

TOWN OF LAGRANGE

APPLICATION FOR A NEW COMMERCIAL STRUCTURE

IDENTIFICATION OF APPLICANT

NAME OF THE APPLICANT _____ PHONE NO. _____
 MAILING ADDRESS _____ ZIP CODE _____
 NAME OF PROPERTY OWNER _____ PHONE NO. _____

IDENTIFICATION OF PROPERTY

COST OF PROPOSED WORK \$ _____

NAME OF BUSINESS _____ PHONE NO. _____
 PARCEL GRID NO. _____ 911 ADDRESS _____
 NAME OF PLAZA OR BUILDING (Know as) _____
 TYPE OF BUSINESS PROPOSED (describe) _____
 RETAIL OFFICE WAREHOUSE RESTAURANT FOOD SERVICE/DELI ASSEMBLY OTHER
 DIMENSIONS OF BUILDING _____ FT. BY _____ FT. SQUARE FOOTAGE OF THE NEW BUILDING _____ SQ. FT.

CLIMATIC & GEOMATIC DESIGN CRITERIA

GROUND	WIND	SEISMIC	SUBJECT TO DAMAGE FROM			WINTER	ICE SHIELD
SNOW		DESIGN	FROST LINE			DESIGN	UNDERLAYMENT
LOAD	SPEED (mph)	CATEGORY	WEATHERING	DEPTH	TERMITE DECAY	TEMP	REQUIRED
55	80-90 Special	C	Severe	42"	Slight to Mod.	2	ice

ATTACHED & HERETO MADE PART OF THIS APPLICATION I SUBMIT THE FOLLOWING DOCUMENTS:

- PROOF OF OWNERSHIP
- A PROPERTY SURVEY OR A COPY OF THE APPROVED PLOT OF THE AFFECTED PREMISES
- SIGNED SITE DEVELOPMENT PLANS
- PLANNING BOARD RESOLUTION
- TWO (2) SETS OF CONSTRUCTION PLANS & SPECIFICATIONS
- ENERGY AUDIT (RES-CHECK) COMPLIANCE CERTIFICATE
- PROOF OF WORKMAN'S COMPENSATION INSURANCE
- APPLICATION FOR GRADING PERMIT
- DRIVEWAY PERMIT AND AGREEMENT
- METHOD OF ENERGY CODE COMPLIANCE
- SANS 34 TO BE FILED WITH HEALTH DEPT. (Filled out in office)
- GRADING PLAN OR AGREEMENT
- DRIVEWAY COMPLIANCE LETTER
- WATER SERVICE PERMIT
- SEWER CONNECTION PERMIT

APPLICATION IS HEREBY MADE TO DEPARTMENT OF PLANNING, ZONING, AND BUILDING AND PUBLIC WORKS PURSUANT TO THE BUILDING CODE OF NEW YORK STATE. APPLICANT AGREES TO COMPLY WITH ALL APPLICABLE LAWS, ORDINANCES & REGULATIONS GOVERNING SUCH BUSINESS OR USE.

SIGNATURE OF APPLICANT _____ **DATE** _____
 (MUST BE SIGNED IN OFFICE)

OFFICE USE ONLY

ZONING \$250.00 ADMIN. FEE \$ _____ BLDG. PERMIT FEE \$ _____ RECEIPT NO. _____ DATE _____
 APPLICATION NO. _____ BUILDING PERMIT NO. _____ DATE _____

TOWN OF LAGRANGE

STATEMENT OF USE

PLANNING & PUBLIC WORKS - 452-8562

BUILDING & ZONING - 452-2046

120 STRINGHAM ROAD, LAGRANGEVILLE, NY 12540

Office Use Only

PROPERTY ID NO. _____ COMMERCIAL INFORMATION REQUEST NO. _____

Instructions: Inquirer Completes Section A. Section B of form to be completed by Planning & Public Works Department. Section C of form to be completed by Building & Zoning Department

SECTION A. PROJECT INFORMATION & STATEMENT OF USE

Inquirer's Name: _____ Phone No: () _____

Inquirer's E-Mail: _____ Cell No.() _____ Fax No. () _____

Location for which this inquiry is made: No. _____ Street _____ Site Name _____

Type of Business RETAIL SERVICE FOOD SERVICE AUTOMOTIVE RESTAURANT ASSEMBLY CONTRACTOR CIVIC

WAREHOUSE MIXED USE INDUSTRIAL FINANCIAL WHOLESALE CHILD CARE OUTDOOR STORAGE

Will state or county licenses or permits be required for this business? Yes No

Will there be outdoor activity or outdoor storage of any kind for the operation of the business? Yes No

Will commercial vehicles be used for the operation of this business Yes No

If you have checked "yes" to any of the above questions, please include details in your Statement of Use.

