

VILLAGE OF WAPPINGERS FALLS
1203 BUILDING INSPECTION APPLICATION

Part I (Continued)
Property Owner/Building Information

Designation of Agent: (If the owner does not reside in the Village or adjacent county, a local agent must be designated that can be reach day or night).

Names: _____

Address: _____

City, State & Zip Code: _____

Telephone Numbers: Home (____) _____ Cellphone (____) _____

Work (____) _____ Fax (____) _____

E-mail Address: _____

Part II
Signature of Property Owner/Authorized Representatives

I hereby certify that the foregoing information (and all information in attached sheets, if any) is true and complete.

Name and title, if applicable of person signing Application (please print)

Signature of Owner or Authorized Representatives Signature

Date

Zoning Department Use Only

Fee Amount: _____ Receipt # _____ Date Paid: _____ Check # _____ Cash

Inspection Date: _____ Time: _____ Inspector: _____ Building Class: _____

Re-Inspection Date: _____ Time: _____ Closed Date: _____