

Town of Wallkill
Building Dept.
99 Tower Dr., Bldg A
Middletown, NY 10941

BUILDING PERMIT APPLICATION

Decks

- 1.) Submit all together to the Building Dept.: completed application, applicable **fee**, deck **plans**, **insurance** certificate and **deck location map**.
- 2.) Work covered by this application *may not* begin until permit application is reviewed, plans are approved, permit is issued and signed for.
- 3.) Approved plans to be kept on the site of project for reference, and the **permit number** must be mounted on the site in 6" numbers to be seen from the road.(make your own sign) *Your permit # will be needed to request inspections.*
- 4.) Request list of required inspections, and upon of completion of work, supply completed final paperwork and request a certificate of completion inspection.

A.) Contractor insurance requirements:

Homeowner = contractor:

- 1.) provide a photocopy of your homeowner's declarations page proving insurance coverage for the address of this project.
- 2.) Fill out/notarize affidavit of insurance form-request at Building Dept.

Contractor (paid contractor):

- 1.) Provide C105.2 or U26.3 NYS WC certificate made out to the Town of Wallkill
-----OR-----
- 2.) Self-insured contractor's print exemption certificate from NYS WC website and provide with application submittal

B.) Deck Placement: See Town of Wallkill Zoning Code For Setbacks for your property's zone

- 1.) Provide photocopy of survey with drawn *proposed* new deck location and measurements to property lines. If you cannot locate your survey, hand drawn map-to scale—showing measurements can be submitted.

C.) Deck Plans:

- 1.) See Deck plan requirements, plans will be reviewed-*you may need to revise* your plans before they can be approved

D.) Inspections schedule inspections for your deck project: (where applicable)

Verify inspections required for YOUR individual project

--email inspection requests by 3pm for next business day

--email inspectionrequest@townofwallkill.com with permit # in subject line

--Inspections are performed between 9am-4pm.

--Please make sure you are ready for your inspection—failed/not ready surcharge = \$75fee

- 1.) Sono tubes (12" x 42")
- 2.) Framing- a.) **ground-level** decks –separate framing inspection required
b.) **Upper- level** decks framing is done at final inspection
- 3.) Electrical-(any outlets or lighting attached to deck has to have rough-in and final electrical inspection from list of Town approved electrical inspectors
- 4.) FINAL DECK INSPECTION-submit final paperwork and request final certificate inspection (*electric inspection* required if any electric work was done before final deck inspection requested)

E.) Inspection results

- 1.) *if no one is at site* at the time of inspection, call (845) 692-7807 or email after 4 p.m. for inspection results.
- 2.) Dogs must be secured
- 3.) Fences must be unlocked for inspection access

Application # _____ Permit # _____ Section _____ Block _____ Lot _____

Date examined _____ Date Approved _____ Date Disapproved _____

**** ** **ALL permits require INSPECTIONS or A VIOLATION will be served* * ** ****
inspectionrequest@townofwallkill.com

Applicant's Name: _____ Phone # _____

Applicant Type (Owner, Builder, Engineer, Architect, Agent, Tenant) _____

Applicant email address: _____

Property Owner's Name _____

Mailing Address _____

City/State/Zip _____

Location of Land/Project (# and Street Address) _____

Location of DECK-----circle one : FRONT REAR SIDE

Cost of Construction/Project: \$ _____ Deck Size: _____ x _____

List location and sizes of each additional deck: _____

FEES: **\$80.00 each** deck included on this permit application _____ x \$80 = \$ _____

\$30 Certificate of Compliance Fee + **\$30** _____

Total Fee = \$ _____

CORNER LOT (Y/N) _____ **ZONE** of project location _____

Contractor Name _____ Phone Number _____

Address: _____

Insurance carrier _____ Insurance Number _____

Expiration Date: _____

Orange Co. licensed electrician: _____ Lic. # _____ Exp. Date _____

Application # _____ Section _____ Block _____ Lot _____

**TOWN OF WALLKILL
COUNTY OF ORANGE
OFFICE OF THE BUILDING INSPECTOR**

AFFIDAVIT OF OWNER

Premises _____

_____ Being duly sworn, deposes and says that he/she is
(Name of Owner)

the owner above named.

He/She is the **OWNER** and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his/her knowledge and belief and that the work will be performed in the manner set forth in the application and in the plans and specification filed therewith.

Deponent alleges that 1) the provisions of the Worker's Compensation Law does not apply in this case in that he/she will do all required work on the premises and will imply no labor thereat, OR 2) owner alleges that contractor performing work, will provide required NYS Worker's Compensation Insurance wherefore, deponent requests approval of said plan and application and issuance of a PERMIT to commence work.