Inquirer's statement of use (Additional information may be submitted under separate cover.)

Statement of Use:

Inquirer to fill out all that apply:

Business Floor Area (ft²): Does the building or site have more than one use Yes No

Number of employees: Number of seats:

Number of stations/machines: Number of toilets:

Specialty equipment: _____

Inquiry is hereby made pursuant to the above statement of use & information provided.

Name _____ Signature _____ Date _____
Print

SECTION B. WATER/SEWER ADEQUACY SITE RESPONSE

WATER: Private Municipal Facility: _____

WASTEWATER: Private Municipal Facility: _____

Previous Use: _____

Design Flow Anticipated: _____

Notes: _____

Recommendation:

Proposed use has no impact

Proposed use requires Dutchess County Department of Health review/approval

Administrator of Planning & Public Works

Date

SECTION C. ZONING RESPONSES

The responses contained in this document are based entirely on the information provided by the inquirer

Schedule A, (§ 240-270) - Use: _____ Permitted Special Permit Not Permitted

Use Permit Required Not Required

Building Permit Required Not Required

Sign Permit Required Not Required

Site Development Plan Required Not Required Planning Board Referral Required

If you wish to move forward with the project the following documents will be required:

- Interior Fit-up Plan
- Building Permit Fee
- Special Use Permit Application
- Special Use Permit Fee
- Informational Meeting - Building Inspector
- Appeal from Decision
- Site Plan Application

Building Inspector

Date

TOWN OF LAGRANGE

OFFICE OF THE BUILDING INSPECTOR

120 Stringham Road, LaGrangeville, NY12540

Phone 845 – 452-1872 Fax 845 – 452-7692

GRADING PERMIT

BUILDING PERMIT APPLICATION INFORMATION

The following instructions will provide assistance in filling out an application for a Grading Permit. To avoid unnecessary delays in obtaining a Grading Permit all the following items shall be provided.

1. **GRADING PERMIT APPLICATION** – The application must be completed and signed by the owner of the property or a letter of authorization from the owner allowing the applicant to sign and obtain the Grading Permit is required to be submitted with the application. A grading plan must accompany the application.
2. **DESCRIPTION OF WORK TO BE PERFORMED** – Describe the proposed grading work to be performed with the actual acreage to be affected by the proposed work.
3. **FOLLOWING DOCUMENTS MUST BE RECEIVED** – Property survey or approved plot of the affected premises; a grading plan; a drainage easement terms; an erosion control plan and specifications for final site stabilization, a wetlands permit, if required, a Department of Conservation Permit, a Driveway permit a Department of Transportation Work Permit.
4. **DEC PERMIT FOR CONTAMINATED SOILS** – This only applies in the event a fuel storage tank failed and a spill has occurred.
5. **WORKER'S COMPENSATION** – Worker's compensation insurance form #C-105.2 or U26.B shall be required by contractors performing work for homeowners/businesses. (Note: New York State will not accept ACORD liability forms as proof of workman's compensation insurance.)
6. **FEES PAID** – Fees shall be paid in accordance with the Standard Schedule of Fees as adopted by the Town Board.

