

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

BUILDING PERMIT APPLICATION

(NEW HOME CONSTRUCTION)

***** THE FOLLOWING MUST BE SUBMITTED AT TIME OF APPLICATION *****

☐ APPLIC FORM COMPLETED ☐ INSURANCE SUBMITTED ☐ INSURANCE ON FILE ☐ CONSENT IF APPLIC

NOTE: THE FOLLOWING WILL BE NEEDED TO PROCESS YOUR APPLICATION

1. A completed signed application indicating all information outlined
2. Dutchess County Emergency 911 address form supplied
3. You must supply Dutchess County B.O.H. Sans 34 Form at the time of application
4. Supply (3) original PRELIMINARY PLOT PLANS to include:

- a. All parcel bearings distances, acreage, zoning district, **grid/ lot numbers**, owner of record.
- b. Existing contours and final proposed contours (2' intervals req.)
- c. Location of **ALL** proposed constructed items showing all property line setbacks and building envelope.
- d. Surface drainage flow indicated & provisions for protection of adjacent properties against increased water flow as the result of construction of the dwelling.
- e. Total site disturbance of **all improvements** in acreage and square footage denoted on plans. Delineate limits of disturbance.
- f. Basic SWPPP req. for disturbance over ½ acre, additional Notice of Intent Form and SWPPP Acceptance Form submitted with application and conformation to D.E.C. if disturbance over 1 acre or if parcel is part of a subdivision as req. per Sect. 122 (Please locate on Town of Union Vale Web-Site if more information is needed).
- g. Provide ground floor (lowest slab elevation), first floor fin. and garage floor elevations.
- h. Roof, curtain, foundation, culvert and footing drains (with inverts and size and type of pipe).
- i. Location of well & septic system with LSE and invert elevation of tank. Submit copy of Dutchess County Health Department approved plan.
- j. Location of driveway, grades and elevations conforming to all town regulations per Sect. 111-8
- k. All applicable notes from the approved subdivision plat and/or resolution.
- l. All easements or right-of-way shown with bearings and distances.
- m. Any designated Wetland or buffering delineation if applicable for parcel.
- n. Street trees (if applicable)
- o. Reference to Filed Map (if none, provide liber page).
- p. Engineer/LS/Architect Certification (stamp/sign plans).

*Please note it is the responsibility of the applicant's design professional to supply all items referenced above for review by the Town of Union Vale's Engineer for adequate review. All Storm Water Pollution Prevention Plans for construction activities will need to be submitted with BUILDING PERMIT application if disturbance is over ½ acre or if project is part of a larger plan of development. Refer to requirements in BASIC SWPPPSUBMISSION REQUIREMENTS ON filing Notice of Intent filed with the D.E.C. if disturbance exceeds one acre. Any information omitted or not clarified will reflect in possible re-submission requirement and additional review fees as noted in the Owner's Authorization and consent form required to be submitted with this application.

5. Supply 2 sets of WORKING CONSTRUCTION/FOUNDATION DRAWINGS complying with the N.Y.S. Residential Building Code/Designate design criteria for this area on plans.
(1/4" scale on 18" x 24" paper to be used).

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: ☐ Residential ☐ New Construction ☐ Commercial ☐ 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: _____

OFFICE USE ONLY

APPROVALS: Zoning/ Fire/ Building

☐ Approved ☐ Denied DATE: _____

→ **Signature of Applicant/ Date**

Signature of Code Enforcement Officer

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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

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NEW BUILDING DATA SHEET

Page 1 of 2

APPLICATION # _____

SITE: _____

PLEASE CIRCLE WHICH APPLIES:

WATER

SEWER

WELL

SEPTIC

0 BUILDING STYLES

- 1-RANCH 2- RAISED RANCH
3-SPLIT LEVEL 4- CAPE COD
5- COLONIAL 6-CONTEMPORARY
7- OTHER: _____

- 1- MODULAR
2- NEW HOME 1½ STORY W/BASEMENT
3- NEW HOME 1½ STORY W/SLAB CRAWL
4- NEW HOME 1 STORY W/BASEMENT
5- NEW HOME 1 STORY W/SLAB CRAWL
6- NEW HOME 2-STORY

