

**TOWN OF LAGRANGE  
APPLICATION FOR BUILDING PERMIT**

**ACCESSORY STRUCTURE  
RESIDENTIAL**

Instructions: Applicant Completes Sections A1-A4 of this form.

GRID NO. \_\_\_\_\_

**SECTION A1: APPLICANT & PROPERTY INFORMATION**

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

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

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

Applicant Name (if other than owner) \_\_\_\_\_

**NOTICE:** If the applicant is other than the owner, The Town of LaGrange Property Owner's Endorsement form is required.

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

**SECTION A2: PROJECT INFORMATION**

Type of Use  ONE & TWO FAMILY RESIDENCE  TOWNHOUSE  CONDOMINIUM

Type of Construction  SHED  DETACHED GARAGE  ACCESSORY BUILDING  OTHER

Type of Work  EXISTING CONDITION (BUILDING CONSTRUCTED)  NEW CONSTRUCTION (WORK TO BE DONE)

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 OR MANUFACTURER'S SPECIFICATIONS & INSTALLATION MANUAL
- DIGITAL PLANS (building@lagrangenyc.gov)
- PROPERTY SURVEY AND/OR PLOT PLAN (IF EQUIPMENT WILL BE EXTERIOR TO THE BUILDING)
- 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, 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.

I HEREBY AFFIRM, UNDER PENALTY OF PERJURY, THAT THE INFORMATION ON THIS STATEMENT SET FORTH IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT MY ACTIONS COULD CAUSE REVOCATION OF THIS PERMIT SHOULD ANY PART OF THIS SUBMITTAL BE FALSE.

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

PRINT NAME \_\_\_\_\_

**TOWN OF LAGRANGE**  
**OFFICE OF THE BUILDING INSPECTOR**  
120 Stringham Road, LaGrangeville, NY 12540  
Phone 845 – 452-1830 Fax 845 – 452-7692

**ACCESSORY BUILDINGS AND STRUCTURES**  
(SHEDS EXCEEDING 120 SQ. FT., BARNs & DETACHED GARAGES)

**One or Two Family Properties & 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. **CONSTRUCTION DRAWINGS** – Submit **two (2) sets of drawings** for the proposed shed, barn or detached garage consisting of a floor plan showing all doors, windows, headers, roof rafters, walls, floor, fire separations, dimensions and a section detail showing all structural members from the footings to the roof. Minimum depth of the footing is to be 42". **(Note: An electrical inspection performed by a Town authorized electrical inspector shall be necessary if a structure is installed with an electric system. See the list of inspectors.)**
3. **DIGITAL PLANS** – Any plans and/or surveys prepared by a licensed design professional must be submitted both digitally and one paper copy.
4. **PLOT PLAN** – All accessory structures 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. **(Note: Sheds 120 sq. ft. and under without electrical do not require a building permit but must conform to a five-foot setback from the property line as outlined in the Zoning Law.)**
5. **ZONING WORKSHEET** – In order to obtain a building permit, the zoning compliance worksheet must be completed and submitted with your application for permit. For questions regarding zoning please call the Zoning Administrator at (845) 452-1830 x137.
6. **WORKER'S COMPENSATION** – Worker's compensation insurance form #C-105.2 or U26.B 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.)
7. **FEES PAID** – Fees shall be paid in accordance with the Standard Schedule of Fees as adopted by the Town Board.

**TOWN OF LAGRANGE**  
**ZONING COMPLIANCE WORKSHEET**

**ZONING**  
**RESIDENTIAL**

*Instructions: Applicant Completes Sections A1-A4 of this form. Section B of this form will be completed by the Zoning Administrator.*

**SECTION A1: APPLICANT & PROPERTY INFORMATION**

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

LOCATION \_\_\_\_\_

GRID NUMBER \_\_\_\_\_

**SECTION A2: PROJECT INFORMATION**

TYPE OF PROJECT  NEW SINGLE-FAMILY RESIDENCE  ADDITION  ACCESSORY STRUCTURE

DECK/PORCH/SUNROOM  SHED  POOL/HOT TUB  GENERATOR  GROUND SOLAR

CONDENSOR  FUEL STORAGE TANK  SPORT COURT  OTHER

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

DIMENSIONS \_\_\_\_\_ X \_\_\_\_\_ TOTAL SQ. FT. \_\_\_\_\_ TYPE OF WORK  EXISTING CONDITION  NEW CONDITION

**SECTION A3: ATTACHED HERETO, I SUBMIT THE FOLLOWING REQUIRED INFORMATION:**

FRONT YARD SETBACK \_\_\_\_\_ FEET FROM PROPERTY LINE (NOT EDGE OF ROAD)  N/A

SIDE YARD SETBACK \_\_\_\_\_ FEET FROM PROPERTY LINE  N/A

REAR YARD SETBACK \_\_\_\_\_ FEET FROM PROERTY LINE  N/A

**SECTION A4: TO BE COMPLETED FOR A NEW SINGLE-FAMILY RESIDENCE ONLY**

FRONT YARD SETBACK FROM CENTER LINE OF ROAD \_\_\_\_\_ FEET

LOT AREA \_\_\_\_\_ SQUARE FEET & LOT AREAGE \_\_\_\_\_ ACRES & LOT COVERAGE \_\_\_\_\_ PERCENT

WIDTH OF LOT ALONG BUILDING LINE \_\_\_\_\_ LINEAR FEET (FLAG LOT)

