SCOTT DAVIS

ROBERT ALFONSO

VERONICA KOMORNIK

JENNIFER NIZNIK

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

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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 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