

# 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

## **BUILDING PERMIT APPLICATION (NEW HOME CONSTRUCTION)**

**\*\*\* 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**

1. A completed signed application indicating all information outlined
2. Dutchess County Emergency 911 address form supplied
3. You must supply Dutchess County B.O.H. Sans 34 Form at the time of application
4. Supply (3) original PRELIMINARY PLOT PLANS to include:
  - a. All parcel bearings distances, acreage, zoning district, **grid/lot numbers**, owner of record.
  - b. Existing contours and final proposed contours (2' intervals req.)
  - c. Location of **ALL** proposed constructed items showing all property line setbacks and building envelope.
  - d. Surface drainage flow indicated & provisions for protection of adjacent properties against increased water flow as the result of construction of the dwelling.
  - e. Total site disturbance of **all improvements** in acreage and square footage denoted on plans. Delineate limits of disturbance.
  - f. Basic SWPPP req. for disturbance over ½ acre, additional Notice of Intent Form and SWPPP Acceptance Form submitted with application and conformation to D.E.C. if disturbance over 1 acre or if parcel is part of a subdivision as req. per Sect. 122 (Please locate on Town of Union Vale Web-Site if more information is needed).
  - g. Provide ground floor (lowest slab elevation), first floor fin. and garage floor elevations.
  - h. Roof, curtain, foundation, culvert and footing drains (with inverts and size and type of pipe).
  - i. Location of well & septic system with LSE and invert elevation of tank. Submit copy of Dutchess County Health Department approved plan.
  - j. Location of driveway, grades and elevations conforming to all town regulations per Sect. 111-8
  - k. All applicable notes from the approved subdivision plat and/or resolution.
  - l. All easements or right-of-way shown with bearings and distances.
  - m. Any designated Wetland or buffering delineation if applicable for parcel.
  - n. Street trees (if applicable)
  - o. Reference to Filed Map (if none, provide liber page).
  - p. Engineer/LS/Architect Certification (stamp/sign plans).

\*Please note it is the responsibility of the applicant's design professional to supply all items referenced above for review by the Town of Union Vale's Engineer for adequate review. All Storm Water Pollution Prevention Plans for construction activities will need to be submitted with BUILDING PERMIT application if disturbance is over ½ acre or if project is part of a larger plan of development. Refer to requirements in BASIC SWPPPSUBMISSION REQUIREMENTS ON filing Notice of Intent filed with the D.E.C. if disturbance exceeds one acre. Any information omitted or not clarified will reflect in possible re-submission requirement and additional review fees as noted in the Owner's Authorization and consent form required to be submitted with this application.

5. Supply 2 sets of WORKING CONSTRUCTION/FOUNDATION DRAWINGS complying with the N.Y.S. Residential Building Code/Designate design criteria for this area on plans.  
(1/4" scale on 18" x 24" paper to be used).

# 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

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

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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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## NEW BUILDING DATA SHEET

Page 1 of 2

APPLICATION # \_\_\_\_\_

SITE: \_\_\_\_\_

PLEASE CIRCLE WHICH APPLIES:

WATER

SEWER

WELL

SEPTIC

**0 BUILDING STYLES**

- 1-RANCH                      2- RAISED RANCH
- 3-SPLIT LEVEL              4- CAPE COD
- 5- COLONIAL                 6-CONTEMPORARY
- 7- OTHER: \_\_\_\_\_

- 1- MODULAR
- 2- NEW HOME 1½ STORY W/BASEMENT
- 3- NEW HOME 1½ STORY W/SLAB CRAWL
- 4- NEW HOME 1 STORY W/BASEMENT
- 5- NEW HOME 1 STORY W/SLAB CRAWL
- 6- NEW HOME 2-STORY

**0 TOTAL # OF ROOMS (EXCLUDE BATHROOMS)**

- # OF BEDROOMS
- # OF FAMILY ROOMS
- # OF LIVING ROOMS
- # OF DINING ROOMS
- # OF BONUS ROOMS
- # OF BATHS
- # OF STORIES ABOVE BASEMENT

