

TOWN OF UNION VALE

DIRECTOR OF CODE ENFORCEMENT
GEORGE A. KOLB JR.



BUILDING DEPARTMENT
249 DUNCAN ROAD
LAGRANGEVILLE, NY 12540
(845) 724-5953
FAX: (845) 724-3757

BUILDING PERMIT APPLICATION PLUMBING/ MECHANICAL

COMMERCIAL

RESIDENTIAL

THE FOLLOWING MUST BE SUBMITTED AT TIME OF APPLICATION

APPLIC FORM COMPLETED INSURANCE SUBMITTED INSURANCE ON FILE CONSENT IF APPLIC

- BOILER** _____ GAS _____ OIL
- FURNACE** _____ GAS _____ OIL
- WATER HEATER** _____ GAS _____ OIL _____ ELECTRIC
- A/G TANK** _____ OIL _____ PROPANE _____ OTHER
- U/G TANK** _____ OIL _____ PROPANE _____ OTHER
- U/G TANK REMOVAL/ABANDONMENT** _____ OIL _____ PROPANE _____ OTHER
- GENERATOR-FUEL SOURCE:** _____
- SPRINKLER SYSTEM (Provide drawings and hydraulic calculations for system)**
- PLUMBING-fixtures, water supply lines, DMV piping, hydronic heat piping**
- WOOD STOVE, PELLET STOVE, FIREPLACE GAS (fuel type)**
- A/C Unit(s)**
- OTHER PLUMBING/ MECHANICAL:** _____

Please note to applicant:

You are required to submit a detailed drawing on the graph sheet provided or separate plan sheet not to exceed 18" x 24" showing:

- a- Location of all installed equipment/ appliances/ fuel tanks etc.
- b- Show all clearances from walls/ windows/ doorway openings.
- c- Locate all new exterior tanks on property and distances from property lines.

APPLICATION FOR BUILDING PERMIT

****PLEASE NOTE TO ALL APPLICANTS: ALL INFORMATION IS TO BE COMPLETED IN FULL. PLEASE TYPE OR PRINT LEGIBLY OR APPLICATION WILL BE RETURNED.****

APPLICATION TYPE: Residential New Construction Commercial Renovation/Alteration

APPLICANT: _____ DATE: _____

ADDRESS: _____

TEL #: _____ CELL: _____ FAX #: _____

EMAIL (*REQUIRED*): _____

NAME OWNER OF BUILDING/LAND: _____

PROJECT SITE ADDRESS: _____

MAILING ADDRESS: _____

TEL #: _____ CELL: _____ FAX #: _____

EMAIL (*REQUIRED*): _____

BUILDING/CONTRACTOR/ ARCHITECT OR ENGINEER IF REQ.

