

TOWN OF LAGRANGE

OFFICE OF THE BUILDING INSPECTOR

120 Stringham Road, LaGrangeville, NY12540
Phone 845 – 452-1830 Fax 845 – 452-7692

ONE AND TWO FAMILY RESIDENCES & TOWNHOUSES - NEW CONSTRUCTION

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 for a new one or two family residence, 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**. Proof of Ownership of the property must be submitted.
2. **PROOF OF OWNERSHIP** – A copy of the deed, a copy of the contract of sale, or affidavit of ownership shall be provided.
3. **CONSTRUCTION DRAWINGS** – Submit **two (2) sets of plans and specifications** bearing the signature of a licensed New York State Professional Engineer or Registered Architect. This includes Modular Homes, Manufactured Homes, alternate foundation systems, type and location of heat producing equipment and R-Values for the walls, ceilings, floors, windows and doors in compliance with the New York State Energy Conservation Construction Code. The plans and specifications for a building permit shall provide sufficient information to permit a determination that the intended work accords with the requirements of the Uniform Code.
4. **DIGITAL PLANS** – Any plans and/or surveys prepared by a licensed design professional must be submitted both digitally and one paper copy.
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. **ENERGY AUDIT (RES-CHECK) COMPLIANCE CERTIFICATE** – This certificate shall be included with the construction drawings and specifications. This certificate is usually prepared by the Architect or Engineer and submitted under separate cover with the design professional's state seal and signature certifying compliance with Energy Conservation Construction Code of New York State.
7. **MANUAL J REPORT**- A. Manual J Report must be submitted when the building is to be fitted with an air handling system.

8. **DESIGN SPECIFIC MECHANICAL DRAWINGS-** Drawings shall be prepared by a certified mechanical contractor. Additionally, Duct Sealing Details must be included in the plan.
9. **PLOT PLAN** – A survey of the land on which the proposed dwelling is to be constructed showing the location the building on the property in conformance with the Town of LaGrange Zoning Law, location of the driveway, water supply, sewage disposal system, and erosion and sediment control measures during construction. The survey must be signed and sealed by the New York State Licensed Land Surveyor, Professional Engineer or Registered Architect.
10. **GRADING PERMIT** – Submit a copy of the approved Grading Permit from the Office of the Administrator of Public Works at (845) 452-8562. Applications for the Grading Permit and Grading Plan Agreement can be received in this office.
11. **SEWAGE DISPOSAL SYSTEM** – Upon receipt of the filled-out Application for a Single-Family Residence, this office will forward an Application for Approval of a Residential Sewage Disposal System form to the Health Department for their approval. The applicant should contact the Dutchess County Health Department, 85 Civic Center Plaza, Poughkeepsie, NY 12601, (845) 486-3400 to schedule a pre-construction site visit. If connecting to a municipal sewer district, it will be necessary to fill out an Application for a Sewer Permit.
12. **MUNICIPAL SEWER DISTRICT** – If the property is located within a municipal sewer district, it will be necessary to fill out an application for a Sewer Permit, obtained from the Department of Public Works (845) 452-2046.
13. **MUNICIPAL WATER DISTRICT** – If the property is located within a municipal water district, it will be necessary to fill out an Application for a Water Permit, obtained from the Department of Public Works (845) 452-2046.
14. **STREET ADDRESS** – It will be necessary to have a 911 street address assigned to the property before a building permit can be issued. This office will send on your behalf a form to 911 to obtain the address.
15. **DRIVEWAY PERMIT** – Supply a copy of the approved Driveway Permit from one of the following agencies:
 - New York State Department of Transportation - Traffic Engineering & Safety, 4 Burnett Blvd, Poughkeepsie, NY 12603 – (845) 431-5950
 - Dutchess County Department of Public Works, 626 Dutchess Turnpike, Poughkeepsie, NY 12603 (845) 486-2085
 - LaGrange Highway Department, 130 Stringham Road, LaGrangeville, NY 12540
16. **WORKER'S COMPENSATION** – Worker's compensation insurance form #C-105.2 or U26.3 shall be required by contractors performing work. (Note: New York State will not accept ACORD liability forms as proof of workman's compensation insurance.)
17. **FEES PAID** – Fees shall be paid in accordance with the Standard Schedule of Fees as adopted by the Town Board.

