



99 Tower Dr. – Building A • Middletown, NY 10941
(845) 692-7807
building@townofwallkill.com

APPLICATION

FOR

RESIDENTIAL BUILDING PERMIT (Well & Septic)

Design Professional- one set signed/wet seal paper plans:

The Design Professional shall **note on his/her plans** that they are drawn in compliance with all below:

*The 2015 International Residential Code,
The 2015 International Energy Conservation Code, and
The 2016 Uniform Code Supplement. And
The 2016 Supplement to the New York State Energy Conservation Construction Code*

The Design Professional is also required to certify his design statements by noting specific code sections and noting on the plans the requirements of the Section with noted associated table.

***--Final accepted copies of paper plans will be given to back to applicant,
these accepted plans are to be kept on site for easy reference during construction***

GENERAL CONTRACTOR named on this application to provide NY State Workers' Compensation Certificate form **C-105.2** or **U-26.3 certificate** made out to the Town of Wallkill. Self-employed contractors can obtain and submit an **exemption** form issued by NYS Workers' Comp. Board from website: www.wcb.ny.gov

*******Please note: No work can start without a building permit issued and
No Building shall be used or occupied until a certificate of occupancy is issued *******

Permit Application No - PA _____
PERMIT NO. _____ Section _____ Block _____ Lot _____

Date examined _____ Date Approved _____ Date Disapproved _____

Applicant's Name: _____ Phone # _____ Email: _____

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

Property Owner's Name _____ Phone# _____ Email: _____
Mailing Address _____
City/State/Zip _____

Location of Land (Street, Road) _____

Water District: **Y or N** _____ Sewer District: **Y or N** _____ Type of **Occupancy** _____ **Zone:** _____

Permit Type (New, Addition, Alterations, Other) _____

Number of Bedrooms _____ Total Sq. footage of Entire Bldg _____ Acreage _____

NEW or ADDITION to Single Family Residence Total Sq. Feet _____ X \$0.75 = _____ = Subtotal Permit Fee* *(min. subtotal fee \$80)
NEW or ADDITION to Multi-Family Residence Total Sq. Feet _____ X \$0.85 = _____ = Subtotal Permit Fee*

Interior/Exterior Alterations Total Sq. Feet _____ X \$0.35 = _____ = Subtotal Permit Fee* *(min. subtotal fee \$80)

*Subtotal Permit Fee \$ _____ + Certificate of Occupancy Fee = **\$30** = Total Fee \$ _____

COST OF CONSTRUCTION: _____

LOT SIZE:
Front _____ Rear _____ Depth _____ Front Yard _____ Rear Yard _____ Side Yards _____
CORNER LOT (Y/N) _____ ZONE IN WHICH PREMISES ARE LOCATED _____

Architect/Engineer: _____ **Phone Number** _____
Address: _____ **Email:** _____

*General Contractor: _____ **Phone Number** _____
Address: _____ **Email:** _____

*CONTRACTOR named on this application must provide NY State Workers' Compensation Certificate form **C-105.2** or **U-26.3 certificate** to the Town of Wallkill. Self-employed contractor must obtain **exemption** from NYS Workers' Comp. Board website: www.wcb.ny.gov

**Electrical Contractor: _____ O.C. License # _____ Exp. Date _____

Submit photocopy of Orange County Electrician's License. Electrician to submit license from their business email address to: *inspectionrequest@townofwallkill.com***

Application # _____ Section _____ Block _____ Lot _____

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

AFFIDAVIT OF PROPERTY OWNER

Premises _____

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

INSPECTION SCHEDULE

(reference your bp # and REQUEST by 3pm for next business day)

Email: inspectionrequest@townofwallkill.com

provide your bp# (845) 692-7807

Please note-your project **may** require additional or fewer than listed below:

