### TOWN OF UNION VALE

DIRECTOR OF CODE ENFORCEMENT GEORGE A. KOLB JR.



SUPERVISOR BETSY MAAS

TOWN COUNCIL

JOHN WELSH STEVE FRAZIER KEVIN DURLAND KEVIN MCGIVENY

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

# APPLICATION FOR WETLAND DISTURBANCE PERMIT

### \*\*\* 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. \*\*\*APPLICATION MUST BE ACCOMPANIED WITH A COMPLETE SET OF PLANS FOR LOT IMPROVEMENTS AND LOCATION MAP OF WETLANDS AS THEY EXIST IN THE FIELD OR AS SHOWN ON WAPPINGER ENVIRONMENTAL MAPS\*\*\*

#### Administrative Permit: if applicable

**<u>Planning Board Permit/Resolution</u>: if applicable** 

- 2. Two copies of scaled plans showing all details of construction and related footprint of structure. <u>Only</u> detailed drawings will be accepted and may be required to be submitted by a licensed design professional upon review of the Code Official.
- 3. Plot Plan Sheet provided must be filled out showing all sizes and setbacks of structure.

4.	Wetland Expert delineating Wetland:			
	ESTIMATED QUANTITY OF EXCAVATION: C.Y CUT FILL			
	ESTIMATED TOTAL VALUE OF WORK:			
	PROPOSED STARTING DATE: PROPOSED COMPLETION DATE:			
	PLANS PREPARED BY: DATE:			
LIST APPLICABLE COUNTY, STATE OR FEDERAL PERMITS:				
	OWNER'S SIGNATURE: DATE:			
5.	Size of Activity Area:			
	Is work proposed in Wetland: or Wetland Buffer Area:			
	Impacts that the prolonged activity will have on the Wetland:			

6. After application is completed, a pre-site visit is required to be scheduled with this office.

### **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: O Residential	O New Construction	O Commercial O 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/ ARCHITE	CCT OR ENGINEER IF R	EQ.
COMPANY NAME:		
ADDRESS:		
TEL #:	CELL:	FAX #:
EMAIL (*REQUIRED*):		
DESCRIPTION OF WORK:		ESTIMATE COST OF PROJECT:
		OFFICE USE ONLY
		APPROVALS: Zoning/ Fire/ Building
		O Approved O Denied DATE:
→ Signature of Applicant/ D	ate	Signature of Code Enforcement Officer
REV: 7/25/16		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.