TOWN OF LAGRANGE

GRADING PLAN AGREEMENT

TO ACCOMPANY BUILDING PERMIT APPLICATIONS FOR SINGLE-FAMILY RESIDENCES IN NEW SUBDIVISIONS

IDENTIFICATION OF APPLICANT

NAME OF OWNER _____ PHONE: _____

NAME OF CONTRACTOR _____

911 ADDRESS _____

PARCEL GRID NO. _____ SUBDIVISION NAME _____ SUB.LOT NO. _____

APPLICANT'S NAME (If other than owner) _____

AFFIDAVIT OF SITE DEVELOPMENT PLAN REVIEW

I, _____, as the applicant for a building permit for a new single family residence, have read and understand the terms and conditions of the approved site development plan for the subdivision. I, _____ agree to follow the grading plan as prescribed by the site development plan. In the event that it becomes necessary to deviate from the approved grading plan, I understand that I am required to submit and receive approval for an alternate grading plan. I understand that the foundation backfill inspection will not be performed until such time as the first floor elevation has been certified to be in compliance with the grading plan.

ATTACHED HERETO & MADE A PART OF THIS APPLICATION, I SUBMIT THE FOLLOWING DOCUMENTS:

(Please check appropriate boxes)

- A PROPERTY SURVEY OR A COPY OF THE APPROVED PLOT OF THE AFFECTED PREMISES
- GRADING PERMIT
- DRAINAGE EASEMENT TERMS (AS FILED WITH THE DEED)
- A PROPERTY SURVEY OF THE AFFECTED PREMISES
- EROSION AND SEDIMENT CONTROL PLAN WITH DETAILS & SPECIFICATIONS FOR SITE STABILIZATION
- LANDSCAPE PLAN AND SPECIFICATIONS FOR FINAL SITE STABILIZATION
- WETLANDS PERMIT WHEN WORK AREA IS WITHIN A REGULATED AREA
- NYS DEC SPDES GENERAL CONSTRUCTION PERMIT GP-02-01 PROOF OF COVERAGE
- TOWN DRIVEWAY PERMIT
- DOT/DPW WORK PERMIT
- PROOF OF WORKMAN'S COMPENSATION INSURANCE ON FORM #C-105.2 OR U26.3 BY THE CARRIER

APPLICATION IS HEREBY MADE TO THE OFFICE OF THE BUILDING INSPECTOR, DEPARTMENT OF PLANNING, ZONING, AND BUILDING PURSUANT TO THE CODE OF THE TOWN OF LAGRANGE AS ADOPTED BY THE TOWN BOARD. THE APPLICANT AGREES TO COMPLY WITH ALL APPLICABLE LAWS, ORDINANCES & REGULATIONS.

SIGNATURE OF OWNER OF RECORD _____ DATE _____

SIGNATURE OF BUILDER _____ DATE _____

TOWN OF LAGRANGE

APPLICATION FOR GRADING PERMIT

IDENTIFICATION OF APPLICANT

NAME OF OWNER _____ PHONE _____

NAME OF CONTRACTOR _____

911 ADDRESS _____

PARCEL GRID NO. _____ SUBDIVISION NAME _____ SUB. LOT NO. _____

APPLICANT'S NAME (If other than owner) _____

DESCRIPTION OF WORK TO BE PERFORMED

RESIDENTIAL COMMERCIAL OTHER

DESCRIBE PROPOSED WORK: _____

TOTAL AREA OF DISTURBANCE _____

ATTACHED HERETO & MADE A PART OF THIS APPLICATION I SUBMIT THE FOLLOWING DOCUMENTS:

(Please check appropriate boxes)

- A PROPERTY SURVEY OR A COPY OF THE APPROVED PLOT OF THE AFFECTED PREMISES
- GRADING PLAN
- DRAINAGE EASEMENT TERMS (AS FILED WITH THE DEED)
- EROSION AND SEDIMENT CONTROL PLAN WITH DETAILS & SPECIFICATIONS FOR SITE STABILIZATION
- LANDSCAPE PLAN AND SPECIFICATIONS FOR FINAL SITE STABILIZATION
- WETLANDS PERMIT WHEN WORK AREA IS WITHIN A REGULATED AREA
- NYS DEC SPDES GENERAL CONSTRUCTION PERMIT GP-02-01 PROOF OF COVERAGE
- TOWN DRIVEWAY PERMIT
- DOT/DPW WORK PERMIT
- PROOF OF WORKMAN'S COMPENSATION INSURANCE ON FORM#C-105.2 OR U26.3 BY THE CARRIER

APPLICATION IS HEREBY MADE TO THE OFFICE OF THE BUILDING INSPECTOR, DEPARTMENT OF PLANNING, ZONING, AND BUILDING PURSUANT TO THE CODE OF THE TOWN OF LAGRANGE AS ADOPTED BY THE TOWN BOARD. THE APPLICANT AGREES TO COMPLY WITH ALL APPLICABLE LAWS, ORDINANCES & REGULATIONS.