	1 <sup>ST</sup> FL	2 <sup>ND</sup> FL
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 0 BASEMENT TOTAL AREA SQ FT**      ( \_\_\_\_\_ X \_\_\_\_\_ )      \_\_\_\_\_
- BASEMENT FINISHED AREA SQ FT**      ( \_\_\_\_\_ X \_\_\_\_\_ )      \_\_\_\_\_
- SQ FT OF LIVING AREA (SFLA)**
- 1<sup>ST</sup> FLOOR:      ( \_\_\_\_\_ X \_\_\_\_\_ )      \_\_\_\_\_
- 2<sup>ND</sup> FLOOR:      ( \_\_\_\_\_ X \_\_\_\_\_ )      \_\_\_\_\_

0 SQ FT OF GARAGE ( \_\_\_\_\_ X \_\_\_\_\_ ) \_\_\_\_\_  
BASEMENT GARAGE NONE-1 CAR-2 CAR-3 CAR \_\_\_\_\_

ATTACHED GARAGE: NONE-1 CAR-2 CAR-3 CAR \_\_\_\_\_  
DETACHED GARAGE: NONE-1 CAR-2 CAR-3 CAR \_\_\_\_\_  
SFLA OVER ATTACHED/DETACHED GARAGE: ( \_\_\_\_\_ X \_\_\_\_\_ ) \_\_\_\_\_

0 CENTRAL AIR CONDITIONING: 1-YES 2-NO \_\_\_\_\_

0 HEAT TYPE: 1- NONE 2- WARM AIR 3- HW/STM \_\_\_\_\_  
4- FLR FURN 5- UNIT 6- STA \_\_\_\_\_

0 EXTERIOR WALLS: 1- WOOD 2- CB 3- BR \_\_\_\_\_  
4- WOOD SIDING 5- STUCCO 6- STA \_\_\_\_\_  
7- ALUMINUM \_\_\_\_\_

0 TOTAL # OF FIREPLACES \_\_\_\_\_ 1<sup>st</sup> FL 2<sup>nd</sup> FL  
SELECT TYPE: GAS \_\_\_\_\_ WOOD \_\_\_\_\_ WOOD \_\_\_\_\_ Location: \_\_\_\_\_  
GAS \_\_\_\_\_ WOOD \_\_\_\_\_ WOOD \_\_\_\_\_ Location: \_\_\_\_\_

0 TYPE OF BUILDING CONSTRUCTION  
1- FIRE RESISTANT (MASONRY METAL)  
2- HEAVY TIMBER  
3- MASON WALLS W/ WOOD, JOISTS & RAFTERS  
4- WOOD FRAME

0 SQ FT OF DECK \_\_\_\_\_ 0 SQ FT OF PORCH: \_\_\_\_\_  
FRONT - OPEN-COVERED-ENCLOSED \_\_\_\_\_ FRONT - OPEN-COVERED-ENCLOSED \_\_\_\_\_  
REAR - OPEN-COVERED-ENCLOSED \_\_\_\_\_ REAR - OPEN-COVERED-ENCLOSED \_\_\_\_\_  
BI-LEVEL- OPEN-COVERED-ENCLOSED \_\_\_\_\_ BI-LEVEL-OPEN-COVERED-ENCLOSED \_\_\_\_\_  
WRAP AROUND- OPEN-COVERED-ENC \_\_\_\_\_ WRAP AROUND-OPEN-COVERED-ENC \_\_\_\_\_  
OTHER DESCRIPTION: \_\_\_\_\_ OTHER DESCRIPTION: \_\_\_\_\_

**Dutchess County Real Property Tax Service Agency  
Address Request Form**

Office Phone: (845) 486-2140  
22 Market Street, Poughkeepsie, NY 12601

Fax Number: (845) 486-2093  
[rptaddressing@co.dutchess.ny.us](mailto:rptaddressing@co.dutchess.ny.us)

Name of Firm or Person requesting address information \_\_\_\_\_

Contact Person \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**TO BE FILLED IN BY PERSON REQUESTING NEW ADDRESS:**

1. Type of Request:     Resale                       New Construction  
                                  Sub-division                       Other \_\_\_\_\_

