



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: mdao@wappingersfallsny.gov
www.wappingersfallsny.gov

TANK CLOSURE/ABANDONMENT/REMOVAL PERMIT

Name of Applicant: _____ Phone: _____

Address of Applicant: _____

Owner: _____ Phone: _____

Address of Owner: _____

Nature of Work: _____

Location of Work: _____

Starting Date: _____ Finishing Date: _____

Area of Excavation (Acres :) _____ DEC Case Number and Approval: _____

☐ If the applicant is not the Owner, please submit a consent form signed by the owner.

☐ The applicant hereby agrees to hold the Village of Wappingers Falls harmless on account of damages of any kind which may arise during the progress of the work authorized by this permit.

☐ Worker's Compensation Insurance must be submitted from the contractor, which certifies all persons concerned with actual work under this permit are duly covered by workmen's compensation insurance and the Village, shall be held harmless.

☐ Work under this permit shall commence within thirty (30) days of the date of the permit and be continued in an expeditious manner.

☐ The applicant shall file with the Village a Certificate of Insurance indicating that the Village has been named as primary insured under an insurance policy in the amount of \$1,000,000.00 / \$3,000,000.00 for liability.

Please be advised that the undersigned accepts this agreement.

Signature of Applicant

Date

Zoning Department Use Only

[] Fee Amount: _____ Receipt #: _____ Date Paid: _____ Check # _____ Cash _____

Approved Date: _____

Code Enforcement Officer/ Building Inspector: