

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)

OFFICE USE ONLY

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

MECHANICAL PERMIT NO. _____ DATE _____

TOWN OF LAGRANGE
120 Stringham Road-LaGrangeville, NY 12540
(845)452-1872

The following are third-party Electrical Inspectors authorized by the Town to perform the required electrical inspection on your project:

ATLANTIC INLAND, INC.

William Jacox
President
12 Ackert Road
Rhinebeck, NY 12572
(1-800-758-4340)

COMMONWEALTH ELECTRICAL
INSPECTION SERVICES, INC.

Ron Henry
(845)562-8429

UNDERWRITERS of NYC, LLC
AGENCY

Elmsford, NY 10523
P. O. Box 4089
Fax: (914)347-4394
(845)562-4594

MIDDLE DEPARTMENT INSPECTION
AGENCY, INC.

David Williams
P. O. Box 474
Valatie, NY 12184
(1-800-479-4504)

NEW YORK BOARD of FIRE UNDERWRITERS

Pat Decina
(845-298-6792)

NEW YORK ELECTRICAL INSPECTIONS

Thomas Lejune
(845-373-7308)

J. O. Swanson-Swanson Consulting Co.
P. O. Box 395-Salisbury Mills, NY 12577
Phone & Fax: (845)496-5160

NYEIS, INC.

Terence McPartland,
54 North Central Avenue
Elmsford, NY 10523
(914)347-4390
Fax: (914)347-4394

Z3 CONSULTANTS, INC.

P.O. Box 363
LaGrangeville, NY 12540
(845)471-9370
Fax: Same as phone number

TRI-STATE INSPECTION

P. O. Box 1034
Warwick, NY 10900
(845)986-6514
James Greaves
(845)473-2430
Cell (914)456-2221
Mike Gromwaldt
(845)223-6793
Frank Shultis
(845)227-4510
Bob Stumbo
(845)656-9693
Nick DiFusco
(914)438-6776