2. Real Property Tax Grid Number:

**13-** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Swis code (4)      Section (4)      Block (2)      Lot (6)      Suffix (4)

Filed Map Number (if available): \_\_\_\_\_ Lot # \_\_\_\_\_

3. Parcel old address (if applicable):

\_\_\_\_\_

4. Former owner of parcel or structure:

\_\_\_\_\_

5. New owner of parcel or structure:

\_\_\_\_\_

6. **Attach a plot plan showing actual location of driveway:**

\_\_\_\_\_

**To be completed by RPT Addressing Staff:**

New assigned 9-1-1 address: \_\_\_\_\_

Name of Technician: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

# **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. Foundation walls both poured concrete and block complete;  
Notify at least 24 hours before concrete pour.
6. All concrete slabs must be inspected, i.e. garage, basement, etc.
7. Footing drains and damp-proof of walls before backfill.
8. Framing inspection per submitted approved drawings.
9. Rough plumbing with all required air/water tests.
10. Mechanical inspection includes: Furnace/Fireplace/Woodstove etc.
11. Rough Electrical inspection by third party inspector, approved list supplied.
12. Insulation compliance inspection prior to drywall installation.
13. Final Electrical inspection by third party agency certificate.
14. Provide FINAL AS-BUILT for Site Plan of Project (3 COPIES)
15. Provide final Sans 34 form approval by Dutchess County Board of Health
16. Final grading and soil stabilization/ driveway completion etc.
17. Provide ALL certificates required by Dutchess County Board of Health.
18. 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.

Dutchess County Health Department  
 387 Main Street  
 Poughkeepsie, NY 12601



## Application for Approval of a Residential Sewage Disposal System

Tel. # 845-486-3404

**INSTRUCTIONS:** Building Inspector and Applicant to Complete Section 1 Health Department to complete Section 2

**SECTION 1**

Date of Application: \_\_\_\_\_ Town/Village: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

\_\_\_\_\_

Applicant Telephone #: \_\_\_\_\_

Subdivision or Plan Name: \_\_\_\_\_

Lot Number: \_\_\_\_\_ Section No. #: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

(Town) (Section) (Map) (Parcel / Grid)

Tax Map Number: 

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 - 

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 - 

--	--	--	--	--	--

Location and description of property: \_\_\_\_\_

\_\_\_\_\_

Other name by which property is known: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Bldg. Permit Applic. No. \_\_\_\_\_

(Zoning Administrator / Building Inspector signature)

**SECTION 2** **For Health Dept. Use ONLY**

Environ. Health File # or Map Code #: _____	Map Expiration Date: _____
Individual Lot: _____	Subdivision < 5 Lots: _____
Illegal Subdivision: _____	County Clerk Filed Map #: _____
Health Dept. Approved Subdivision: _____	Parcel Extension Date: _____

	ACTION	DATE	INITIALS
C.O.	Contacts Applicant re: Engineering Requirements		
	Contacts Applicant re: Soil Tests		
	Transmits Application to District Office		
D.O.	Observes soil tests		
	Makes Pre-Construction Site Visit		
	Clears Building Permit with Building Inspector		
	Receives Well Completion Report		
	Receives Fill Section Certification		
	Completes Inspection		
	Clears Certificate of Occupancy with Bldg. Inspector		





**Dutchess County  
Department of Emergency Response  
Address Request Form**



Office Phone: (845) 486-2080  
392 Creek Road, Poughkeepsie, New York 12601

Fax Number: (845) 486-3998  
[addressing@dutchessny.gov](mailto:addressing@dutchessny.gov)

Name of Firm/Person requesting address \_\_\_\_\_

Contact person \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**TO BE FILLED IN BY PERSON REQUESTING NEW ADDRESS:**

1. Type of Structure: ( ) Single-family ( ) Commercial ( ) Government  
( ) Multi-family ( ) Mobile Home ( ) Accessory Use  
( ) Other \_\_\_\_\_