Signed _____
(Signature of Property Owner)

Sworn to before me this

_____ day of _____ 20____

Notary Public

(To be filed upon completion of work)

PERMIT # _____ Section _____ Block _____ Lot _____

**TOWN OF WALLKILL
COUNTY OF ORANGE
OFFICE OF THE BUILDING INSPECTOR
AFFIDAVIT OF SUPERINTENDENT**

I, _____, am the person who observed the work for which a Certificate of Occupancy/Compliance is being sought, hereby certify that the building constructed under Town of Wallkill Building Permit Number _____ has been constructed as per plans and specifications accepted for the Building Permit, and that all work and materials meet the standards and specifications for which they were designed and that the building is safe for human occupancy.

Signed _____
Superintendent (General Contractor)

Sworn to me before this

_____ day of _____, 20__

Notary Public

(To be filed upon completion of work)

PERMIT # _____ Section _____ Block _____ Lot _____

**TOWN OF WALLKILL
COUNTY OF ORANGE
OFFICE OF THE BUILDING INSPECTOR
AFFIDAVIT OF FINAL COST OF CONSTRUCTION**

I, _____ being duly sworn, depose and say that he/she is the applicant/agent named in the Building Permit dated _____, 20__ relating to construction or other work having been performed in the Town of Wallkill.

Filed Cost of Construction _____

Final Cost of Construction _____

Permit Fee Paid _____

Additional Fee Due _____

(Costs for the work described in the application for building permit include the cost of all the construction and other work done in connection therewith, exclusive of the cost of land.)

FINAL INSPECTION:

- 1.) **Complete** pages 5 and 6
- 2.) **ATTACH** and **Email** to: inspectionrequest@townofwallkill.com
- 3.) Building **permit # in subject line** and **request date** of final inspection
- 4.) *your Certificate will be sent by Email*