COMPANY NAME: _____

ADDRESS: _____

TEL #: _____ CELL: _____ FAX #: _____

EMAIL (*REQUIRED*): _____

DESCRIPTION OF WORK: _____ ESTIMATE COST OF PROJECT: _____

→ _____
Signature of Applicant/ Date

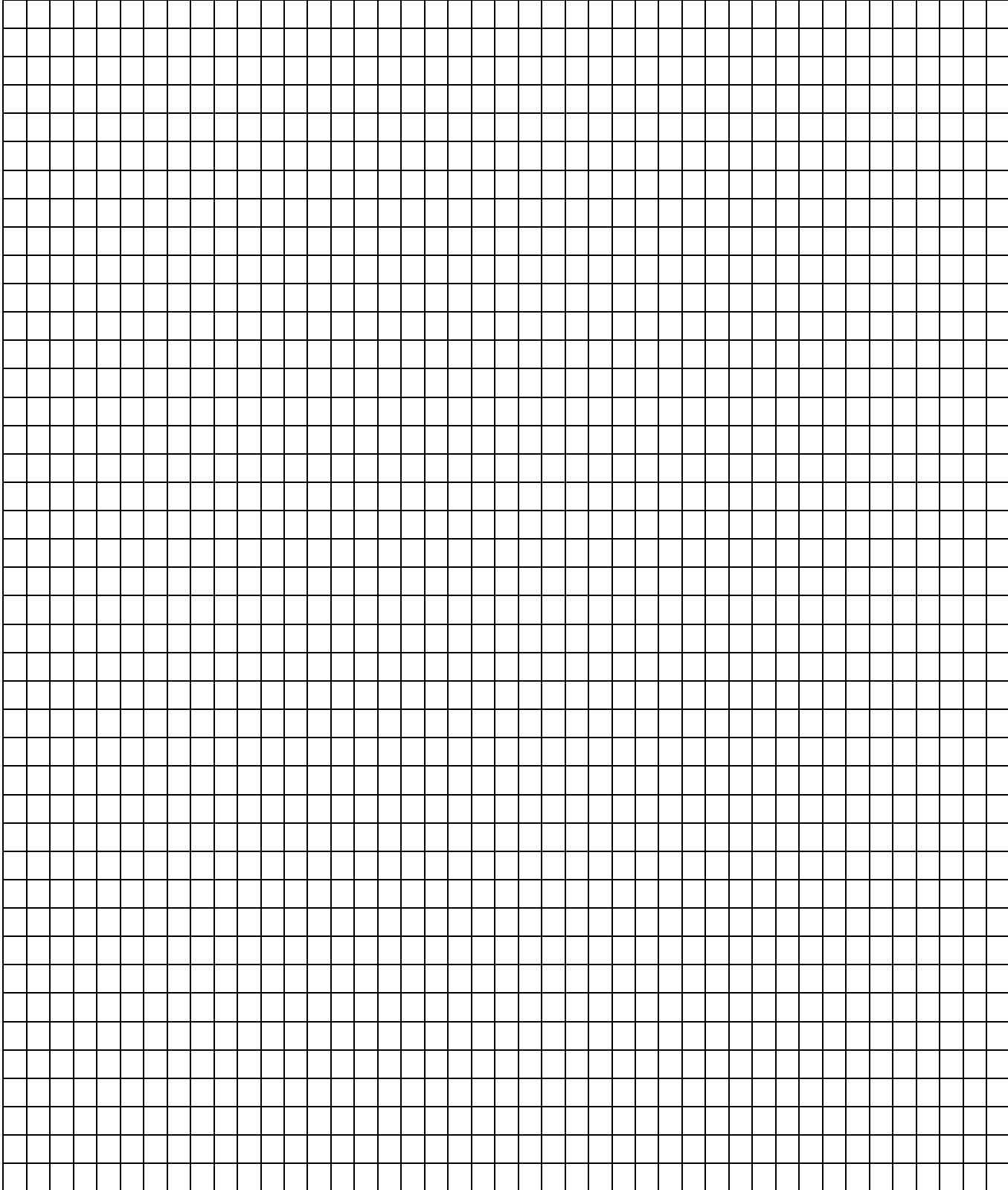
REV: 7/25/16

<p style="text-align: center;">OFFICE USE ONLY</p> <p style="text-align: center;">APPROVALS: Zoning/ Fire/ Building</p> <p style="text-align: center;"><input type="radio"/> Approved <input type="radio"/> Denied DATE: _____</p> <hr/> <p style="text-align: center;">Signature of Code Enforcement Officer</p> <p style="text-align: center;">FEE DUE: \$ _____ PAID ON: _____</p>

The Manufacturer'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.

REQUIRED DRAWING/ FLOOR PLAN

OWNER NAME: _____ **SITE ADDRESS:** _____



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OWNER'S AUTHORIZATION & CONSENT FORM

This form is to be signed **and notarized when required** by the owner of record of the property in which the work outlined on the building permit application has been applied for. Signing of this document gives permission for work to be commenced by the contractor designated. All insurance requirements are to be submitted to the parcel owner and this office. In addition any and all Engineering/ Attorney's fees associated with review of this application are the sole responsibility for reimbursement to the Town of Union Vale by the owner of record as per Sect. 105-12 of the Town of Union Vale Code before any Certificate of Occupancy is issued.

Date: _____

Parcel Location: _____

Contractor: _____

Owner Signature: _____ Print: _____

NOTARY STAMP:

(Req. New Home and/or any application required to be reviewed by the Town of Union Vale P.E. and/ or Attorney)



NOTICE TO APPLICANTS: 240-109 Certificate of Occupancy

It shall be unlawful for a building owner to use or permit the use of any building or premises or part thereof hereafter created, erected, changed, converted or enlarged, wholly or partly, in its use or structure until a Certificate of Occupancy shall have been issued by the Building Inspector and the Zoning Administrator.

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Distribution Piping Pressure Test Verification

AFFIDAVIT

Name of Business: _____

This certifies that the gas distribution piping installed inside the bulding

LOCATED AT: _____

OWNER: _____

Has successfully passed a leakage test at a pressure of _____ psi for a period of _____ hour(s) and has been installed per the Residential Code and/or the Fuel Gas of NYS.

On _____
(Date)

Note: See Section G2416 RCNYS Test pressure shall not be less than one-and-one-half times the proposed working pressure, but not less than 3psig (20kPA gauge), irrespective of design pressure. Test duration shall be not less than 10 minutes. Test medium shall be air or an inert gas. Oxygen shall not be used.

Plumber's Signature: _____

Print Name: _____

Plumbing Contractor: _____

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Plumbing/Mechanical Code Reference Sheet

The code requirements on this sheet are in no way a complete list of all the codes that must be adhered to when performing work. This is a REFERENCE to make you aware of some of the major code items inspectors from this office will be looking for. For a complete list of all applicable codes refer to the New York State Residential, Building, Mechanical, Fuel-Gas, Plumbing, Property Maintenance, and Energy Code.

1. **Boilers** - shut off valves are required in supply and return piping, pressure relief valves must be piped to within 18" of the floor, *low water cut-off control is required*, ignition source must be 18" off the floor if installed in a garage.
2. **All pipe** must be supported at the code required intervals with **approved** hangers.
3. **Water supply** piping needs an air test not less than **50psi** or prove tight under water pressure not less than the working pressure of the system.
4. **DWV piping** should be tested on completion of the rough piping installation by water 10 feet above the highest fitting connection or air at **5psi** for 15 minutes.
5. **Gas pipe** installations require a completed gas line certification form which is available from the office.
6. **Oil Tanks** must be secured to the floor. If installed in a garage a vehicle barrier must be installed. Oil lines must be secured and protected.
7. **Oil Tanks** that are removed or abandoned must be inspected and a salvage receipt must be filed with this office if the tank is removed.
8. **Wood-burning, pellet, gas-fired and other stoves** require the manufacturer's specifications to be submitted with the application. All required clearances must be met and the required drawing must show the size, location, and type of chimney or vent being installed.

INSPECTIONS

All plumbing, heating, gas and other pipin, as well as Mechanical Equipment and/or Appliances are required to have rough inspections, as well as a final inspection.

Rough inspections must occur before walls and ceilings are covered. Some fixtures and appliances can and will be checked during the final inspection. Stoves, fireplaces or other solid fuel burning appliances that have required clearances must be inspected before walls or ceilings are closed up. Any vents or chimneys must be inspected before walls and ceilings are covered.

~ INSPECTIONS ARE MANDATORY BEFORE A C/C or C/O CAN BE ISSUED ~