2. Real Property Tax Parcel Grid Number:

**13** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Swis code (4) Section (4) Block (2) Lot (6) Suffix (4)

Filed Map Number (if available): \_\_\_\_\_ Lot # \_\_\_\_\_

3. Parcel old address (if applicable):

\_\_\_\_\_

4. **Attach a plot plan showing actual location of driveway:**

\_\_\_\_\_

**To be completed by Addressing Staff:**

New assigned 9-1-1 address: \_\_\_\_\_

Assigned by: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

# **Town of Union Vale**

## **Checklist for Plot Plan Approval**

### **PRELIMINARY PROPOSED PLOT PLAN REQUIREMENTS: (3 SETS)**

- a. All parcel bearings distances, acreage, zoning district, grid/ lot numbers, owner's name and address.
- b. Existing contours and final proposed contours (2' intervals req.)
- c. Location of **ALL** proposed constructed items showing all property line setbacks and building envelope.
- d. Surface drainage flow indicated & provisions for protection of adjacent properties against increased water flow as the result of construction of the dwelling.
- e. Erosion controls as may be necessary to protect downstream.
- f. Total site disturbance of **all improvements** in acreage and square footage denoted on plans. Delineate limits of disturbance.
- g. Basic SWPPP req. for disturbance over ½ acre, additional Notice of Intent Form and SWPPP Acceptance Form submitted with application and conformation to D.E.C. if disturbance over 1 acre or if parcel is part of a subdivision as req. per Sect. 122 (Please locate on Town of Union Vale Web-Site if more information is needed).
- h. Provide ground floor (lowest slab elevation), first floor fin. and garage floor elevations(if no garage so state).
- i. Roof, curtain, foundation, culvert and footing drains (with inverts and size and type of pipe).
- j. Location of well & septic system with LSE and invert elevation of tank. Submit copy of Dutchess County Health Department approved plan.
- k. Location of driveway, grades and elevations conforming to all town regulations per Sect. 111-8 (Spot elevations at both edges of pavement and in 50' increments along driveway)
- l. All applicable notes from the approved subdivision plat and/or resolution.
- m. All easements or right-of-way shown with bearings and distances.
- n. Any designated Wetland or buffering delineation if applicable for parcel.
- o. Street trees (if applicable)
- p. Utility poles and ID number; underground utility junction boxes (if applicable).
- q. Reference to Filed Map (if none, provide liber page).
- r. Engineer/LS/Architect Certification (stamp/sign plans).

### **FINAL AS-BUILT: STRUCTURE & IMPROVEMENTS (3 SETS)**

- Certified Finalization of ALL above items (required). This is to include all constructed items include all property line setbacks, driveway location & grades (spot elevations at road, changes in grade and at garage), well/ septic location (septic tank, 4 corners of leach fields, sewer pipe with invert out of house), roof and footing drain location and elevations, wetland & buffers, street trees if req., final contours of disturbed areas (2' intervals), any deviation from the approved plot plan.
- All right-of-way agreements, deed restrictions and sub-division requirements if applicable.

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

**NEW YORK ELECTRICAL INSPECTION SERVICES**

150 White Plains Road, Ste 104

Tarrytown, NY 10591

Phone: 914 347-4390/ Fax 4394

[info@nyeis.us](mailto:info@nyeis.us)

Office

[joann@nyeis.us](mailto:joann@nyeis.us)

Certs/Billing

Ed Odell

914 384-6763

Brian McPartland

914 382-4921

Nick Morabito

914 384-6605

[nick@nyeis.us](mailto:nick@nyeis.us)

Anthony Rabasco

914 384-6634

Al Weis

914 384-6762

914 962-8236 home office

Charlie Del Pozzo

914 384-6644

**Z3 CONSULTANTS, Inc.**

Gary Beck

PO Box 363

Lagrangeville, NY 12540

Office/ Fax: 845 471-9370

**NY ELECTRICAL INSPECTIONS & CONSULTANTS LLC**

John Wierl

93 Beattie Avenue

Middletown, NY 10940

845 551-8466

[jwierl@nyeic.com](mailto:jwierl@nyeic.com)

**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

REV DATE:  
11/30/11

**THIRD PARTY INSPECTIONS INC.**

68 Gold Road

Poughquag, NY 12570

845 590-1010

[thirdpartyinsp@gmail.com](mailto:thirdpartyinsp@gmail.com)