

# 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 (CHANGE OF COMMERCIAL OCCUPANCY)**

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

APPLIC FORM COMPLETED    INSURANCE SUBMITTED    INSURANCE ON FILE    CONSENT IF APPLIC

**RENOVATION OF SPACE**

**NO ALTERATION OF SPACE**

**The following must be submitted for processing of your application:**

1. Explicate narrative of type of business and its use to be approved by Zoning Administrator and Fire Inspector submitted by the prospective occupant.  
(Attach to application.)
2. Provide 2 sets of drawings showing all floor plans and cross sections of construction, if renovating space. ONLY detailed drawings will be accepted and may be required to be submitted by a licensed design professional after review by the Code Official. All plans must comply to the N.Y.S. Building and Fire Code.

Please supply if applicable to project:

- 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

**\*FOLLOW INSPECTIONS SUPPLIED THAT ARE APPLICABLE\***

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

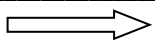
**SIZE OF STRUCTURE:** \_\_\_\_\_

**ESTIMATED COST:** \_\_\_\_\_ **TYPE OF USE:** \_\_\_\_\_

**FEE DUE:**     CASH \$ \_\_\_\_\_     CHECK \$ \_\_\_\_\_    **PAID ON** \_\_\_\_\_

**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.

**TOWN OF UNION VALE**  
**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.
19. 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.

**TOWN OF UNION VALE BUILDING DEPT.**  
249 Duncan Road  
Lagrangeville, NY 12540

**NARRATIVE OF PROPOSED BUSINESS for  
ZONING APPROVAL**

**Change of Occupant**

**Date:** \_\_\_\_\_

**Grid#** \_\_\_\_\_  
**Comm'l Zone:** \_\_\_\_\_

**Owner of Property:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Contact#:** \_\_\_\_\_

**New Occupant:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone#:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

**Previous Occupant:** \_\_\_\_\_

**PROPOSED USE OF PREMISES** : *Attach a typed precise descriptive narrative* (on letterhead if available) describing business addressing the following items: **MUST INCLUDE** the number of employees; hours of operation; type of business; outside storage; a description of type of business (i.e. retail, service, (food, clothing, toys, furniture, etc.), office space (medical, attorneys, real estate, contracting, etc); billing offices (open to the public or not open to public just employees only).

**A sketch of the structure to be occupied** and/or outside site to be used for business proposed must be supplied with narrative for determination is needed (if multiple tenants please identify area).

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**Office use only:**

**Site Plan Approval:** \_\_\_\_\_ **Approved Use:** \_\_\_\_\_

**SUP for use:** \_\_\_\_\_

**Restrictions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approval of Change of Occupancy:**

- Sign Permit Required
- Owner Consent Received

**Denied:**

- Change of use
- Use not permitted in said Zone
- Change of use needs Planning Board approval
- Incomplete Submission

\_\_\_\_\_  
Code Enforcement Officer

\_\_\_\_\_  
Date

TOWN OF UNION VALE BUILDING DEPARTMENT  
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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](mailto: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](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

**NY ELECTRICAL INSPECTIONS & CONSULTANTS LLC**

John Wierl

93 Beattie

Avenue

Middletown, NY 10940

845 551-8466

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

**SAS ELECTRICAL INSPECTION**

Yuir Badovich

P.O. Box 119

Greenfield Park, NY 12535

845-801-2172

[yb@saselectricalinspection.com](mailto:yb@saselectricalinspection.com)