TOWN OF LAGRANGE
APPLICATION TO CONSTRUCT SINGLE FAMILY RESIDENCE

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'S 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

CLIMATIC AND GEOGRAPHIC DESIGN CRITERIA TABLE

GROUND	WINDSPEED	SEISMIC DESIGN CATEGORY	SUBJECT TO DAMAGE FROM				WINTER DESIGN TEMP	ICE SHIELD UNDERLAYMENT	FLOOD HAZARDS	AIR FREEZING INDEX
			WEATHERING	FROST DEPTH	TERMITE	DECAY				
SNOW LOAD	SPECIAL 90 MPH									
40 LB/FT	GUST TO 115	B	SEVERE	42"	MOD TO HEAVY	SEVERE	-1°	YES	FIRM DATE MAY 2, 2012	1500

DESCRIPTION OF NEW RESIDENCE **CONSTRUCTION CLASSIFICATION** _____

SQ. FT. BASEMENT _____	NO. OF STORIES _____	<input type="checkbox"/> BONUS ROOM
SQ. FT. 1 ST FLOOR _____	NO. OF ROOMS _____	<input type="checkbox"/> DECK
SQ. FT. 2 ND FLOOR _____	NO. OF BEDROOMS _____	<input type="checkbox"/> PORCH
SQ. FT. GARAGE _____	NO. OF BATHROOMS _____	<input type="checkbox"/> FINISHED BASEMENT
SQ. FT. OTHER _____	NO. OF CAR BAYS _____	<input type="checkbox"/> OTHER (DESCRIBE)
TOTAL SQ. FT. _____		

FRONT YARD SETBACK _____ **SIDE YARD** _____ **REAR YARD** _____

ESTIMATED COST FOR PROPOSED RESIDENCE \$ _____

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

- ONE SET OF CONSTRUCTION PLANS AND A DIGITAL SUBMISSION IS REQUIRED
- PROPERTY SURVEY AND/OR PLOT PLAN
- ENERGY AUDIT (RES-CHECK) COMPLIANCE CERTIFICATE
- PROOF OF WORKER'S COMPENSATION INSURANCE ON FORM #C-105.226.3 OR U26.3 BY THE CARRIER
- PROOF OF OWNERSHIP
- DRIVWAY PERMIT AND AGREEMENT
- WATER SERVICE CONNECTION PERMIT
- SEWER CONNECTION PERMIT
- SANS 34 TO BE FILED WITH HEALTH DEPT. BY TOWN
- METHOD FOR ENERGY CODE COMPLIANCE
- APPLICATION FOR GRADING PERMIT
- DRIVWAY COMPLIANCE LETTER
- GRADING PLAN OR AGREEMENT
- OTHER _____

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
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.

