



VILLAGE OF WAPPINGERS FALLS

Office Of Building, Planning & Zoning

Office of Code Enforcement / Office of The Fire Inspector

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1203 BUILDING INSPECTION APPLICATION

Part I

Property Owner/Building Information

Business Name/Property Use: _____

Property Address : _____

Zoning District: _____ Occupancy Class : _____

Tax Grid Number : # _____

Fire Department [] SW Johnson [] WT Garner

Building Description:

Number of stories above ground (circle one) 1 2 3 4 other _____

Number of residential units per floor (if applicable) 1st _____ 2nd _____ 3rd _____ 4th _____ other _____

Number of commercial units per floor (if applicable) 1st _____ 2nd _____ 3rd _____ 4th _____ other _____

Number of stories below ground (circle one) 0 1 2 other _____

Finished Basement Yes No

Owner Information: (must be filled out)

Owner Name: _____

Telephone: _____ E-mail Address: _____

Legal Address of Owner: _____

City, State & Zip Code: _____

Corporation Owner/Partnership, etc:

Name of Corporation/Partnership: _____

Contact Person: _____

Telephone: _____ E-mail Address: _____

Address: _____

City, State & Zip Code: _____

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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: _____