

VILLAGE OF WAPPINGERS FALLS



**BUILDING DEPARTMENT
OFFICE OF CODE ENFORCEMENT
OFFICE OF THE FIRE INSPECTOR
2582 SOUTH AVE
WAPPINGERS FALLS, NY 12590
PHONE: (845) 297-5277 FAX: (845) 296-0379
E-mail: mdao@wappingersfallsny.gov
www.wappingersfallsny.gov**

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