

TOWN OF UNION VALE

DIRECTOR OF CODE ENFORCEMENT
GEORGE A. KOLB JR.



SUPERVISOR
PATRICIA TOMPKINS

TOWN COUNCIL
JOHN WELSH
STEVE FRAZIER
DAVID MCMORRIS
CORRINA KELLEY

BUILDING DEPARTMENT
249 DUNCAN ROAD
LAGRANGEVILLE, NY 12540
(845) 724-5953
FAX: (845) 724-3757
Building2@unionvaleny.us

BUILDING PERMIT APPLICATION (ACCESSORY STRUCTURES) (Swimming Pools, Pre-fab Sheds, etc.)

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

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

NOTE: THE FOLLOWING WILL BE NEEDED TO PROCESS YOUR APPLICATION

Specifications of structure provided by manufacturer including:

- a. Brochure of pre-fab shed to be installed
- b. Brochure of pool to be installed
- c. Specification of pump and filter to be used
- d. If pool is to include deck, sufficient drawings (2 copies) of construction; show all dimensions and construction, including footings.
- e. Location Plan Sheet provided must be filled out showing all sizes and setbacks of structure from the property lines.
- f. You may use current survey of parcel for structure location.

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: _____

NAME OWNER OF BUILDING/LAND: _____

PROJECT SITE ADDRESS: _____

MAILING ADDRESS: _____

TEL #: _____ CELL: _____ FAX #: _____

EMAIL: _____

BUILDING/CONTRACTOR/ ARCHITECT OR ENGINEER IF REQ.

COMPANY NAME: _____

ADDRESS: _____

TEL #: _____ CELL: _____ FAX #: _____

EMAIL: _____

DESCRIPTION OF WORK: _____ ESTIMATE COST OF PROJECT: _____

→ **Signature of Applicant/ Date**

REV: 7/25/16

OFFICE USE ONLY

APPROVALS: Zoning/ Fire/ Building

☐ Approved ☐ Denied DATE: _____

Signature of Code Enforcement Officer

FEE DUE: \$ _____ PAID ON: _____

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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:

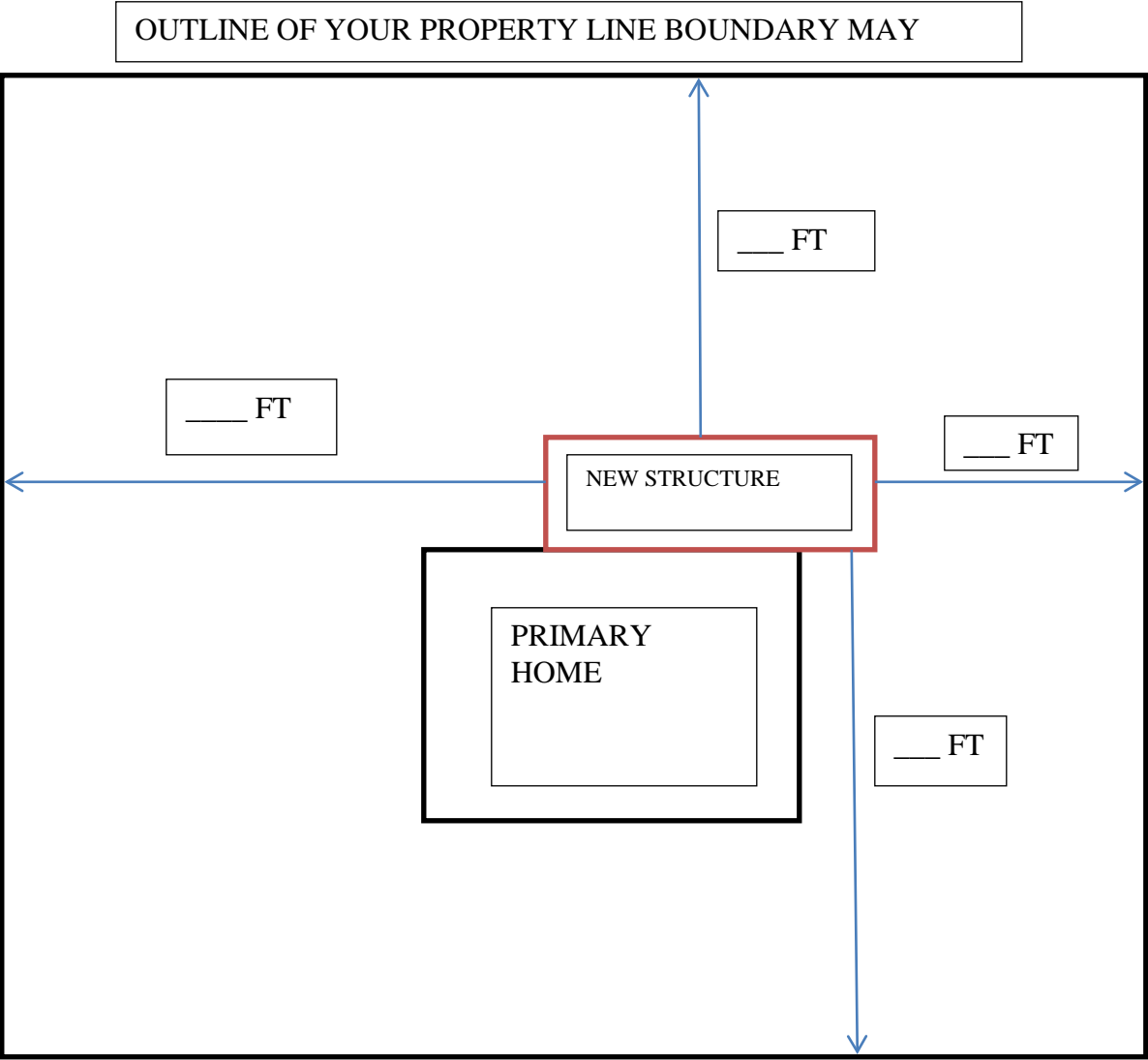
**(Req. New Home and/or any
application required to be reviewed
by the Town of Union Vale P.E.
and/ or Attorney)**



