

# TOWN OF LAGRANGE

## APPLICATION FOR MECHANICAL PERMIT

### IDENTIFICATION OF APPLICANT:

NAME OF OWNER \_\_\_\_\_ PHONE \_\_\_\_\_

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

MAILING ADDRESS \_\_\_\_\_

APPLICANT'S NAME (if other than owner \_\_\_\_\_  
written consent must be received from owner)

### DESCRIBE THE PROPOSED WORK FOR THIS APPLICATION

- |   |   |  |                                    |
|---|---|--|------------------------------------|
| <input type="checkbox"/> WOOD STOVES      | <input type="checkbox"/> BOILER/FURNACE   | <input type="checkbox"/> AUXILIARY GENERATOR | <input type="checkbox"/> ELEVATORS |
| <input type="checkbox"/> FIREPLACES       | <input type="checkbox"/> HVAC SYSTEMS     | <input type="checkbox"/> SOLAR PANELS        |                                    |
| <input type="checkbox"/> OIL TANK INSTALL | <input type="checkbox"/> PLUMBING SYSTEMS | <input type="checkbox"/> ELECTRICAL UPGRADE  |                                    |

DESCRIPTION OF WORK TO BE PERFORMED \_\_\_\_\_

ESTIMATED COST \$ \_\_\_\_\_

### 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 (If Applicable)
- MANUFACTURER'S SPECIFICATIONS & CONSTRUCTION PLANS
- REQUIRED LICENSES
- ZONING WORKSHEET
- 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 N.Y.S. UNIFORM FIRE PREVENTION & BUILDING CODE & 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)

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#### OFFICE USE ONLY

ZON. FEES \$ \_\_\_\_\_ ADMIN. FEE \$ \_\_\_\_\_ MECH. PERMIT FEE \$ \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ DATE \_\_\_\_\_

MECHANICAL 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