



99 Tower Dr. – Building A • Middletown, NY 10941

### Crane permit requirements:

- 1.) NY State Driver license photocopy
- 2.) NY State Crane Operator license photocopy
- 3.) NY State Worker's Comp. certificate C105.2 or U26.3 made out to Town of Wallkill
- 4.) Monthly crane inspection (current month that crane will be on site) photocopy
- 5.) Yearly (current year) crane inspection
- 6.) Crane permit application filled out and signed/notarized of property owner
- 7.) \$100 fee—cash or check to Town of Wallkill
- 8.) PLEASE give **approx.** dates crane will be on jobsite

2017 April Crane requirements

Permit Application No. \_\_\_\_\_ PERMIT NO. \_\_\_\_\_ Section \_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Date examined \_\_\_\_\_ Date Approved \_\_\_\_\_ Date Disapproved \_\_\_\_\_

Applicant Name (Owner, Builder, Agent, \_\_\_\_\_ Email: \_\_\_\_\_  
(circle one)

Property Owner's Name \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address & Phone contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of Project (Street, Road) \_\_\_\_\_

Existing Use \_\_\_\_\_ Intended Use \_\_\_\_\_

Water District Yes or No \_\_\_\_\_ Type of Building Occupancy \_\_\_\_\_  
(circle one)

Permit Type (Crane-\$100, Oil Tank-\$65\* each, RTU-\$100\* each, Furnace-\$100\* each, DEMO-\$150\*,  
Retaining wall-\$100\*+ each, Electric ONLY-\$40\*, Blasting-\$175)

\*All permit types require \$50 certificate fee (except Crane only and Blasting permits types)

Subtotal Fee \$ \_\_\_\_\_ + Certificate of Occupancy Fee = \$50 = 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 Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

General Contractor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_ Orange Co. Elec. License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Approved Electrical Inspectors:**

<b>TOW Approved Electrical Inspectors</b>	
John Wierl-----	(845) 343-6934
Joe Swanson-----	(845) 496-4443
Ernie Bello-----	(845) 569-1759
Frank Schmaus-----	(845) 800-6909
John Taylor-----	(845) 597-5072
Jerry Caliendo-----	(845) 294-7695
John Hamilton-----	(845) 459-0708

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 or Agent)

\_\_\_\_\_  
(Printed name and Title)

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public