

# VILLAGE OF WAPPINGERS FALLS



BUILDING DEPARTMENT  
OFFICE OF CODE ENFORCEMENT  
OFFICE OF THE FIRE INSPECTOR  
2582 SOUTH AVE  
WAPPINGERS FALLS, NY 12590  
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## CONSENT FORM

Name of property owner: \_\_\_\_\_

Address of property owner: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number of property owner: (Include home, work, mobile number and e-mail address):

(H) \_\_\_\_\_ (C) \_\_\_\_\_

(W) \_\_\_\_\_ (E-mail) \_\_\_\_\_

Address of site where work is being conducted: \_\_\_\_\_

Description of work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of person doing work: \_\_\_\_\_

Address of person doing work: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number of person doing work (Include home, work, mobile numbers and e-mail address):

(H) \_\_\_\_\_ (C) \_\_\_\_\_

(W) \_\_\_\_\_ (E-mail) \_\_\_\_\_

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