#### 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

Building2@unionvaleny.us

## SUPERVISOR PATRICIA TOMPKINS

TOWN COUNCIL

JOHN WELSH

STEVE FRAZIER

DAVID MCMORRIS

CORRINA KELLEY

## BUILDING PERMIT APPLICATION

# (ALL SITE-BUILT STRUCTURES: ADDITIONS, GARAGES, DECKS, PORCHES, ETC)

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

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

#### NOTE: 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 on 18" x 24" paper size max. 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 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. Plot Plan Sheet provided must be filled out showing all sizes and setbacks of structure from all property lines.
- 3. Any increase in bedrooms will require approval from the Board of Health.

## **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.\*\*

O New Construction	O Commercial	O Renovation/Alteration
	DATE:	
_ CELL:		FAX #:
s		
CELL:		FAX #:
	FAX #:	
	ESTIMATE COST OF PROJECT:	
	OI	FFICE USE ONLY
	APPROV	ALS: Zoning/ Fire/ Building
	O Approv	ved O Denied DATE:
eate	Signature o	f Code Enforcement Officer
	i	
	CELL:CELL:CELL: CELL:	CELL:  CELL:  CELL:  ESTIMATE COST OF APPROV O Approx

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Date:



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### **OWNER'S AUTHORIZATION & CONSENT FORM**

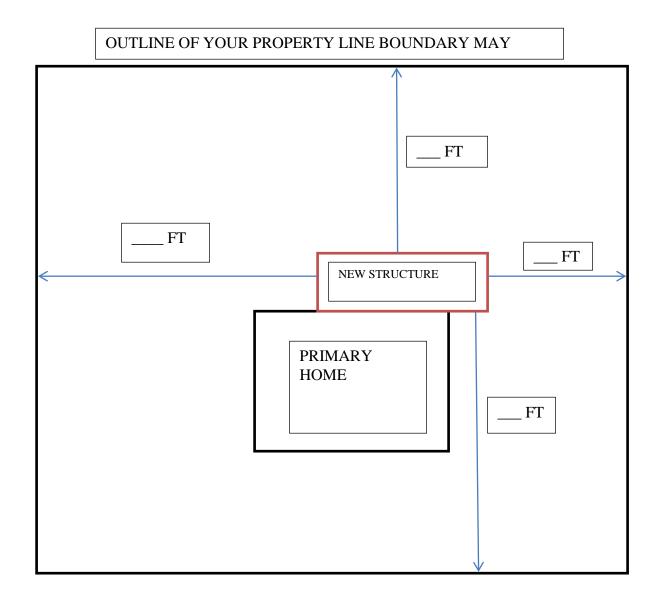
This form is to be signed and notarized when required by the owner of record of the property in which the work outlined on the building permit application has been applied for. Signing of this document gives permission for work to be commenced by the contractor designated. All insurance requirements 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.

Parcel Location:		
Contractor:		
Owner Signature:	Print:	
N	OTARY STAMP:	
(Req. New Home and/or any application required to be reviewed by the Town of Union Vale P.E. and/ or Attorney)		
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#### **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 DEMENSIONS 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 EXISITING HOME. PROVIDE ALL DISTANCES FROM <u>ALL</u> 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	

### 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 Sans 34 form approval by Dutchess County Board of Health
- 15. Final grading and soil stabilization/ driveway completion etc.
- 16. Provide ALL certificates required by Dutchess County Board of Health.
- 17. 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.

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

**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

Certs/Billing joann@nyeis.us

Brian McPartland 914 382-4921

Nick Morabito 914 384-6605

nick@nyeis.us

914 962-8236 home office

914 384-6763

Anthony Rabasco 914 384-6634

Al Weis 914 384-6762

Charlie Del Pozzo 914 384-6644

**NY ELECTRICAL INSPECTIONS & CONSULTANTS LLC** 

**REV DATE:** 

11/30/11

John Wierl

Ed Odell

93 Beattie Avenue

Middletown, NY 10940

845 551-8466

jwierl@nyeic.com

**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

800 356-2556