



# 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 OPERATING PERMIT

### Part I Facility Information/Building Information

Facility Name: \_\_\_\_\_ Application # \_\_\_\_\_

Facility Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Facility Type: [ \_\_\_\_\_ ] Capacity: [ \_\_\_\_\_ ]

Facility Status: [ ] Profit [ ] Non Profit Indicate days operation is open S M T W T F S

Legal Operator or Operating corporation: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

1. Date of last Inspection of Premises? \_\_\_\_\_

2. Has a Certificate of Occupancy been issued for the premises? YES NO

Type: Permanent Temporary Date of Issuance: \_\_\_\_\_

3. Date(s) of issuance of previous Certificate(s) of Occupancy? (If any): \_\_\_\_\_

4. Has a Certificate of Compliance been issued for these Premises? YES NO

Type: Permanent Temporary Date of Issuance: \_\_\_\_\_

5. Are there currently any open Building Permits associated with the premises? YES NO

If yes, please describe (attach additional sheets if necessary):

6. Have any violations to the Uniform Code been issued in relation to the Premises? YES NO

If yes, please describe (attach additional sheets if necessary):

7. Have any variances to the Uniform Fire Prevention and Building Code been granted in relation to these premises?

If yes please describe (attach additional sheets if necessary): (Include Variance Decision Number)

YES NO

8. Additional Comments:

**VILLAGE OF WAPPINGERS FALLS**  
**1203 BUILDING INSPECTION APPLICATION**  
**OPERATING PERMIT**

**Part II**  
**Type Operating Permit**

**An Operating Permit is required to conduct any activity or to use any class of building listed below. Please Indicate the type(s) of Operating Permit(as) requested by checking each applicable box.(If you require assistance, or would like more information, contact the Village of Wappingers Falls, Bureau of Fire Prevention & Inspection)**

- Manufacturing, storing or handling hazardous materials in quantities exceeding those listed in Tables 2703.1.1(1), 2703.1/1(2), 2703.1.1(3) or 2703.1.1(4), of the Fire Code of New York State (see 19NYCRR Part 1225); (*See Appendix A.*) Identify the materials and quantities and describe the manner in which the material will be manufactured, store or handled (attached additional sheets if necessary):  
\_\_\_\_\_
- Conducting a hazardous process or activity (including but not limited to, any commercial or industrial operation which produces combustible dust as a by-product, fruit and crop ripening, and waste handling; (*See Appendix B*) Describe the process(es) or activity(ies) to be conducted (attach additional sheets if necessary):  
\_\_\_\_\_
- Use of pyrotechnic devices in assembly occupancies; (*See Appendix C.*) Describe the proposed use (attach additional sheet if necessary):  
\_\_\_\_\_
- Use of a building containing one or more areas of public assembly with an occupant load of **50 persons** or more ( *See Appendix D.*) Describe the proposed use (attach additional sheets if necessary.)  
\_\_\_\_\_
- Use of a building whose use or occupancy classification has been determined by the Village of Wappingers Falls as posing a substantial potential hazard to public safety.(See Appendix E.) Describe the proposed use (attach additional sheets if necessary):  
\_\_\_\_\_

**Part III**  
**Signature of Facility 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 Facility 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: \_\_\_\_\_