LOT FRONTAGE AT ROAD \_\_\_\_\_ LINEAR FEET & MINIMUM WIDTH OF LOT \_\_\_\_\_ LINEAR FEET

DIMENSION OF BUILDING SQUARE ON LOT \_\_\_\_\_ FT X \_\_\_\_\_ FT

BUILDING HEIGHT \_\_\_\_\_ FEET BUILDING HEIGHT IN STORIES \_\_\_\_\_

BUILDING FLOOR AREA \_\_\_\_\_ SQUARE FEET (TO INCLUDE BASEMENT, GARAGE AND BONUS ROOM)

**SECTION B: OFFICE USE ONLY**

**DENIED** (PURSUANT TO CHAPTER 240-28 SCHEDULE B OF THE ZONING CODE) \_\_\_\_\_ ZONING DISTRICT

COMMENTS \_\_\_\_\_

**CLEARs FOR PERMIT**

SIGNATURE OF ZONING ADMINISTRATOR \_\_\_\_\_ DATE \_\_\_\_\_

**TOWN OF LAGRANGE  
PLOT PLAN**

**ZONING  
RESIDENTIAL**

*Instructions: Applicant Completes Sections A1-A4 of this form. Section B of this form will be completed by the Zoning Administrator.*

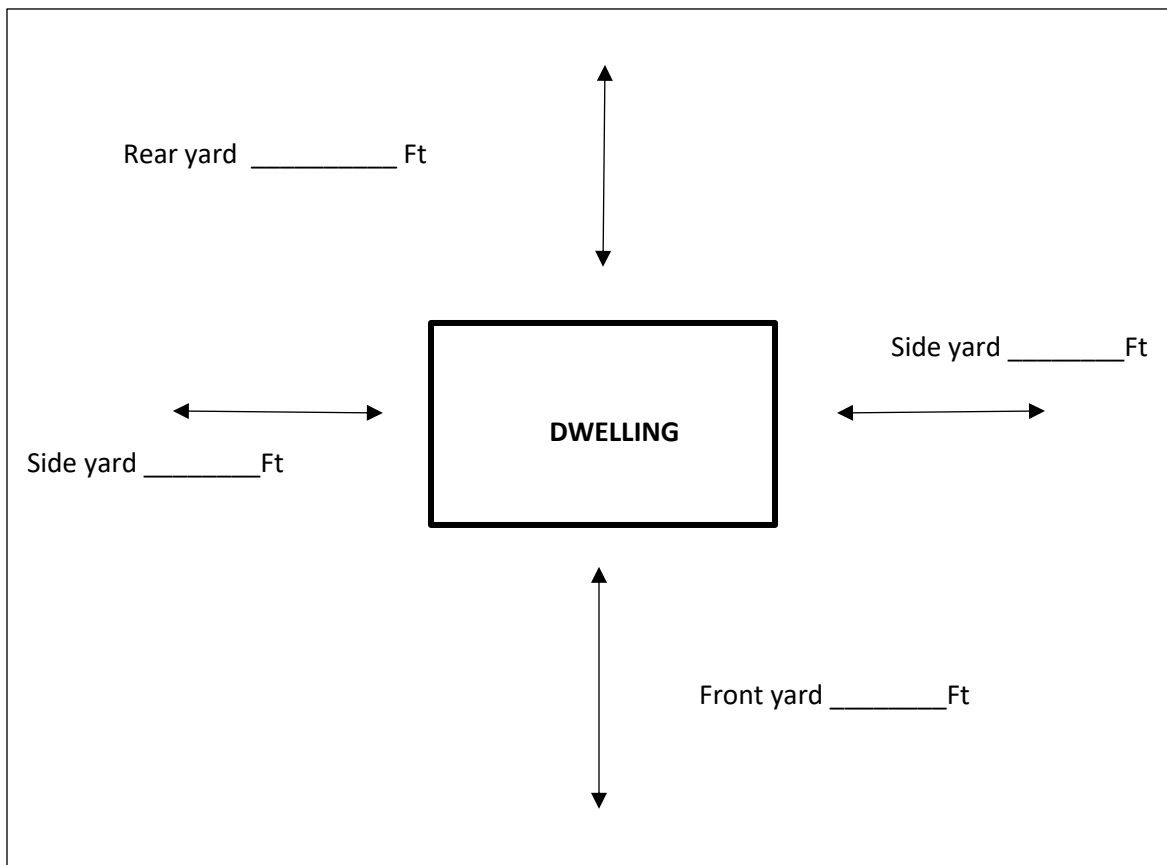
**SECTION A1: APPLICANT & PROPERTY INFORMATION**

