

# 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 / PELLET 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"/> MOBILE ANTENNA UPGRADES |
| <input type="checkbox"/> OIL TANK INSTALL     | <input type="checkbox"/> PLUMBING SYSTEMS | <input type="checkbox"/> ELECTRICAL UPGRADE  | <input type="checkbox"/> HEAT PUMPS              |

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)

---

### OFFICE USE ONLY

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

FLOODPLAIN FEES \$ \_\_\_\_\_

MECHANICAL PERMIT NO. \_\_\_\_\_ DATE \_\_\_\_\_

# TOWN OF LAGRANGE

## OFFICE OF THE BUILDING INSPECTOR

120 Stringham Road, LaGrangeville, NY12540

Phone 845 – 452-1830 Fax 845 – 452-7692

## EXTERIOR MECHANICAL SYSTEMS

### INSTALLATION OF EXTERIOR OIL TANK, GROUND SOLAR, EXTERIOR WOODBURNING BOILER, INGROUND PROPANE TANK, AUXILIARY GENERATOR, ELECTRICAL EQUIPMENT, CONDENSER

### BUILDING PERMIT APPLICATION INFORMATION

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

1. **MECHANICAL PERMIT APPLICATION** – The application shall be completed and signed by the owner of the property. When the applicant is not the owner, a **letter of authorization** from the owner allowing the applicant to sign and obtain the Building Permit on their behalf, **is required**.
2. **SPECIFICATIONS AND/OR CONSTRUCTION DOCUMENTS** – Submit a copy of the manufacturer's installation instructions or specifications for the mechanical system and/or construction documents prepared by a licensed design professional.
3. **PLOT PLAN** – A survey or site plan showing the location of the mechanical system and indicating the proper sideline setbacks from the property line in conformance with Town of LaGrange Zoning Law. If necessary, a survey may be required to confirm conformity.
4. **ZONING WORKSHEET** – In order to determine your zoning district, please contact Justin Noyes at (845) 452-1830 x 122 and provide him with the address of your property. Once you have obtained the proper worksheet, fill in section A, "to be completed by applicant."
5. **WORKER'S COMPENSATION** – Worker's compensation insurance form #C-105.2 or U26.3 shall be required by contractors performing work for homeowners. (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.

## 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