

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

**(RENOVATION / REPAIR OF EXISTING STRUCTURE)
(INCLUDING BASEMENT AREAS)**

Commercial

Residential

***** THE FOLLOWING MUST BE SUBMITTED AT TIME OF APPLICATION *****

APPLIC FORM COMPLETED **INSURANCE SUBMITTED** **INSURANCE ON FILE** **CONSENT IF APPLIC**

THE FOLLOWING WILL BE NEEDED TO PROCESS YOUR APPLICATION

1. Two copies of scaled drawings showing all details of construction and related footings, cross sections and floor plans. Only detailed drawings will be accepted and may be required to be submitted by a licensed design professional upon review of the Code Official. All applicable building codes must be adhered to from the N.Y.S. Residential and Building code.
 - A. Cross sections specifically drawn with materials to be used
 - B. Floor plans showing use of all rooms
 - C. Ceiling heights and projections
 - D. Window/Door clear opening sizes
 - E. Building/Structure elevations
 - F. Rafter/Joist/Header spans and sizes
 - G. Insulation values
 - H. Smoke/carbon Dioxide Detector placement
 - I. Plumbing/Mechanical details

2. Any increase in bedrooms will require approval from the Board of Health, if septic is currently used.

APPLICATION FOR BUILDING PERMIT

GRID: _____ ONE: _____ DATE: _____

APPLICATION TYPE: Residential New Construction Commercial Renovation/Alteration

APPLICANT: _____

ADDRESS: _____

TEL #: _____ CELL: _____ FAX #: _____ EMAIL: _____

NAME OWNER OF BUILDING/LAND: _____

PROJECT SITE ADDRESS: _____

MAILING ADDRESS: _____

TEL #: _____ CELL: _____ FAX #: _____ EMAIL: _____

BUILDING/CONTRACTOR DOING WORK:

COMPANY NAME: _____

ADDRESS: _____

TEL #: _____ CELL: _____ FAX #: _____ EMAIL: _____

DESIGN PROFESSIONAL NAME:

TEL #: _____ CELL: _____ FAX #: _____ EMAIL: _____

DESCRIPTION OF WORK:

SETBACKS: FRONT: _____ REAR: _____ L-SIDEYARD: _____ R-SIDEYARD: _____

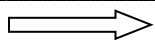
SIZE OF STRUCTURE: _____

ESTIMATED COST: _____ **TYPE OF USE:** _____

FEE DUE: CASH \$ _____ CHECK \$ _____ PAID _____

APPROVALS: Zoning/ Fire/ Building:

Approved Denied Date: _____



Signature of Applicant/Date

Signature of Code Enforcement Officer

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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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BUILDING DEPARTMENT INSPECTION PROCEDURE

***ANY CHANGES to plans require approval by Code Official*.**
You are required to schedule all inspections with this office in Advance of work to be inspected. Please provide building permit number, name on permit and specific type of inspection requested.

1. Pre-site inspection if required by Code Official
2. Contact Utility Dig/Safe Hotline before any excavation commences.
3. Footing inspection when complete all rebar placement and form work;
Notify at least 24 hours before placement.
4. Foundation walls both poured concrete and block complete;
Notify at least 24 hours before concrete pour.
5. All concrete slabs must be inspected, i.e. garage, basement, etc.
6. Footing drains and damp-proof of walls before backfill.
7. Framing inspection per submitted approved drawings.
8. Rough plumbing with all required air/water tests
9. Mechanical inspection includes: Furnace/Fireplace/Woodstove etc.
10. Rough Electrical inspection by third party inspector, approved list supplied.
11. Insulation compliance inspection prior to drywall installation.
12. Final Electrical inspection by third party agency certificate.
13. Provide ALL certificates required by Dutchess County Board of Health.
14. FINAL INSPECTION BY CODE OFFICIAL FOR COMPLIANCE
TO SUBMITTED DRAWINGS, SITE PLAN AND N.Y.S. BUILDING/ FIRE CODE.

• Please note per Town of Union Vale Code Section 240-109 Certificate of Occupancy: It shall be unlawful to occupy or use any structure or appliance until a valid Certificate of Occupancy or Compliance is issued by the Code Enforcement Officer of the Town of Union Vale. Strict adherence to this regulation will be enforced by this office.

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249 DUNCAN ROAD
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Directions to Applicant:

- 1- Obtain BLDG PERMIT
- 2-DISPLAY PERMIT IN VISIBLE PLACE
- 3-SCHEDULE ELECTRICAL INSPECTION
- 4-ELECTRICAL AGENCY will MAIL compliance cert to us
- 5-If ELECTRICAL is only PART of total project, you additionally need to *SCHEDULE FINAL INSPECTION* WITH BUILDING DEPARTMENT*

Town Board Approved Electrical Inspection Agencies

NEW YORK ELECTRICAL INSPECTIONS

Greg Murad

HCR #4

Kelly Corners, NY 12455

845 586-2430 888 693-4693

Tom LeJune

Local Inspector

PO box 384

Amenia, NY 12501

845 373-7308

Z3 CONSULTANTS, Inc.

Gary Beck

PO Box 363

Lagrangeville, NY 12540

Office/ Fax: 845 471-9370

NY BOARD OF FIRE UNDERWRITERS

Pat Decina

845 298-6792 800 356-2556

NY ATLANTIC-INLAND INC.

William Jacox

12 Ackert Road

Rhinebeck, NY 12372

Phone: 845 876-8794

THIRD PARTY INSPECTIONS INC.

68 Gold Road

Poughquag, NY 12570

845 590-1010

thirdpartyinsp@gmail.com

NEW YORK ELECTRICAL INSPECTION SERVICES

150 White Plains Road, Ste

104

Tarrytown, NY 10591

Phone: 914 347-4390 Fax: 914 347-4394

info@nyeis.us

Office

joann@nyeis.us

Certs/Billing

Ed Odell 914 384-6763

Brian McPartland 914 382-4921

Nick Morabito 914 384-6605

nick@nyeis.us

Anthony Rabasco 914 384-6634

Al Weis 914 384-6762

914 962-8236 home office

Charlie Del Pozzo 914 384-6644

NY ELECTRICAL INSPECTIONS & CONSULTANTS LLC

John Wierl

93 Beattie

Avenue

Middletown, NY 10940

845 551-8466

jwierl@nyeic.com

SAS ELECTRICAL INSPECTION

Yuir Badovich

P.O. Box 119

Greenfield Park, NY 12535

845-801-2172

yb@saselectricalinspection.com