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

LOCATION \_\_\_\_\_

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

**SECTION A2: LOCATION OF PROPOSED IMPROVEMENT**



**SECTION B: OFFICE USE ONLY**

**DENIED** (PURSUANT TO CHAPTER 240-28 SCHEDULE B OF THE ZONING CODE) \_\_\_\_\_ ZONING DISTRICT

COMMENTS \_\_\_\_\_

**CLEAR FOR PERMIT**

SIGNATURE OF ZONING ADMINISTRATOR \_\_\_\_\_ DATE \_\_\_\_\_

# TOWN OF LAGRANGE

## ZONING

### Schedule of Bulk Regulations and Coverage Limitations

#### Residential Districts

RMD Residential Moderate-Density  
 RLD Residential Low-Density  
 OPD Overlook Planned Development

RFS Residential Frank & Sleight  
 TCR Town Center Residential

RFD Residential Flexible-Density  
 TPK Town Park

CHAPTER 240-28 SCHEDULE B	RFD	RLD	RMD	RFS	TCR	TPK	OPD
Minimum lot area (sq ft) for single-family residential	40,000 60,000 80,000	120,000	80,000		N/A	N/A	N/A
Minimum lot area (sq ft) for single-family residential with public sewers	40,000	120,000	80,000	N/A	6,000	N/A	N/A
Minimum lot area (sq ft) for townhouses with public sewers	N/A	N/A	N/A	N/A	2,500	N/A	N/A
Minimum width of lot along building line (feet)	150	200	200	100	25	N/A	500
Minimum width of lot at any point	50 (40,000) 75 (60,000) 100 (80,000)	150	100	60	25	N/A	500
Minimum dimension of square on building lot (feet)	150	200	200	75	N/A	150	200
Minimum lot frontage on Town right-of-way line	50 (40,000) 50 (60,000) 75 (80,000)	100	75	60	25	N/A	N/A
Minimum lot frontage on county or state highway	125 (40,000) 125 (60,000) 200 (80,000)	225	200		25	N/A	500
Maximum number of stories of a building	3	3	3	3	3	N/A	3
Maximum height of a building or structure	35	35	35	35	35	35	35
Minimum dimensions (in feet) from center line of NYS Route 55				N/A	48 ½ To 58 ½		N/A
Front yard, state or county road	90	90	90	N/A		100	25
Front yard, Town road	55/80	55/80	55/80	35/60		35	N/A
Rear yard	20	40	30	20		100	75
Side yard	20	40	30	10/15 combo 25		100	100
Side yard for accessory structures	20	40	30	10		N/A	N/A
Residential district boundary line	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maximum lot coverage by buildings as percent of lot area	15%-40,000 15%-60,000 10%-80,000	10%	10%		40%	N/A	15%
Maximum floor area of buildings as percent of lot area	30%-40,000 25%-60,000 20%-80,000	20%	20%		70%	N/A	25%
Maximum total lot coverage as % of lot area (buildings, structures, outdoor deposit, paving)	30%-40,000 25%-60,000 20%-60,000	15%	20%		60%	N/A	70%
Minimum floor area of dwelling unit (square feet)	1,000	1,200	1,000	1,000	500	600	1,000
Minimum floor area of apartment	N/A	N/A	N/A	N/A	400	400	400

# TOWN OF LAGRANGE

## PROPERTY OWNER'S ENDORSEMENT

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

\_\_\_\_\_ says that he (she) is the owner of  
(Property Owner)

\_\_\_\_\_ in the  
(Property Address)

Town of LaGrange in the County of Dutchess, in the State of New York, that he (she) is the owner in fee of all that certain lot, piece of parcel of land situated, lying and being in the Town of LaGrange, that he (she) authorizes in his (her) behalf and that the statements of fact contained in said application are true.

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

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

I hereby affirm, under penalty of perjury, that the information on this statement set forth is true, accurate and complete to the best of my knowledge and I understand that my actions could cause revocation of this permit at any time should complaints be received.

\_\_\_\_\_  
(Signature of Property Owner)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Property Owner Name Printed)

\_\_\_\_\_  
(Phone Number)

# 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

#### **STATE WIDE INSPECTION SERVICES**

1080 Main Street, Floor 2  
Fishkill, NY 12524  
(914) 909-4471

#### **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 1361  
Northville, NY 12134  
(845) 496-4443 Fax (845) 496-5160

#### **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  
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

#### **BOB STUMBO**

(845) 656-9693

#### **SAS ELECTRICAL INSPECTIONS**

Yuri Badovich  
PO Box 119  
Greenfield Park, NY 12435  
845-801-2172

#### **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

#### **INSPECTIONS ON TIME**

Emmanouil Zervakis  
Alfred Shauger  
Maria Mendez  
Anastasia Zervakis  
809 Highland Lakes Rd  
Middletown, NY 10940  
(845) 233-6711

**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 OF PROPERTY \_\_\_\_\_

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 \_\_\_\_\_

PRINT NAME \_\_\_\_\_

I HEREBY AFFIRM, UNDER PENALTY OF PERJURY, THAT THE INFORMATION ON THIS STATEMENT SET FORTH IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT MY ACTIONS COULD CAUSE REVOCATION OF THIS CERTIFICATE AT ANY TIME SHOULD THE INFORMATION ABOVE BE FALSE.

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

PRINT NAME \_\_\_\_\_