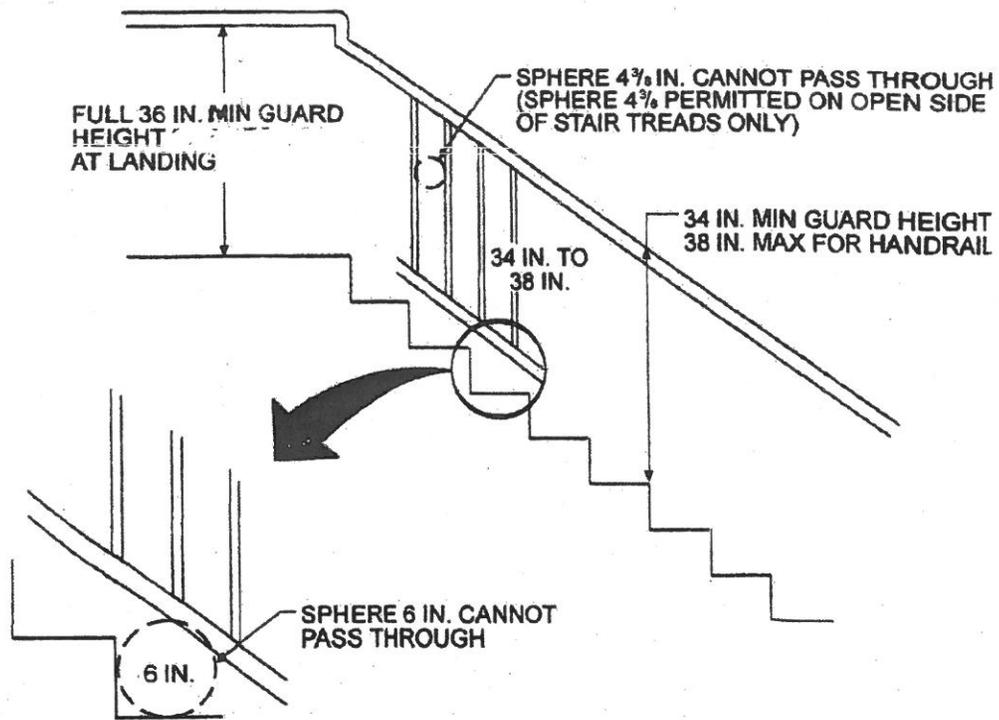
Apr 2016

Deck pg 6

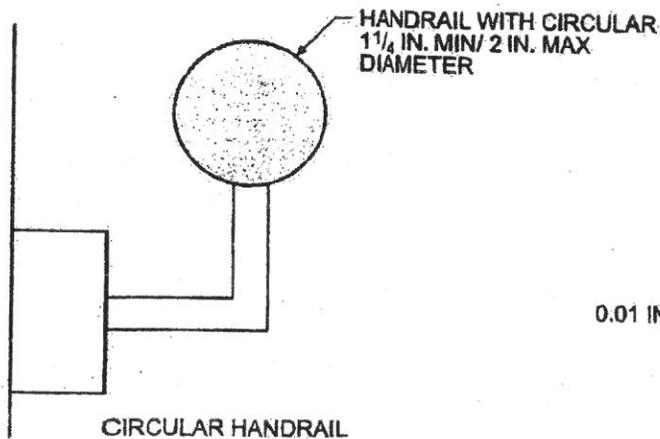
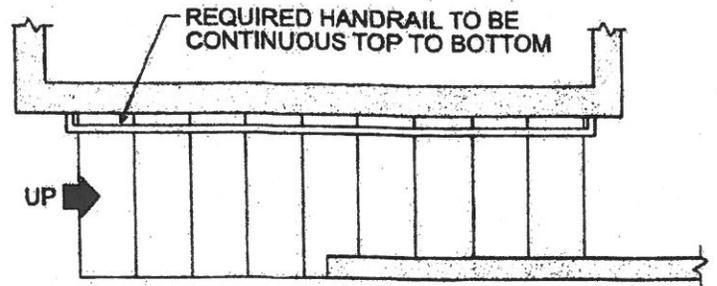
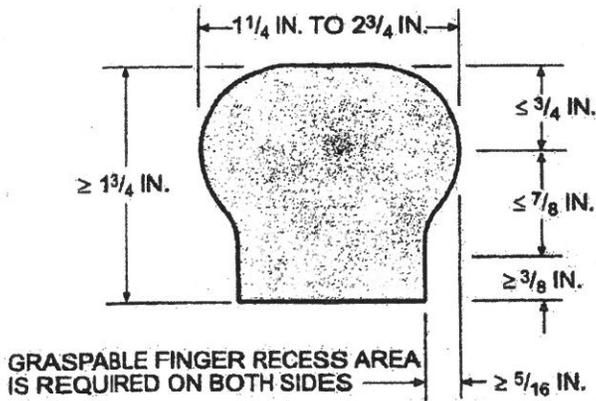
DECK *PLAN* INSTRUCCIONES (for **each** deck on this application)

All Code references are from 2010 NY State Residential Code

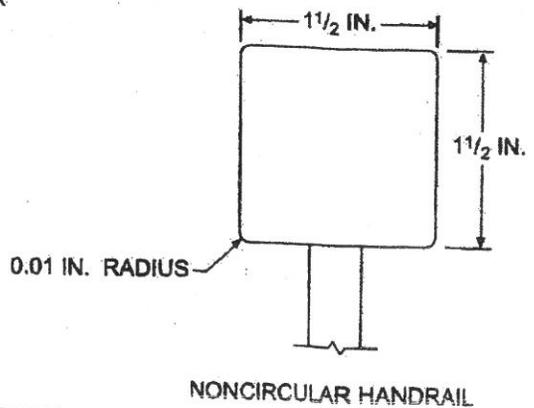
1. Location and distances between 12” *sonotubes* at 42” deep.
2. *6x6 posts* on sonotubes and proposed # of *girders* and sizes
3. *Ledger board* size and *lag bolt* fastening detail to be every 16” and staggered with flashing behind ledger board.
4. *Joist size* and distances between joist with *joist hangers* attached to the ledger board.
5. *Guard rail* detail to include 36” minimum height and 4” maximum spindle spacing.
6. *Stairs* – (if applicable)
 - a.) stair width ----36” minimum
 - b.) Riser height--- 8¼” maximum with variations *not* to exceed 3/8” from step to step
 - c.) tread depth 9” minimum
 - d.) open riser and spindle spacing to be less than 4”
 - e.) graspable handrail



HANDRAIL PERIMETER > 6 1/4 IN.



HANDRAIL THAT IS NOT CIRCULAR MUST HAVE A PERIMETER OF 4 IN. MIN/ 6 1/4 IN. MAX WITH A MAXIMUM CROSS SECTION DIMENSION OF 2 1/4 INCHES



SAMPLE PLOT PLAN

SHOW ALL SETBACKS, LOCATIONS OF PROPOSED IMPROVEMENTS
AND ALL PHYSICAL CHARACTERISTICS OF PROPERTY