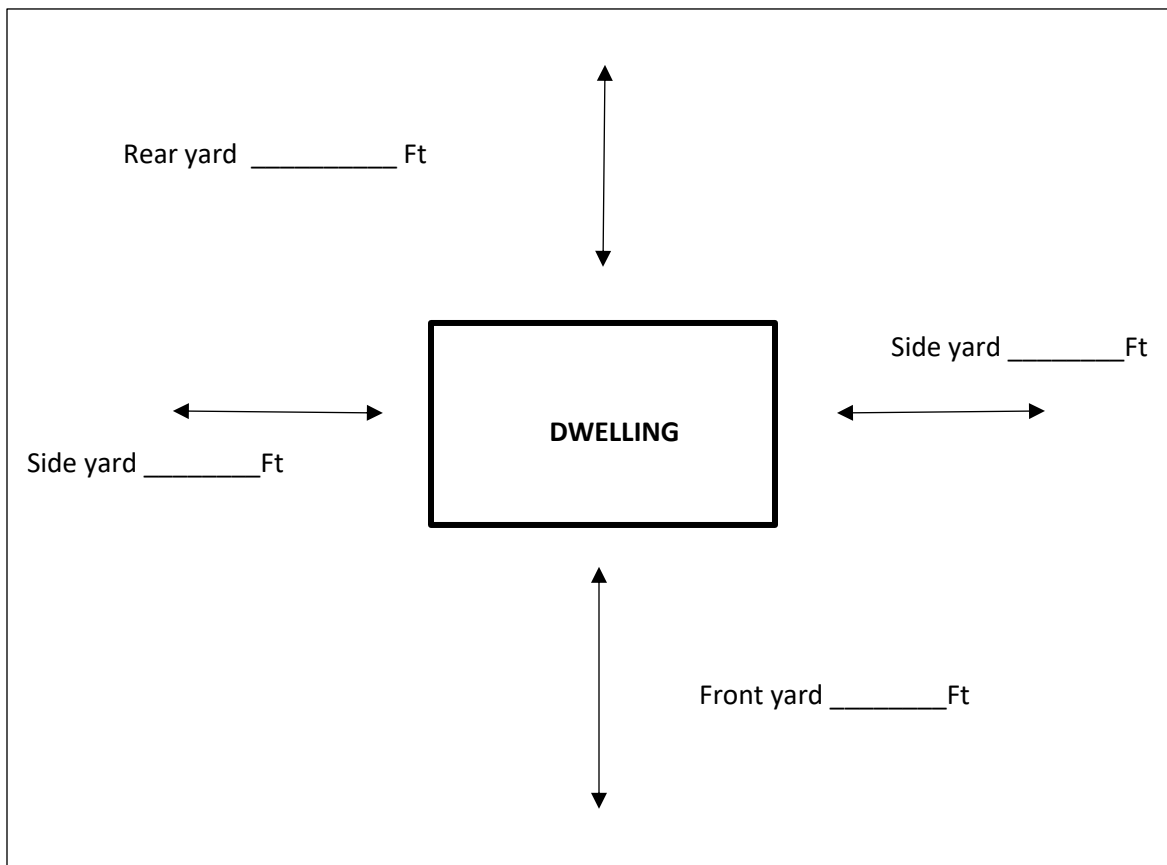
SECTION A1: APPLICANT & PROPERTY INFORMATION

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

OFFICE OF THE BUILDING INSPECTOR

120 Stringham Road, LaGrangeville, NY12540
Phone 845 – 452-1830 Fax 845 – 452-7692

GRADING PERMIT

GRADING PERMIT APPLICATION INFORMATION

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

1. **GRADING 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 Grading Permit on their behalf, **is required**.
2. **DESCRIPTION OF WORK TO BE PERFORMED** – Describe the proposed grading work to be performed with the actual acreage to be affected by the proposed work.
3. **FOLLOWING DOCUMENTS MUST BE RECEIVED** – Property survey or approved plot of the affected premises; a grading plan; a drainage easement terms; an erosion control plan and specifications for final site stabilization, a wetlands permit, if required, a Department of Conservation Permit, a Driveway permit a Department of Transportation Work Permit.
4. **DIGITAL PLANS** – Any plans and/or surveys prepared by a licensed design professional must be submitted both digitally and one paper copy.
5. **DEC PERMIT FOR CONTAMINATED SOILS** – This only applies in the event that work to be performed is located within a regulated area.
6. **WORKER'S COMPENSATION** – Worker's compensation insurance form #C-105.2 or U26.B shall be required by contractors performing work for homeowners/businesses. (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.
8. **(SWIP) STORMWATER PREVENTION PLAN** – A SWIP shall be submitted when the Stormwater Management Officer determines that the plan is required.