0 TOTAL # OF ROOMS (EXCLUDE BATHROOMS)

- # OF BEDROOMS
OF FAMILY ROOMS
OF LIVING ROOMS
OF DINING ROOMS
OF BONUS ROOMS
OF BATHS
OF STORIES ABOVE BASEMENT

	<u>1ST FL</u>	<u>2ND FL</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

0 BASEMENT TOTAL AREA SQ FT (_____ X _____) _____

BASEMENT FINISHED AREA SQ FT (_____ X _____) _____

SQ FT OF LIVING AREA (SFLA)

1ST FLOOR: (_____ X _____) _____

2ND FLOOR: (_____ X _____) _____

0 SQ FT OF GARAGE (_____ X _____) _____
BASEMENT GARAGE NONE-1 CAR-2 CAR-3 CAR _____

ATTACHED GARAGE: NONE-1 CAR-2 CAR-3 CAR _____
DETACHED GARAGE: NONE-1 CAR-2 CAR-3 CAR _____
SFLA OVER ATTACHED/DETACHED GARAGE: (_____ X _____) _____

0 CENTRAL AIR CONDITIONING: 1-YES 2-NO _____

0 HEAT TYPE: 1- NONE 2- WARM AIR 3- HW/STM _____
 4- FLR FURN 5- UNIT 6- STA _____

0 EXTERIOR WALLS: 1- WOOD 2- CB 3- BR _____
 4- WOOD SIDING 5- STUCCO 6- STA _____
 7- ALUMINUM _____

0 TOTAL # OF FIREPLACES _____ 1st FL 2nd FL
 SELECT TYPE: GAS _____ WOOD _____ WOOD _____ Location: _____
 GAS _____ WOOD _____ WOOD _____ Location: _____

0 TYPE OF BUILDING CONSTRUCTION
 1- FIRE RESISTANT (MASONRY METAL)
 2- HEAVY TIMBER
 3- MASON WALLS W/ WOOD, JOISTS & RAFTERS
 4- WOOD FRAME

0 <u>SQ FT OF DECK</u>	0 <u>SQ FT OF PORCH:</u>
FRONT - OPEN-COVERED-ENCLOSED _____	FRONT - OPEN-COVERED-ENCLOSED _____
REAR - OPEN-COVERED-ENCLOSED _____	REAR - OPEN-COVERED-ENCLOSED _____
BI-LEVEL- OPEN-COVERED-ENCLOSED _____	BI-LEVEL-OPEN-COVERED-ENCLOSED _____
WRAP AROUND- OPEN-COVERED-ENC _____	WRAP AROUND-OPEN-COVERED-ENC _____
OTHER DESCRIPTION: _____	OTHER DESCRIPTION: _____

**Dutchess County Real Property Tax Service Agency
Address Request Form**

Office Phone: (845) 486-2140
22 Market Street, Poughkeepsie, NY 12601

Fax Number: (845) 486-2093
rptaddressing@co.dutchess.ny.us

Name of Firm or Person requesting address information _____

Contact Person _____ Date: _____

Phone #: _____ Fax #: _____

TO BE FILLED IN BY PERSON REQUESTING NEW ADDRESS:

1. Type of Request: ☐ Resale ☐ New Construction
☐ Sub-division ☐ Other _____

2. Real Property Tax Grid Number:

13- _____ - _____ - _____ - _____ - _____
Swis code (4) Section (4) Block (2) Lot (6) Suffix (4)

Filed Map Number (if available): _____ Lot # _____

3. Parcel old address (if applicable):

4. Former owner of parcel or structure:

5. New owner of parcel or structure:

6. **Attach a plot plan showing actual location of driveway:**

To be completed by RPT Addressing Staff:

New assigned 9-1-1 address: _____

Name of Technician: _____ Date Assigned: _____

BUILDING DEPARTMENT INSPECTION PROCEDURE

***ANY CHANGES to plans require approval by Code Official*.**

You are required to schedule all inspection with this office in advance of work to be inspected. Please provide building permit number, name on permit and specific type of inspection requested.