SIGNATURE OF APPLICANT _____ DATE _____

(Must be signed in office)

OFFICE USE ONLY

RECEIPT OF PAYMENT \$ 100.00

DATE _____

RECEIPT NO. _____

APPROVED _____ DATE _____

(Administrator of Public Works)

(ADD ANY COMMENTS ON BACK)

TOWN OF LAGRANGE

OFFICE OF THE BUILDING INSPECTOR

120 Stringham Road, LaGrangeville, NY12540

Phone 845 – 452-1872 Fax 845 – 452-7692

BLASTING PERMIT

BLASTING PERMIT APPLICATION INFORMATION

The following instructions will provide assistance in filling out an application for a blasting Permit. To avoid unnecessary delays in obtaining a Blasting Permit all the following items shall be provided.

1. **BLASTING PERMIT APPLICATION** – The application must be completed and signed by the owner of the property or a letter of authorization from the owner allowing the applicant to sign and obtain the Blasting Permit is required to be submitted with the application.
2. **DESCRIPTION OF WORK TO BE PERFORMED** – Describe the proposed blasting work to be performed with the actual acreage to be affected by the proposed work, and the dates and times blasting will be performed.
3. **FOLLOWING DOCUMENTS MUST BE RECEIVED** – Property survey or approved plot of the affected premises; a grading plan; a drainage easement terms; an erosion control plan and specifications for final site stabilization, pre-survey information, driveway permit, Department of Transportation Work Permit, NYS Explosives license and individual licenses(s).
4. **BLASTING LICENSE** – a current NYS Blasting License is required to do blasting in the Town of LaGrange
5. **WORKER'S COMPENSATION** – Worker's compensation insurance form #U26.3 or C105.2 shall be required by contractors performing work for homeowners/businesses. (Note: New York State will not accept ACORD liability forms as proof of workman's compensation insurance.) Also, a Certificate of Insurance naming the Town of LaGrange as additionally insured is required.
6. **LIABILITY INSURANCE** – Liability Insurance shall be required by contractors performing work for homeowners/business.
7. **FEES PAID** – Fees shall be paid in accordance with the Standard Schedule of Fees as adopted by the Town Board as follows: The Application Fee is \$25.00 for Residential and \$50.00 Commercial. The Blasting Permit Fee is \$100 per acre.

TOWN OF LAGRANGE

APPLICATION FOR BLASTING PERMIT

IDENTIFICATION OF APPLICANT

NAME OF OWNER _____ PHONE _____

PARCEL GRID NO. _____ 911 ADDRESS _____

NAME OF BUSINESS (If applicable) _____

CONTACT PERSON (For this Project) _____ PHONE _____

GENERAL CONTRACTOR _____ PHONE _____

DESCRIBE THE PROPOSED WORK FOR THIS APPLICATION

- RESIDENTIAL COMMERCIAL OTHER

DESCRIPTION OF WORK TO BE PERFORMED _____

ACREAGE TO BE AFFECTED BY PROPOSED WORK: _____

DATE/S AND TIME/S BLASTING WILL BE PERFORMED _____

APPROVED FOR SUBMISSION (Please check appropriate boxes below)

ATTACHED HERETO & MADE A PART OF THIS APPLICATION I SUBMIT THE FOLLOWING DOCUMENTS:

- A PROPERTY SURVEY OR A COPY OF THE APPROVED PLOT OF THE AFFECTED PREMISES
- GRADING PLAN
- DRAINAGE EASEMENT TERMS (AS FILED WITH THE DEED)
- AN EROSION CONTROL PLAN AND SPECIFICATIONS FOR FINAL SITE STABILIZATION
- PRE-SURVEY INFORMATION (AFFECTED PROPERTY OWNERS THAT WERE NOTIFIED AND TO BE MONITORED, INCLUDING A MAP OF THE AREA)
- TOWN DRIVEWAY PERMIT
- DEPARTMENT OF TRANSPORTATION WORK PERMIT
- NYS EXPLOSIVES LICENSE AND INDIVIDUAL LICENSE(S)
- PROOF OF WORKMAN'S COMPENSATION INSURANCE ON FORM#C-105.2 OR U26.3 BY THE CARRIER
- CERTIFICATE OF INSURANCE NAMING THE TOWN OF LAGRANGE AS ADDITIONAL INSURED

