



**VILLAGE OF WAPPINGERS FALLS**

Office of Building, Planning & Zoning  
Office of Code Enforcement / Office of the Fire Inspector  
2582 South Avenue, Wappingers Falls, NY 12590  
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[www.wappingersfallsny.gov](http://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: