

# TOWN OF LAGRANGE

## APPLICATION TO OCCUPY A COMMERCIAL TENANT SPACE

### IDENTIFICATION OF APPLICANT

NAME OF THE TENANT (BUSINESS OWNER) \_\_\_\_\_ PHONE NO. \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME OF PROPERTY OWNER \_\_\_\_\_ PHONE NO. \_\_\_\_\_

### IDENTIFICATION OF TENANT SPACE

NAME OF BUSINESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

PARCEL GRID NO. \_\_\_\_\_ 911 ADDRESS \_\_\_\_\_

NAME OF PLAZA OR BUILDING \_\_\_\_\_ SUITE NO. \_\_\_\_\_

TYPE OF BUSINESS PROPOSED (describe) \_\_\_\_\_

RETAIL  OFFICE  WAREHOUSE  RESTAURANT  FOOD SERVICE/DELI  ASSEMBLY  OTHER

DIMENSIONS OF TENANT SPACE \_\_\_\_\_ X \_\_\_\_\_ SQUARE FOOTAGE OF AREA TO BE OCCUPIED BY TENANT \_\_\_\_\_ SQ. FT.

DAYS OF THE WEEK THIS BUSINESS WILL OPERATE S  M  T  W  TH  F  S  NO. OF EMPLOYEES \_\_\_\_\_

WILL A BUILDING WALL SIGN BE ERECTED OR INSTALLED WITH THIS BUSINESS ? YES  NO

WILL A BUILDING GROUND SIGN BE ERECTED OR INSTALLED WITH THIS BUSINESS? YES  NO

### ATTACHED & HERETO MADE PART OF THIS APPLICATION

- INTERIOR FIT-UP PLAN & SPECIFICATIONS FOR THE PROPOSED TENANT SPACE
- APPLICATION FOR CERTIFICATE OF USE
- APPLICATION(S) FOR EACH AND EVERY SIGN PROPOSED
- STATE AND/OR COUNTY LICENSES REQUIRED TO OPERATE BUSINESS
- PROOF OF WORKMAN'S COMPENSATION INSURANCE ON FORM #C-105.2 OR U26.3 BY THE CARRIER

COST OF PROPOSED WORK \$ \_\_\_\_\_ DOLLARS

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)

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### OFFICE USE ONLY

ZONING \$50.00 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 (ft<sup>2</sup>):  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

## 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** \_\_\_\_\_