1. Pre-site inspection if required by Code Official.
2. Contact Utility Dig/Safe Hotline before any excavation commences.
3. Erosion control measures as dictated on plan or notes and SWPPP, if req., prior to any land disturbance activity.
4. Footing inspection when complete all rebar placement and form work;
Notify at least 24 hours before placement.
5. Foundation walls both poured concrete and block complete;
Notify at least 24 hours before concrete pour.
6. All concrete slabs must be inspected, i.e. garage, basement, etc.
7. Footing drains and damp-proof of walls before backfill.
8. Framing inspection per submitted approved drawings.
9. Rough plumbing with all required air/water tests.
10. Mechanical inspection includes: Furnace/Fireplace/Woodstove etc.
11. Rough Electrical inspection by third party inspector, approved list supplied.
12. Insulation compliance inspection prior to drywall installation.
13. Final Electrical inspection by third party agency certificate.
14. Provide FINAL AS-BUILT for Site Plan of Project (3 COPIES)
15. Provide final Sans 34 form approval by Dutchess County Board of Health
16. Final grading and soil stabilization/ driveway completion etc.
17. Provide ALL certificates required by Dutchess County Board of Health.
18. FINAL INSPECTION BY CODE OFFICIAL FOR COMPLIANCE
TO SUBMITTED DRAWINGS, SITE PLAN AND N.Y.S. BUILDING/ FIRE CODE.

• Please note per Town of Union Vale Code Section 240-109 Certificate of Occupancy: It shall be unlawful to occupy or use any structure or appliance until a valid Certificate of Occupancy or Compliance is issued by the Code Enforcement Officer of the Town of Union Vale. Strict adherence to this regulation will be enforced by this office.



Application for Approval of a Residential Sewage Disposal System

INSTRUCTIONS: Building Inspector and Applicant to Complete Section 1

Health Department to complete Section 2

SECTION 1

Date of Application _____ Town/Village: _____

Name of Applicant: _____

Applicant Address: _____

Applicant Telephone #: _____

Subdivision or Plan Name: _____

Lot Number: _____ Section No. #: _____ Number of Bedrooms: _____

(Town)

(Section)

(Map)

(Parcel / Grid)

Tax Map Number:

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Location and description of property: _____

Other name by which property is known: _____

Submitted by: _____ Bldg. Permit Applic. No. _____

(Zoning Administrator / Building Inspector signature)

SECTION 2

For Health Dept. Use ONLY

Environ. Health File # or Map Code #:	
Individual Lot:	
Illegal Subdivision:	
Health Dept. Approved Subdivision:	

Map Expiration Date:	
Subdivision < 5 Lots:	
County Clerk Filed Map #:	
Parcel Extension Date:	

ACTION		DATE	INITIALS
C.O.	Contacts Applicant re: Engineering Requirements		
	Contacts Applicant re: Soil Tests		
	Transmits Application to District Office		
D.O.	Observes soil tests		
	Makes Pre-Construction Site Visit		
	Clears Building Permit with Building Inspector		
	Receives Well Completion Report		
	Receives Fill Section Certification		
	Completes Inspection		
	Clears Certificate of Occupancy with Bldg. Inspector		



**Dutchess County
Department of Emergency Response
Address Request Form**



Office Phone: (845) 486-2080
392 Creek Road, Poughkeepsie, New York 12601

Fax Number: (845) 486-3998
addressing@dutchessny.gov

Name of Firm/Person requesting address _____

Contact person _____ Date: _____

Phone #: _____

Email: _____

TO BE FILLED IN BY PERSON REQUESTING NEW ADDRESS:

1. Type of Structure: () Single-family () Commercial () Government
() Multi-family () Mobile Home () Accessory Use
() Other _____

2. Real Property Tax Parcel Grid Number:

13 _____ - _____ - _____ - _____
Swis code (4) Section (4) Block (2) Lot (6) Suffix (4)

Filed Map Number (if available): _____ Lot # _____

3. Parcel old address (if applicable):

4. **Attach a plot plan showing actual location of driveway:**

=====

To be completed by Addressing Staff:

New assigned 9-1-1 address: _____

Assigned by: _____ Date Assigned: _____

Town of Union Vale

Checklist for Plot Plan Approval

PRELIMINARY PROPOSED PLOT PLAN REQUIREMENTS: (3 SETS)