APPLICATION IS HEREBY MADE TO THE OFFICE OF THE BUILDING INSPECTOR, DEPARTMENT OF PLANNING, ZONING, & BUILDING PURSUANT TO THE CODE OF THE TOWN OF LAGRANGE AS ADOPTED BY THE TOWN BOARD. THE APPLICANT AGREES TO COMPLY WITH ALL APPLICABLE LAWS, ORDINANCES & REGULATIONS.

SIGNATURE OF APPLICANT _____ DATE _____
(Must be signed in office))

OFFICE USE ONLY

APPLICATION FEE: \$25.00 Res/\$50 Comm. BLASTING PERMIT FEE \$100/ACRE RECEIPT NO _____ DATE _____

APPLICATION NO. _____ DATE _____ BLASTING PERMIT NO. _____ DATE _____

Certified Electrical Inspectors

All County Electrical Inspection Services, Inc
4725 Route 9G
Red Hook, NY 12571-3207
(845) 757-5916

Atlantic Inland, Inc
William Jacox
12 Ackert Road
Rhinebeck, NY 12572
800-758-4340

Commonwealth Electrical Inspection Services, Inc
David F. Schism (845) 757-5916
Ron Henry (845) 562-8429 Cell: (845) 541-1871

Pasquale P. Decina
P.O. Box 1558
Wappinger Falls, NY 12590
(845) 298-6792

Nick DiFusco
(914) 438-6776

Electrical Underwriters of NY, LLC
P.O. Box 4089
New Windsor, NY 12553
Ernie C. Bello (845) 562-7371 Fax: (845) 569-1759

James Greaves
(845) 473-2430
Cell (914) 456-2221

Mike Gromwaldt
(845) 223-6793

J.O. Swanson-Swanson Consultants
P.O. Box 395
Salsbury Mills, NY 12577
(845)496-4443

Middle Department Inspection Agency, Inc.
David Williams
P.O. Box 474
Valatie, NY 12184
800-479-4504

New York Board of Fire Underwriters
(845) 298-6792

New York Electrical Inspection
Thomas Lejune
(845) 373-7308

NY Electrical Inspections & Consulting, LLC
93 Beattie Avenue
Middletown, NY 10940

NYEIS, Inc – Terence McPartland, Pres.
54 N. Central Avenue
Elmsford, NY 10523
(914) 347-4390 Fax: (914) 347-4394

State Wide Inspection Services
116 South Central Avenue
Elmsford, NY 10523
(914) 909-4471

Bob Stumbo
(845)656-9693

Tri-State Inspection Agency
P.O. Box 1034
Warwick, NY 10900
(845) 986-6514

John Wierl
(845) 551-8466

Z3 Consultants, Inc
P.O. Box 36
LaGrangeville, NY 12540
(845) 471-9370 Fax: (845) 625-1479

TOWN OF LAGRANGE

120 Stringham Road, LaGrangeville, New York 12540; (845)452-8562
Dutchess County, NY

APPLICATION FOR NON-RESIDENTIAL SEWER SERVICE CONNECTION

NO: _____

IDENTIFICATION OF APPLICANT

APPLICANT NAME _____ PHONE _____

NAME OF BUSINESS (If applicable) _____

MAILING ADDRESS _____

CONTACT PERSON (for this project) _____ PHONE _____

OWNER OF RECORD (if other than applicant: written consent of owner is required)

NAME _____ PHONE _____

ADDRESS _____

NAME OF CONTRACTOR _____

IDENTIFICATION OF PROPERTY

TAX MAP GRID NUMBER _____

LOCATION (ADDRESS) _____

SUBDIVISION NAME _____ SUB. LOT NO. _____

The proposed work is to connect the above property to the municipal sewer district.