**TOWN OF LAGRANGE
APPLICATION FOR GRADING PERMIT**

GRID NO. _____

APPLICANT & PROPERTY INFORMATION

Owner _____ 911 Address _____

Name of Business _____ Phone No. _____

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 _____

DESCRIPTION OF WORK TO BE PERFORMED

RESIDENTIAL COMMERCIAL OTHER

Describe work to be performed: _____

Acreeage to be affected by proposed work: _____

IDENTIFICATION OF PROPERTY SETBACKS TO PROPOSED PROJECT

FRONT YARD SETBACK _____ SIDE YARD _____ REAR YARD _____

ATTACHED HERETO & MADE PART OF THIS APPLICATION, I SUBMIT THE FOLLOWING:

- A PROPERTY SURVEY OR A COPY OF THE APPROVED PLOT OF THE AFFECTED PREMISES
- GRADING PLAN
- DRAINAGE EASEMENT TERMS (AS FILED WITH THE DEED)
- AN EROSION CONTROL PLAN AND SPECIFICATIONS FOR FINAL SITE STABILIZATION
- LANDSCAPE PLAN AND SPECIFICATIONS FOR FINAL SITE STABILIZATION
- WETLANDS PERMIT, IF REQUIRED
- DEPARTMENT OF CONSERVATION (DEC) PERMIT
- TOWN DRIVEWAY PERMIT
- DEPARTMENT OF TRANSPORTATION WORK PERMIT
- FEES

APPLICATION SUBMISSION & ACKNOWLEDGEMENT

APPLICATION IS HEREBY MADE TO THE OFFICE OF THE BUILDING INSPECTOR, PURSUANT TO 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
GRADING PLAN AGREEMENT**

GRID NO. _____

TO ACCOMPANY BUILDING PERMIT APPLICATIONS FOR SINGLE-FAMILY RESIDENCES IN NEW SUBDIVISIONS

APPLICANT & PROJECT INFORMATION

Owner _____ 911 Address _____

Owner Phone No. _____ Email Address _____

Name of Contractor _____

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 _____

Subdivision Name _____ Sub. Lot No. _____

AFFIDAVIT OF SITE DEVELOPMENT PLAN REVIEW

I, _____, as the applicant for a building permit for a new single family residence, have read and understood the terms and conditions of the approved site development plan for the subdivision.

I, _____ agree to follow the grading plan as prescribed by the site development plan. In the event that it become necessary to deviate from the approved grading plan. I understand that I am required to submit and receive approval for the alternate grading plan. I understand that the foundation backfill inspection will not be performed until such time as the first floor elevation has been certified to be in compliance with the grading plan.

ATTACHED HERETO, I SUBMIT THE FOLLOWING DOCUMENTS:

- GRADING PLAN
- DRAINAGE BASEMENT TERMS (AS FILED WITH THE DEED)
- A PROPERTY SURVEY OF THE AFFECTED PREMISES
- AN EROSION CONTROL PLAN AND SPECIFICATIONS
- LANDSCAPE PLAN AND SPECIFICATIONS FOR FINAL SITE STABILIZATION
- WETLANDS PERMIT, IF REQUIRED

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 _____

SIGNATURE OF BUILDER _____ DATE _____

TOWN OF LAGRANGE

OFFICE OF THE BUILDING INSPECTOR

120 Stringham Road, LaGrangeville, NY12540
Phone 845 – 452-1830 Fax 845 – 452-7692

BLASTING PERMIT

BLASTING PERMIT APPLICATION INFORMATION

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

1. **BLASTING 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 Blasting Permit on their behalf, **is required**.
2. **DESCRIPTION OF WORK TO BE PERFORMED** – Describe the proposed blasting work to be performed with the actual acreage to be affected by the proposed work, and the dates and times blasting will be performed.
3. **FOLLOWING DOCUMENTS MUST BE RECEIVED** – Property survey or approved plot of the affected premises; a grading plan; a drainage easement terms; an erosion control plan and specifications for final site stabilization, pre-survey information, driveway permit, Department of Transportation Work Permit, NYS Explosives license and individual licenses(s).
4. **DIGITAL PLANS** – Any plans and/or surveys prepared by a licensed design professional must be submitted both digitally and one paper copy.
5. **BLASTING LICENSE** – a current NYS Blasting License is required to do blasting in the Town of LaGrange.
6. **WORKER'S COMPENSATION** – Worker's compensation insurance form #U26.3 or C105.2 shall be required by contractors performing work for homeowners/businesses. (Note: New York State **will not accept** ACORD liability forms as proof of workman's compensation insurance.) Also, a Certificate of Insurance naming the Town of LaGrange as additionally insured is required.
7. **LIABILITY INSURANCE** – Liability Insurance shall be required by contractors performing work for homeowners/business.
8. **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 BLASTING PERMIT**

