

# TOWN OF LAGRANGE

OFFICE OF THE BUILDING INSPECTOR

120 Stringham Road, LaGrangeville, 12540

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

## ADDITIONS-ALTERATIONS-CONVERSIONS INSULATING & STRUCTURAL REPAIRS

### One or Two Family Residences & Townhouses

### 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. **BUILDING 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. **TYPE OF PROJECT**
  - **Addition** – Extension or increase in area, height or equipment of a building.
    1. Show existing spaces and proposed addition.
    2. **Some additions may require approval from the D.C. Health Dept.**
  - **Alteration** – Any change, rearrangement or addition to a building, any modification in construction or in building equipment other than repairs.
    1. Show existing spaces and proposed alteration
  - **Conversion** – A change of occupancy or use group or change of fire hazard classification as defined in the Building Code or change in permitted use as defined by the LaGrange Zoning Code of a building or portion of a building.
    1. Identify existing and proposed use and location.
3. **CONSTRUCTION DRAWINGS** – Submit **two (2) sets of drawings** for the proposed area that is to be repaired or renovated. A **floor plan** of each floor showing all doors, windows, walls, fire separations, stairs, dimension of rooms and building, kitchen and bathroom fixtures, label use of rooms, smoke detectors, carbon monoxide detectors, and heating equipment. Show a section detail of the wall construction and fire separation construction. Identify on the plans new and existing construction. Show type and location of heat producing equipment and R-Values for the walls, ceilings, floors, windows, and doors.
4. **PLOT PLAN** – All additions to buildings require a plot plan demonstrating compliance with zoning district setback requirements from the property lines and right-of-way of the road relative to the Town of LaGrange Zoning Law. If necessary, a survey may be required to confirm conformity.
5. **ZONING WORKSHEET** –In order to obtain the proper zoning worksheet, please call Justin Noyes at (845) 452-1830 x 136 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."
6. **WORKER'S COMPENSATION** – Contractor or homeowner is to submit proof of worker's compensation insurance form #C-105.2 or U26.3. New York State **will not accept** ACORD liability forms as proof of insurance.
7. **FEES PAID** – Fees shall be paid in accordance with the Standard Schedule of Fees as adopted by the Town Board.

**TOWN OF LAGRANGE**  
**APPLICATION FOR BUILDING PERMIT**

**ADDITIONS**  
**RESIDENTIAL**

**Office Use Only**

OWNER \_\_\_\_\_ GRID NO. \_\_\_\_\_ ADDRESS \_\_\_\_\_

*Instructions: Applicant Completes Sections A1-A4 of this form. Section B of this form to be completed by the Building & Zoning Office.*

**SECTION A1: APPLICANT & PROPERTY INFORMATION**

Owner \_\_\_\_\_ 911 Address \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_

Applicant Name (if other than owner, written consent from owner required) \_\_\_\_\_

Phone No. \_\_\_\_\_ Email Address \_\_\_\_\_

**SECTION A2: PROJECT INFORMATION**

Type of Use  ONE & TWO FAMILY RESIDENCE  TOWNHOUSE  CONDOMINIUM

Type of Work  EXISTING CONDITION  NEW CONSTRUCTION

Is a bedroom being added with this application?  YES  NO If yes, Department of Health approval is required

Description of Work to Be Performed \_\_\_\_\_

DIMENSIONS \_\_\_\_\_ X \_\_\_\_\_ TOTAL SQ. FT. \_\_\_\_\_ ESTIMATED COST \$ \_\_\_\_\_

**SECTION A3: ATTACHED HERETO, I SUBMIT THE FOLLOWING DOCUMENTS:**

- TWO SETS OF CONSTRUCTION PLANS
- PROPERTY SURVEY AND/OR PLOT PLAN
- ZONING WORKSHEET (ON A FORM PROVIDED BY THE TOWN)
- PROOF OF WORKER'S COMPENSATION INSURANCE ON FORM #C-105.2 OR U26.3 BY THE CARRIER
- OTHER (EXPLAIN) \_\_\_\_\_

**SECTION A4: APPLICATION SUBMISSION & ACKNOWLEDGEMENT**

APPLICATION IS HEREBY MADE TO THE OFFICE OF THE BUILDING INSPECTOR, DEPARTMENT OF BUILDING, ZONING AND FIRE PREVENTION 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/OWNER AGREES TO COMPLY WITH ALL APPLICABLE LAWS, ORDINANCES & REGULATIONS.

SIGNATURE OF APPLICANT/OWNER \_\_\_\_\_ DATE \_\_\_\_\_  
(Must be signed in office)

**SECTION B: OFFICE USE ONLY**

PAYMENT RECEIVED \$ \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ DATE \_\_\_\_\_

TOWN OF LAGRANGE  
OFFICE OF THE BUILDING INSPECTOR  
120 Stringham Road, LaGrangeville, NY 12540  
845-452-1830

**PROPERTY OWNER'S ENDORSEMENT**

(To be completed if the person applying for this permit is not the property owner)

State of New York

County of \_\_\_\_\_

I hereby certify that I \_\_\_\_\_ am the Homeowner/Owner in fee  
(Name)  
of property at \_\_\_\_\_ in the Town of LaGrange.  
(Address)

I also hereby authorize \_\_\_\_\_ of \_\_\_\_\_  
(Agent) (Company)

To make application for a permit to perform said work in the foregoing application.

