

VILLAGE OF WAPPINGERS FALLS



BUILDING DEPARTMENT

2582 SOUTH AVENUE
WAPPINGERS FALLS, NY 12590"

PHONE: (845) 297-5277 FAX: (845) 296-0379"
bmurphy@wappingersfallsny.gov
www.wappingersfallsny.gov

BUILDING INSPECTOR
ZONING ADMINISTRATOR
FIRE INSPECTOR
PLUMBING INSPECTOR

**

BRYAN J. MURPHY

ELECTRICAL PERMIT PACKAGE

1. CONSTRUCTION DRAWINGS- Need to submit (2) drawings of the proposed work and one set emailed in PDF format to cbrosco@wappingersfallsny.gov . In certain instances the plans will need to be stamped and signed by a licensed design professional.

2. WORKERS COMPENSATION- Proof of insurance must be submitted from the contractor and/or homeowner at the time of the application.

***Contractors MUST submit a Certificate of Workers Compensation (not acceptable on Accord Forms) or Affidavit in lieu thereof, signed and stamped by Workers Compensation Board.**

Accepted Forms:

- U26.3 - Certificate of Workers Compensation Ins (NYS Insurance Fund only)
- C105.2 (9/07) - Certificate of Workers Compensation Insurance
- GSI 105.2 (2/02) - Certificate of Participation in Workers Compensation

***Homeowner doing their own projects must fill out Exemption form BP-1(included in packet) and have notarized.**

3. If contractor is the applicant, the contractor MUST provide consent from the homeowner authorizing him to file for Building Permit.

4. All Applications MUST be completed before review by the Building Inspector

5. Fee payable upon issuance of building permit

Required Inspections:
-Rough Inspection
-Final Electrical Inspection

The following are the ONLY Electrical Agencies accepted by the Village of Wappingers Falls:

| | | |
|---------------------------------------|---------------------|--------------------------------------|
| New York Board | Pat Decina | (845) 298 - 6792 |
| Z3 Consultants, Inc. | Gary Beck | (845) 471- 9370 |
| Atlantic Inland | Bill Jaycox | (845) 876-8795 |
| Commonwealth Elec. Insp. Agency | Ron Henry | (845)562-8429 |
| Middle Dept Inspection Agency | David J. William | (800)USE-MDIA |
| New York Inspection Agency | Tom LeJeune | (845) 373-7308 |
| Electrical Underwrites of NY, LLC | Ernest C. Bello Jr. | (845)569-1759 |
| NY Electrical Inspectors | Jerry Caliendo | (845) 294 - 7695 (914) 909 - 4471 |
| SWIS - State Wide Inspection Services | | (518)852-0826 |
| Northeast Electrical Inspections | Dave Near | |

*****KEEP FIRST PAGE FOR YOUR INFORMATION*****

VILLAGE OF WAPPINGERS FALLS

ELECTRICAL PERMIT APPLICATION

PERMIT APPLICATION # _____ - _____

APPLICANT : _____ Email Address _____

ADDRESS : _____ PHONE : _____

OWNER (if different than applicant) _____

ADDRESS : _____ PHONE : _____

BUILDER : _____ PHONE : _____

PROJECT LOCATION : _____

DESCRIPTION : _____

Required Submittals:

- Construction Drawings
- Consent Form from Homeowner
- Insurance /Workers Compensation -Form C105.2
- Electrical Inspection Agency: Application Filed or Affidavit of Exemption

Work conducted pursuant to a building permit must be visually inspected by the Code Enforcement Office and must conform to the New York State Uniform Fire Prevention and Building Code, the Code of Ordinances of the Village of Wappingers Falls and all other applicable codes, rules or regulations.

It is the owner's responsibility to contact the Code Enforcement Office at 845-297-5277 Monday through Friday from 9:00 a.m. to 3:30 p.m. at least 48 hours before the owner wishes to have an inspection performed. More than one inspection may be necessary. This is especially true for "internal work" which will eventually be covered from visual inspection by additional work (i.e., electrical work later to be covered by a wall)

DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION IF SUCH "INTERNAL WORK" HAS NOT BEEN INSPECTED. Otherwise, work may need to be removed at the owner's or contractor's expense to conduct the interior inspection. Close coordination with the Code Enforcement Office will greatly reduce this possibility.

OWNER HEREBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICER TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT. SUCH INSPECTION(S) IS(ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S).

I, _____, the above-named applicant, hereby attest that I am the lawful owner of the property described within or am the lawful Contractor /Agent of said owner and affirm under the penalty of perjury that all statements made by me on this application are true.

Signature of Owner/Contractor/Agent

Date Signed

Zoning Dept. Use: -----

FEE : _____ Receipt: _____ Cash/ Check: _____ Deposit : _____

Balance : _____ Total : _____

Code Enforcement Officer Approval

Date

VILLAGE OF WAPPINGERS FALLS

CONSENT FORM

Property Owner: _____

Property Owner Address: _____

Property Owner phone #:

Home _____ Work _____ Cell _____

Project Address: _____

Description of work: _____

Contractor/Tradesman: _____

Work Phone _____ Cell Phone _____

I, _____, as property owner for the above mentioned property, am aware of all work described above and give my consent to the aforementioned person to do the work.

Signature of Property Owner

Date Signed

VILLAGE OF WAPPINGERS FALLS

Affidavit of Exemption to Show Specific Proof of Workers Compensation Insurance Coverage for a 1,2,3 or 4 Family, Owner-occupied Residence

*** This form can not be used to waive the workers compensation rights or obligations of any party. ***

Under penalty of perjury, I certify that I am the owner of the 1,2,3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers compensation insurance coverage for such residence because: (please check the appropriate box)

I am performing all the work for which the building permit was issued

I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total or less than 40 hours per week (aggregate hours for all paid individuals on the job site) for which the building permit is issued.

I also agree to either:

Acquire appropriate Workers Compensation coverage and provide appropriate proof of the coverage on forms approved by the Chair of the NYS Workers Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hour or more per week (aggregate hours for all paid individuals on the job site) for work indicated on the building permit, or if appropriate file a CE-200 exemption form; OR

Have the general contractor, performing the work on the 1,2,3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of Workers Compensation coverage or proof of exemption from that coverage on forms approved by the Chair of NYS Workers Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on he job site) for work indicated on the building permit.

Signature of Homeowner

Date Signed

Homeowner's Name Printed

Home Telephone Number _____

Property Address that requires the building permit:

Sworn to before me this _____ day of _____, _____.

(County Clerk or Notary Public)

Once notarized, this BP-1 form serves as an exemption for Workers Compensation and Disability Benefits Insurance

