



VILLAGE OF WAPPINGERS FALLS  
Office of Building, Planning & Zoning  
Office of Code Enforcement / Office of the Fire Inspector  
2582 South Avenue, Wappingers Falls, NY 12590  
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[www.wappingersfallsny.gov](http://www.wappingersfallsny.gov)

## RENTAL UNITS – BUILDING INSPECTION APPLICATION

### PART I

#### Property Owner / Building Information

Property Address: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Is this property occupied?  Yes  No

Is this property owner occupied?  Yes  No (If Yes, Please contact this office before your scheduled inspection date)

#### Building Description:

Please refer to the following definitions when completing this application:

**Dwelling Unit** – Any building which is wholly or partly used or is intended to be used as habitable spaces for human occupants.

**Rental Dwelling Unit** – Any room or contiguous group of rooms located within a building and forming a single, habitable living space for one family.

**Rooming unit** - Any furnished room for the rent located within a building or forming a single sleeping space.

Property Type **Single Family**

**Double Family**

Number of **structures per lot** (circle one) 1 2 3 other \_\_\_\_\_

Number of **dwelling units** per floor 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ other \_\_\_\_\_

Number of **rental dwelling units** per floor 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ other \_\_\_\_\_

Occupied **Rooming Units** 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ other \_\_\_\_\_

Number of stories below ground (circle one) 1 2 other \_\_\_\_\_

Finished Basement  Yes  No

#### Owner Information: (must be filled out)

Owner Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Legal address of Owner: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

#### Corporation Owner/ Partnership, etc.:

Name of Corporation/Partnership: \_\_\_\_\_ Employer Identification Number: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Return this form by mail or in person to: **Office of Building, Planning & Zoning – 2582 South Avenue, Wappingers Falls NY 12590**

Legal address of Owner: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

PART II  
Property Owner

**Designation of Agent:** (If the owner does not reside in the Village or within a radius of 25 miles of the premises, a local agent must be designated that can be reach day or night).

Names: \_\_\_\_\_

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

Legal address of Owner: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Telephone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Cellphone (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Additional Comments**

PART III

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: \_\_\_\_\_ Cash./Check# \_\_\_\_\_

Inspection Date: \_\_\_\_\_ Inspector: \_\_\_\_\_ Building Class: \_\_\_\_\_

Re-inspection Date: \_\_\_\_\_ Closed Date: \_\_\_\_\_