\_\_\_\_\_  
(Owner in Fee) (Date)

I \_\_\_\_\_ being duly sworn, deposes and says that he/she is  
(Agent)  
Representative of \_\_\_\_\_ and is authorized by the  
(Company)

owner to obtain permits and perform said work in the foregoing application and plans that all statements contained therein are true to the deponent's own knowledge.

\_\_\_\_\_  
(Applicant/Agent)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

# TOWN OF LAGRANGE

## OFFICE OF THE BUILDING INSPECTOR

120 Stringham Road, LaGrangeville, NY 12540  
Phone 845 – 452-1830 Fax 845 – 452-7692

### APPROVED THIRD PARTY ELECTRICAL INSPECTORS

#### **ALL COUNTY ELECTRICAL INSPECTION SERVICES, INC**

4725 Route 9G  
Red Hook, NY 12571-3207  
(845) 757-5916

#### **ELECTRICAL UNDERWRITERS OF NY, LLC**

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

#### **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

#### **MIDDLE DEPARTMENT INSPECTION AGENCY, INC.**

David Williams  
P.O. Box 474  
Valatie, NY 12184  
800-479-4504

#### **JAMES GREAVES**

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

#### **J.O. SWANSON-SWANSON CONSULTANTS**

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

#### **NEW YORK BOARD OF FIRE UNDERWRITERS**

P.O. Box 1558  
Wappingers Falls, NY 12590  
(845) 298-6792

#### **NEW YORK ELECTRICAL INSPECTION**

Thomas Lejune  
(845) 373-7308

#### **CP CERTIFIED ELECTRICAL INSPECTOR LLC**

Chris Peone  
42 Messmer Rd.  
Tillson, NY 12486  
Cell (845) 853-3202 Fax (845) 658-9686

#### **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

#### **Z3 CONSULTANTS, INC.**

P.O. Box 363  
LaGrangeville, NY 12540  
(845) 471-9370 Fax (845) 625-1479

**TOWN OF LAGRANGE**

**APPLICATION FOR CERTIFICATE OF OCCUPANCY/COMPLIANCE**

<b>Office Use Only</b>		
OWNER _____	GRID NO. _____	ADDRESS _____

**APPLICANT AND PROPERTY INFORMATION**

APPLICANT'S NAME \_\_\_\_\_

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

PHONE NO. \_\_\_\_\_ EMAIL \_\_\_\_\_

OWNER OF RECORD (IF OTHER THAN APPLICANT) \_\_\_\_\_

**PROJECT INFORMATION**

911 ADDRESS \_\_\_\_\_

COMPLETED PROJECT (DESCRIPTION) \_\_\_\_\_

BUILDING/MECHANICAL/DEMOLITION PERMIT NO. \_\_\_\_\_

**APPLICATION SUBMISSION & ACKNOWLEDGEMENT**

APPLICATION IS HEREBY MADE TO THE OFFICE OF THE BUILDING INSPECTOR 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/OWNER AGREES TO COMPLY WITH ALL APPLICABLE LAWS, ORDINANCES & REGULATIONS.

SIGNATURE OF APPLICANT/OWNER \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE FILL OUT, SIGN, AND NOTARIZE THE AFFIDAVIT OF COMPLETION OF CONSTRUCTION**

**OFFICE USE ONLY**

PAYMENT RECEIVED \$ \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ DATE \_\_\_\_\_

**AFFIDAVIT OF COMPLETION OF CONSTRUCTION**

**FOR**

**ALL PROJECTS OTHER THAN NEW SINGLE-FAMILY RESIDENCE**

TO BE FILLED OUT UPON COMPLETION OF THE PROJECT

STATE OF NEW YORK  
COUNTY OF DUTCHESS

\_\_\_\_\_, BEING DULY SWORN, DEPOSES AND SAYS: THAT  
applicant or owner (please print)

HE/SHE IS THE APPLICANT OR OWNER NAMED IN THE APPLICATION FOR BUILDING/MECHANICAL PERMIT NO. \_\_\_\_\_ DATED \_\_\_\_\_ RELATING TO CONSTRUCTION OR OTHER WORK TO BE PERFORMED ON, OR IN CONNECTION WITH, THE PREMISES LOCATED AS INDICATED ON THE APPLICATION;

APPLICANT/OWNER STATES THAT HE (SHE) HAS EXAMINED THE APPROVED PLANS AND THAT TO THE BEST OF HIS(HER) KNOWLEDGE AND BELIEF, THE STRUCTURE HAS BEEN ERECTED IN ACCORDANCE THEREWITH AND IN ACCORDANCE WITH APPLICABLE PROVISION OF THE LAW.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/OWNER

SWORN TO BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC