TOWN OF UNION VALE

DIRECTOR OF CODE ENFORCEMENT
GEORGE A. KOLB JR.

BUILDING DEPARTMENT
249 DUNCAN ROAD
LAGRANGEVILLE, NY 12540
(845) 724-5953
FAX: (845) 724-3757

APPLICATION FOR WETLAND DISTURBANCE PERMIT

***** THE FOLLOWING MUST BE SUBMITTED AT TIME OF APPLICATION *****
O APPLIC FORM COMPLETED O INSURANCE SUBMITTED O INSURANCE ON FILE O CONSENT IF APPLIC

NOTE: THE FOLLOWING WILL BE NEEDED TO PROCESS YOUR APPLICATION

1. *****APPLICATION MUST BE ACCOMPANIED WITH A COMPLETE SET OF PLANS FOR LOT IMPROVEMENTS AND LOCATION MAP OF WETLANDS AS THEY EXIST IN THE FIELD OR AS SHOWN ON WAPPINGER ENVIRONMENTAL MAPS*****

   Administrative Permit: if applicable **Planning Board Permit/Resolution: if applicable**

2. Two copies of scaled plans showing all details of construction and related footprint of structure. Only detailed drawings will be accepted and may be required to be submitted by a licensed design professional upon review of the Code Official.

3. Plot Plan Sheet provided must be filled out showing all sizes and setbacks of structure.

4. Wetland Expert delineating Wetland: _____
   ESTIMATED QUANTITY OF EXCAVATION: _____ C.Y._____ CUT _____ FILL_____
   ESTIMATED TOTAL VALUE OF WORK: _____
   PROPOSED STARTING DATE:_____ PROPOSED COMPLETION DATE: _____
   PLANS PREPARED BY: _____ DATE: _____
   LIST APPLICABLE COUNTY, STATE OR FEDERAL PERMITS: _____
   _____
   OWNER'S SIGNATURE: _____ DATE: _____

5. Size of Activity Area: _____
   Is work proposed in Wetland: _____ or Wetland Buffer Area: _____
   Impacts that the prolonged activity will have on the Wetland: _____
   _____
   _____
   _____

6. After application is completed, a pre-site visit is required to be scheduled with this office.

APPLICATION FOR BUILDING PERMIT

****PLEASE NOTE TO ALL APPLICANTS: ALL INFORMATION IS TO BE COMPLETED IN FULL. PLEASE TYPE OR PRINT LEGIBLY OR APPLICATION WILL BE RETURNED.****

APPLICATION TYPE: O Residential O New Construction O Commercial O Renovation/Alteration

APPLICANT:_____ DATE: _____

ADDRESS: _____

TEL #: _____ CELL: _____ FAX #: _____

EMAIL: _____

NAME OWNER OF BUILDING/LAND: _____

*****PROJECT SITE ADDRESS*:_____

MAILING ADDRESS: _____

TEL #: _____ CELL: _____ FAX #: _____

EMAIL: _____

BUILDING/CONTRACTOR/ ARCHITECT OR ENGINEER IF REQ.

COMPANY NAME: _____

ADDRESS: _____

TEL #: _____ CELL: _____ FAX #: _____

EMAIL: _____

DESCRIPTION OF WORK: **ESTIMATE COST OF PROJECT: _____**

_____

_____

_____

_____

→ **Signature of Applicant/ Date**

REV: 7/25/16

OFFICE USE ONLY

APPROVALS: Zoning/ Fire/ Building

O Approved O Denied DATE: _____

_____

Signature of Code Enforcement Officer

FEE DUE: $_____ PAID ON: _____

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OWNER'S AUTHORIZATION & CONSENT FORM

This form is to be signed and notarized when required by the owner of record of the property in which the work outlined on the building permit application has been applied for. Signing of this document gives permission for work to be commenced by the contractor designated. All insurance requirements are to be submitted to the parcel owner and this office. In addition any and all Engineering/ Attorney's fees associated with review of this application are the sole responsibility for reimbursement to the Town of Union Vale by the owner of record as per Sect. 105-12 of the Town of Union Vale Code before any Certificate of Occupancy is issued.

Date: _____

Parcel Location: _____

Contractor: _____

Owner Signature:_____ Print: _____

NOTARY STAMP:

(Req. New Home and/or any application required to be reviewed by the Town of Union Vale P.E. and/ or Attorney)

NOTICE TO APPLICANTS: 240-109 Certificate of Occupancy

It shall be unlawful for a building owner to use or permit the use of any building or premises or part thereof hereafter created, erected, changed, converted or enlarged, wholly or partly, in its use or structure until a Certificate of Occupancy shall have been issued by the Building Inspector and the Zoning Administrator.

REV 1/16/2014