- 1.) Footings (and rebar if applicable)- formed to base of footing on undisturbed soil
- 2.) Foundation walls forms before pour (and rebar if applicable)
- 3.) Sono tubes before pour for all porches and decks (if applicable)
- 4.) Under slab plumbing (if applicable)
- 5.) Slab before pour-*Basement—Garage--House (if applicable)
- 6.) Waterproofing before backfill and footing drains (if applicable)
(free-flow on drains run to daylight to be inspected before grading)
- 7.) Roof and Wall Sheathing and Ice/Water Shield
- 8.) Rough Electrical -before wall enclosure
- 9.) Rough Plumbing pressure test, rough gas piping pressure test (if applicable)
And Framing and fire stop all penetrations between floors and penetrations in attic floor
- 10.) Fireplace/Woodstove -before wall enclosure (if applicable)
- 11.) Insulation
- 12.) Sheetrock BEFORE taping
- 13.) Gas piping final pressure test (if applicable)

Inspections are 8am - 3 pm.
*If you are NOT ready—there will be a \$75 re-inspection fee payable to Town of Wallkill BEFORE you may request another inspection.
* **Please be ready** *

FINAL INSPECTION REQUIREMENTS PRIOR TO C/O INSPECTION REQUEST

****Any documents required below can be sent by EMAIL****

- a.) Blower door test report email pdf
 - b.) Duct tightness test report email pdf (if applicable)
 - c.) Smoke and carbon monoxide hard-wired detectors
 - d.) Final Electrical Inspection – **email from TOW Electrical Inspector** to Building Dept.
 - e.) Final Paperwork submitted:
General Contractor affidavit signed and notarized (email pdf)
AND
Final Cost of Construction sheet for your project (email pdf)
 - f.) Final Septic Inspection AND signoff **letter** from KC Engineering to Building Dept.
 - g.) Final Driveway Inspection signed off by Highway Dept.
 - h.) **Final Survey with all structures noted, all setbacks noted, well location noted, septic tank location noted, septic ties location noted, laterals noted and all front corners permanent concrete monuments in place and noted**
- 14.) Final Certificate of Occupancy Building Inspection



Michael Aumick
Highway Supervisor

Office: (845) 361-1106
Fax: (845) 361-3801
Email: highway@townofwallkill.com

DRIVEWAY PERMIT – Fee \$80.00

Permit Number _____ Section _____ Block _____ Lot _____

Application is hereby made to enter the Town of Wallkill road system.

APPLICANT: _____
Applicant's mailing address: _____
Phone Number: _____ Email: _____

CONTRACTOR: _____
Contractor's mailing address: _____
Phone Number: _____ Email: _____

Location: ADDRESS # and NAME OF STREET of proposed new driveway:

Nearby reference marker (i.e., Power Pole Number): _____

I hereby agree to conform to the Town of Wallkill Town Code and to all conditions and restrictions forming a part of this permit and to restore to its original condition, any portion of the road disturbed.

Signature of Applicant Date

Authorized to Proceed Date

Final Inspection Date

This permit is granted subject to the following conditions:

1. Prior to proceeding, stake out driveway and post Building Permit Number. Contact the Highway Department at (845)361-1106 for on-site inspection and instructions as to Town of Wallkill specifications. Items of typical concern are adequate sight distance, 10 foot minimum distance from adjacent property line, compliance with approved subdivision plans; adequate roadside drainage provisions and verification that surface runoff will not enter the street.
2. Driveway must have final inspection and approval before a Certificate of Occupancy inspection is done by the Building Inspector.
3. If the onset of winter weather prevents the driveway from being finished the Applicant may escrow with the Town a deposit in the form of a Bank Check to insure completion of the remaining work. If the work is not completed within 6 months of occupancy the Town reserves the right to perform the outstanding work and retain all or a portion of the monies deposited to offset the cost of doing so. The deposit schedule is as follows:

a. Residential Rural (no curbs)	\$1,500.00
b. Residential Suburban (curbs)	\$2,500.00
c. Commercial	\$2,500.00 per lane
4. If driveways are relocated in subdivisions where curb cuts have already been provided, these abandoned curb cuts shall be filled in or replaced by the Applicant as directed by the Highway Department.
5. If the driveway enters on a County or State road, obtain necessary permits from County or State and provide copy to the Building Dept.
6. Lots that do not have legal frontage on a dedicated Town highway will not be approved.

Final Paperwork (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, _____, the person observed the work for which a Certificate of Occupancy is being sought, hereby certifies that the building constructed under Town of Wallkill Building Permit Number BP-_____ 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

Final Paperwork (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 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. If the final cost is less than the estimated cost on the application, there will be no portions refunded.)