- a. All parcel bearings distances, acreage, zoning district, grid/ lot numbers, owner's name and address.
- b. Existing contours and final proposed contours (2' intervals req.)
- c. Location of **ALL** proposed constructed items showing all property line setbacks and building envelope.
- d. Surface drainage flow indicated & provisions for protection of adjacent properties against increased water flow as the result of construction of the dwelling.
- e. Erosion controls as may be necessary to protect downstream.
- f. Total site disturbance of **all improvements** in acreage and square footage denoted on plans. Delineate limits of disturbance.
- g. Basic SWPPP req. for disturbance over ½ acre, additional Notice of Intent Form and SWPPP Acceptance Form submitted with application and conformation to D.E.C. if disturbance over 1 acre or if parcel is part of a subdivision as req. per Sect. 122 (Please locate on Town of Union Vale Web-Site if more information is needed).
- h. Provide ground floor (lowest slab elevation), first floor fin. and garage floor elevations(if no garage so state).
- i. Roof, curtain, foundation, culvert and footing drains (with inverts and size and type of pipe).
- j. Location of well & septic system with LSE and invert elevation of tank. Submit copy of Dutchess County Health Department approved plan.
- k. Location of driveway, grades and elevations conforming to all town regulations per Sect. 111-8 (Spot elevations at both edges of pavement and in 50' increments along driveway)
- l. All applicable notes from the approved subdivision plat and/or resolution.
- m. All easements or right-of-way shown with bearings and distances.
- n. Any designated Wetland or buffering delineation if applicable for parcel.
- o. Street trees (if applicable)
- p. Utility poles and ID number; underground utility junction boxes (if applicable).
- q. Reference to Filed Map (if none, provide liber page).
- r. Engineer/LS/Architect Certification (stamp/sign plans).

FINAL AS-BUILT: STRUCTURE & IMPROVEMENTS (3 SETS)

- Certified Finalization of ALL above items (required). This is to include all constructed items include all property line setbacks, driveway location & grades (spot elevations at road, changes in grade and at garage), well/ septic location (septic tank, 4 corners of leach fields, sewer pipe with invert out of house), roof and footing drain location and elevations, wetland & buffers, street trees if req., final contours of disturbed areas (2' intervals), any deviation from the approved plot plan.
- All right-of-way agreements, deed restrictions and sub-division requirements if applicable.

TOWN OF UNION VALE BUILDING DEPARTMENT
249 DUNCAN ROAD
LAGRANGEVILLE, NY 12540

Directions to Applicant:

- 1- Obtain BLDG PERMIT
- 2-DISPLAY PERMIT IN VISIBLE PLACE
- 3-SCHEDULE ELECTRICAL INSPECTION
- 4-ELECTRICAL AGENCY will MAIL compliance cert to us
- 5-If ELECTRICAL is only PART of total project, you additionally need to *SCHEDULE FINAL INSPECTION* WITH BUILDING DEPARTMENT*

Town Board Approved Electrical Inspection Agencies

NEW YORK ELECTRICAL INSPECTIONS

Greg Murad

HCR #4

Kelly Corners, NY 12455

845 586-2430

888 693-4693

Tom LeJune

Local Inspector

PO box 384

Amenia, NY 12501

845 373-7308

Z3 CONSULTANTS, Inc.

Gary Beck

PO Box 363

Lagrangeville, NY 12540

Office/ Fax: 845 471-9370

NY BOARD OF FIRE UNDERWRITERS

Pat Decina

845 298-6792

800 356-2556

NY ATLANTIC-INLAND INC.

William Jacox

12 Ackert Road

Rhinebeck, NY 12372

Phone: 845 876-8794

THIRD PARTY INSPECTIONS INC.

68 Gold Road

Poughquag, NY 12570

845 590-1010

thirdpartyinsp@gmail.com

NEW YORK ELECTRICAL INSPECTION SERVICES

150 White Plains Road, Ste 104

Tarrytown, NY 10591

Phone: 914 347-4390/ Fax 4394

info@nyeis.us

Office

joann@nyeis.us

Certs/Billing

Ed Odell

914 384-6763

Brian McPartland

914 382-4921

Nick Morabito

914 384-6605

nick@nyeis.us

Anthony Rabasco

914 384-6634

Al Weis

914 384-6762

914 962-8236 home office

Charlie Del Pozzo

914 384-6644

NY ELECTRICAL INSPECTIONS & CONSULTANTS LLC

John Wierl

93 Beattie Avenue

Middletown, NY 10940

845 551-8466

jwierl@nyeic.com

REV DATE:
11/30/11