



# 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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## 1203 BUILDING INSPECTION APPLICATION

### Part I

### Property Owner/Building Information

Business Name/Property Use: \_\_\_\_\_

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

Zoning District: \_\_\_\_\_ Occupancy Class : \_\_\_\_\_

Tax Grid Number : # \_\_\_\_\_

Fire Department [ ] SW Johnson [ ] WT Garner

#### Building Description:

Number of stories above ground (circle one)     1     2     3     4     other \_\_\_\_\_

Number of residential units per floor (if applicable)    1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_ other \_\_\_\_\_

Number of commercial units per floor (if applicable)    1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_ other \_\_\_\_\_

Number of stories below ground (circle one)            0     1     2     other \_\_\_\_\_

Finished Basement     Yes     No

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

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

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

Legal Address of Owner: \_\_\_\_\_

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

#### Corporation Owner/Partnership, etc:

Name of Corporation/Partnership: \_\_\_\_\_

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

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

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

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

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**1203 BUILDING INSPECTION APPLICATION**

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**Part I (Continued)**  
**Property Owner/Building Information**

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

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

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

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

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

**Work** ( \_\_\_\_ ) \_\_\_\_\_ **Fax** ( \_\_\_\_ ) \_\_\_\_\_

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

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

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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: \_\_\_\_\_ Check # \_\_\_\_\_ Cash

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

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