GRID NO. _____

APPLICANT & PROPERTY INFORMATION

Owner _____ 911 Address _____

Owner Phone No. _____ Email Address _____

Name of Business _____

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 _____

DESCRIPTION OF WORK TO BE PERFORMED

RESIDENTIAL COMMERCIAL OTHER

Describe work to be performed: _____

Acreage to be affected by proposed work: _____

Dates/Time of Blast _____

ATTACHED HERETO & MADE PART OF THIS APPLICATION, I SUBMIT THE FOLLOWING:

- A PROPERTY SURVEY OR A COPY OF THE APPROVED PLOT OF THE AFFECTED PREMISES
- GRADING PLAN
- DRAINAGE EASEMENT TERMS (AS FILED WITH THE DEED)
- AN EROSION CONTROL PLAN AND SPECIFICATIONS FOR FINAL SITE STABILIZATION
- PRE-SURVEY INFORMATION (AFFECTED PROPERTY OWNERS THAT WERE NOTIFIED AND TO BE MONITORED INCLUDING A MAP OF THE AREA)
- TOWN DRIVEWAY PERMIT
- DEPARTMENT OF TRANSPORTATION WORK PERMIT
- NYS EXPLOSIVES LICENSE AND INDIVIDUAL LICENSES(S)
- PROOF OF WORKMAN'S COMPENSATION INSURANCE ON FORM#C105.2 OR U26.3 BY THE CARRIER
- CERTIFICATE OF INSURANCE NAMING THE TOWN OF LAGRANGE AS ADDITIONAL INSURED
- FEES

APPLICATION SUBMISSION & ACKNOWLEDGEMENT

APPLICATION IS HEREBY MADE TO THE OFFICE OF THE BUILDING INSPECTOR, PURSUANT TO 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

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**

NEW SINGLE FAMILY

APPLICANT AND PROPERTY INFORMATION

OWNER/CONTRACTOR _____ 911 ADDRESS _____
MAILING ADDRESS (If different) _____
APPLICANT'S NAME (IF OTHER THAN OWNER WRITTEN CONSENT FROM OWNER REQUIRED) _____
CONTACT PHONE NO. _____ EMAIL _____
TAX MAP GRID NO. _____

DESCRIPTION OF RESIDENCE

BUILDING PERMIT NO. _____

No. of Bedrooms 1 2 3 4 5
No. of Bathrooms 1 2 3 4 ½
Type of Heat Oil Natural Gas LP Electric
HVAC yes no
Gross Sq. Ft. of Residence _____ (to include basement, garage & any other unfinished area)

Garage Bays 1 2 3
Finished Basement yes no
Deck (s) yes no Permit No. _____
Porch (es) yes no Permit No. _____

ATTACHED HERETO & MADE PART OF THIS APPLICATION, I SUBMIT THE FOLLOWING:

- FINAL AS BUILT PROPERTY SURVEY (WITHIN APPROXIMATELY 30 DAYS OF THIS APPLICATION)
- TWO (2) SETS OF REVISED CONSTRUCTION PLANS & SPECIFICATIONS
- DUCT BLAST TEST REPORT
- ELECTRICAL CERTIFICATE
- EFFICIENCY TEST ON HVAC SYSTEM
- BOILER EFFICIENCY TEST & TAG
- EROSION CONTROL BOND / GRADING BOND
- DRIVEWAY CONSTRUCTION COMPLIANCE
- WATER SERVICE CONNECTION
- HEALTH DEPARTMENT APPROVAL
- BLOWER DOOR TEST REPORT
- AFFIDAVIT OF COMPLETION OF CONSTRUCTION
- PRIVATE WELL
- TOWN SEWER

APPLICATION SUBMISSION AND 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 _____