

**TOWN OF LAGRANGE
APPLICATION FOR MECHANICAL PERMIT**

**ELECTRICAL
RESIDENTIAL/COMMERCIAL**

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

Scope of Work ELECTRICAL UPGRADE GENERATOR TRANSFER SWITCH NFPA 72 ALARM SYSTEM
 NEW ELECTRIC SERVICE AUXILIARY GENERATOR SOLAR PANELS (ROOF)
 POOL EQUIPMENT (CIRCUIT(S)) EMERGENCY REPAIR ALARM SYSTEM
 GROUND SOLAR NOTE: GROUND SOLAR REQUIRES A SPECIAL PERMIT OTHER

Type of Work EXISTING CONDITION (WORK DONE) NEW INSTALLATION

Description of Work to Be Performed _____

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

- MANUFACTURER'S SPECIFICATIONS & INSTALLATION MANUALS OR CONSTRUCTION DOCUMENTS
- PROOF OF WORKER'S COMPENSATION INSURANCE ON FORM #C-105.2 OR U26.3 BY THE CARRIER
- PROPERTY SURVEY AND/OR PLOT PLAN (IF EQUIPMENT WILL BE EXTERIOR TO THE BUILDING)
- ZONING WORKSHEET (IF EQUIPMENT WILL BE EXTERIOR AND ON FORM PROVIDED BY TOWN)
- STATE LICENSES IF REQUIRED
- 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, NY12540
Phone 845 – 452-1830 Fax 845 – 452-7692

EXTERIOR MECHANICAL SYSTEMS

INSTALLATION OF EXTERIOR OIL TANK, GROUND SOLAR, EXTERIOR WOODBURNING BOILER, INGROUND PROPANE TANK, AUXILIARY GENERATOR, ELECTRICAL EQUIPMENT, CONDENSER

MECHANICAL PERMIT APPLICATION INFORMATION

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

1. **MECHANICAL 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 Mechanical Permit on their behalf, **is required**.
2. **SPECIFICATIONS AND/OR CONSTRUCTION DOCUMENTS** – Submit a copy of the manufacturer's installation instructions or specifications for the mechanical system and/or construction documents prepared by a licensed design professional.
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** – A survey or site plan showing the location of the mechanical system and indicating the proper sideline setbacks from the property line in conformance with Town of LaGrange Zoning Law. If necessary, a survey may be required to confirm conformity.
5. **ZONING WORKSHEET** – In order to obtain a mechanical 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 U26.3 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

OFFICE OF THE BUILDING INSPECTOR

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

INTERIOR MECHANICAL SYSTEMS **BOILER/FURNACE, HVAC SYSTEM, PLUMBING UPGRADE,** **ELECTRICAL UPGRADE, ELEVATOR, INSTALLATION OF INTERIOR OIL TANK,** **FIREPLACE, CHIMNEY, ALARM SYSTEM, WOOD STOVE, PELLET STOVE**

MECHANICAL PERMIT APPLICATION INFORMATION

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

1. **MECHANICAL 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 Mechanical Permit on their behalf, **is required**.
2. **SPECIFICATIONS/CONSTRUCTION DOCUMENTS** – Submit a copy of the manufacturer's installation instructions or specifications for the mechanical system and/or construction documents prepared by a licensed design professional.
3. **DIGITAL PLANS** – Any plans and/or surveys prepared by a licensed design professional must be submitted both digitally and one paper copy.
4. **WORKER'S COMPENSATION** – Worker's compensation insurance form #U26.3 or C105.2 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.)
5. **FEES PAID** – Fees shall be paid in accordance with the Standard Schedule of Fees as adopted by the Town Board.
6. **ZONING WORKSHEET (for HVAC condenser)** – In order to obtain a mechanical 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.

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.

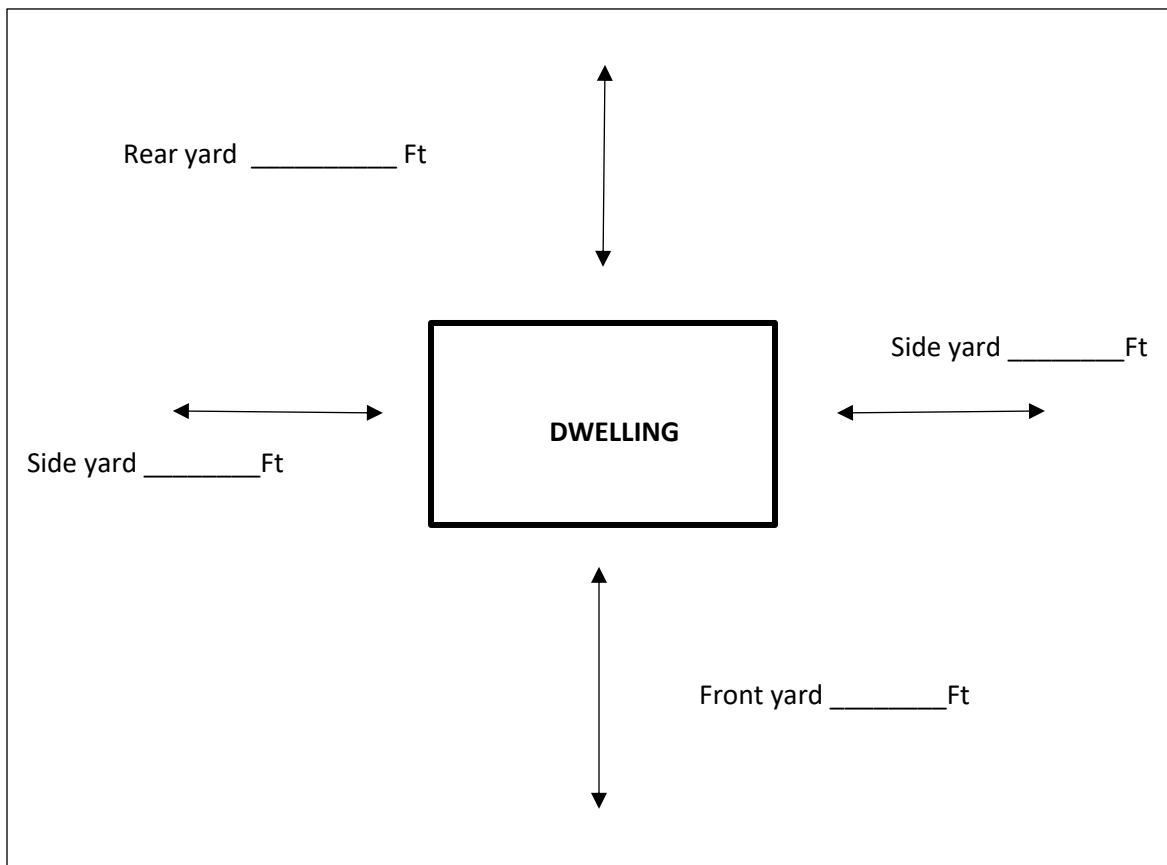
SECTION A1: APPLICANT & PROPERTY INFORMATION

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

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 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 _____