The undersigned agrees and understands and is familiar with the laws of the State of New York and the local laws of the Town of LaGrange with respect to the construction and use of public sewer. Applicant agrees to display permanently at the location, the permit herein applied for, if and when the same is issued, and to notify the Building Inspector or the Town official having jurisdiction as to the time when the work is to be done and to certify that the same complies with the local laws with respect thereto. It is understood that no Certificate of Occupancy will be issued to the building which is being connected to the public sewer until such time as the appropriate Town official has inspected the work herein to be done and approved the same in writing by separate written instrument.

SIGNATURE OF APPLICANT _____ DATE _____

(MUST BE SIGNED IN THIS OFFICE)

APPLICATION FEE \$ _____ RECEIVED BY _____ RECEIPT NO _____ CHECK NO. _____

Sewer Service Trench Inspection: _____ Final Inspection: _____

Approved for Service _____

Building Inspector

Permit issued this _____ day of _____ SEWER DISTRICT _____

TOWN OF LAGRANGE

120 Stringham Road, LaGrangeville, New York 12540; (845)452-8562
Dutchess County, NY

APPLICATION FOR NON-RESIDENTIAL WATER SERVICE CONNECTION

NO: _____

IDENTIFICATION OF APPLICANT

OWNER OF RECORD (if other than applicant: written consent of owner is required)

NAME _____ PHONE _____

ADDRESS _____

NAME OF CONTRACTOR _____

CONTACT PERSON (for this project) _____ PHONE _____

IDENTIFICATION OF PROPERTY

TAX MAP GRID NUMBER _____

LOCATION (ADDRESS) _____

SUBDIVISION NAME _____ SUB. LOT NO. _____

REQUIREMENTS TO DETERMINE METER SIZE

PIPE SIZE: 3/4" diameter 1" diameter 1 1/2" diameter 2" diameter

PIPE MATERIAL: Plastic (HDPE) K Copper

LENGTH OF PIPE FROM CURB BOX TO METER

COPPER : 0' – 150' 151' – 300' 301' over

PLASTIC: 0' – 100' 101' – 200' 200' over

APPLICATION IS HEREBY MADE TO THE ADMINISTRATOR OF PUBLIC WORKS, DEPARTMENT OF PLANNING, ZONING, AND BUILDING AND PUBLIC WORKS PURSUANT TO THE TOWN OF LAGRANGE WATER RULES AND REGULATIONS. THE UNDERSIGNED AGREES AND UNDERSTANDS AND IS FAMILIAR WITH THE LAWS OF THE STATE OF NEW YORK AND THE LOCAL LAWS OF THE TOWN OF LAGRANGE WITH RESPECT TO THE CONSTRUCTION AND USE OF PUBLIC WATER. APPLICANT AGREES TO DISPLAY PERMANENTLY AT THE LOCATION, THE PERMIT HEREIN APPLIED FOR, IF AND WHEN THE SAME IS ISSUED, AND TO NOTIFY THE BUILDING INSPECTOR OR THE TOWN OFFICIAL HAVING JURISDICTION AS TO THE TIME WHEN THE WORK IS TO BE DONE AND TO CERTIFY THAT THE SAME COMPLIES WITH THE LOCAL LAWS WITH RESPECT THERETO. IT IS UNDERSTOOD THAT NO CERTIFICATE OF OCCUPANCY WILL BE ISSUED TO THE BUILDING WHICH IS BEING CONNECTED TO THE PUBLIC WATER UNTIL SUCH TIME AS THE APPROPRIATE TOWN OFFICIAL HAS INSPECTED THE WORK HEREIN TO BE DONE AND APPROVED THE SAME IN WRITING BY SEPARATE WRITTEN INSTRUMENT.

A PLOT PLAN AND CERTIFICATE OF INSURANCE/NOTARIZED WAIVER MUST BE SUBMITTED WITH APPLICATION.

SIGNATURE OF APPLICANT _____ DATE _____

(MUST BE SIGNED AT THIS OFFICE)

PERMIT FEE \$ _____ RECEIPT NO. _____ CHECK NO. _____ DATE _____

WATER DISTRICT (Office Use Only) _____

YOKE _____ RECEIVED DATE _____