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.

SAMPLE ONLY PLEASE PROVIDE ACTUAL DIMENSIONS FROM YOUR PROPERTY LINES



STREET : # 249 DUNCAN ROAD



TOWN OF UNION VALE

Building Department

LOCATION OF PROPOSED STRUCTURE PLAN

YOU ARE REQUIRED TO LOCATE THE PROPOSED STRUCTURE ON THE BELOW PLAN IN RELATION TO THE EXISTING HOME. PROVIDE ALL DISTANCES FROM ALL PROPERTY LINES TO NEW STRUCTURE AS WELL AS EXTERIOR DEMENSIONS. YOU MAY ALSO USE A COPY OF YOUR CURRENT PROPERTY SURVEY

***** SEE BACK FOR SAMPLE*****

NAME : _____ DATE: _____

GRID # _____ ADDRESS: _____

PRIMARY
HOME

UNION VALE BUILDING DEPARTMENT INSPECTION PROCEDURE

***ANY CHANGES to plans require approval by Code Official*.**

You are required to schedule all inspection 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. Erosion control measures as dictated on plan or notes and SWPPP, if req., prior to any land disturbance activity.
4. Footing inspection when complete all rebar placement and form work;
Notify at least 24 hours before placement.
5. Framing inspection per submitted approved drawings.
6. Rough Electrical inspection by third party inspector, approved list supplied.
7. Final Electrical inspection by third party agency certificate.
8. Pool alarm certification submitted to office as required.
9. Inspection of all barrier/fence/gate installation for pool access.
10. 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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Building Department POOL ALARM CERTIFICATION (ASTM F 2208 only)

Building Permit#: _____

Date: _____

Location: _____

Owner / Builder: _____

Company / Business: _____

The undersigned hereby attests to the fact that the building/structure has installed an alarm system which conforms to the laws, title or regulation governing Building Construction, Title 19 NYCRR Residential Code of New York State (RCNYS) Chapter XXXIII, Subchapter A, Part 1220.5, Building Code Part 1221.3.

The above-listed owner/builder company/business hereby acknowledges that the alarm system and all components have been tested and that both manual and automatic features are working properly. The alarm sound is a minimum of 85 dba (decibel) when measures 10' away from alarm mechanism and meets requirements of ASTM F 2208. (Alarm sound both at poolside and inside any adjacent residence of building of occupancy.)

Signature of Property Owner/Authorized Agent that installed working pool alarm.

1-10-08/sc

File: BUILDING PERMITS/Building Department Pool Alarm Certification (ASTM F 2208 only)

TOWN OF UNION VALE BUILDING DEPARTMENT
249 DUNCAN ROAD
LAGRANGEVILLE, NY 12540

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

REV DATE:
11/30/11