

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

INTERIOR/EXTERIOR ALTERATIONS & REPAIRS
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 (IF THE PROJECT EXPANDS THE BUILDING FOOTPRINT)
- ZONING WORKSHEET (IF THE PROJECT EXPANDS THE BUILDING FOOTPRINT - ON FORM PROVIDED BY 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

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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

Office Use Only		
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

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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