



# 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  
Phone: (845) 297-5277 FAX: (845)296-0379  
E-mail: [bmurphy@wappingersfallsny.gov](mailto:bmurphy@wappingersfallsny.gov)  
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## 1203 BUILDING INSPECTION APPLICATION FIRE SAFETY INSPECTION

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

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

3. 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):

4. 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:

Return this form by mail or in person to:

Planning, Zoning and Building Department - 2582 South Avenue, Wappingers Falls, NY 12590

**VILLAGE OF WAPPINGERS FALLS  
1203 BUILDING INSPECTION APPLICATION  
FIRE SAFETY INSPECTION (Continued)**

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**Part II  
Signature of Facility Owner/Authorized Representatives**

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I hereby certify that the foregoing information is true and complete.

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

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Signature of Facility Owner or Authorized Representatives Signature

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Date

**Zoning Department Use Only**

Fee Amount: \_\_\_\_\_ Receipt # \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Cash

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

Re-Inspection Date: \_\_\_\_\_ Time: \_\_\_\_\_ Closed Date: \_\_\_\_\_