



Town of Wallkill Building Dept.
99 Tower Dr., Bldg. A
Middletown, NY 10941
845-692-7807
building@townofwallkill.com

Frank Leva, Building Inspector

Residential Accessory Structure application

(pole barns, detached garages, and storage building for residential use)

- 1.) Submit to the Building Dept. all items together: completed **application**, **fee** due, accessory structure **plans** or **specs**, contractor's NYS Worker's Comp **insurance** and accessory structure **location map**.
- 2.) Work covered by this application *may not* begin until permit application is reviewed, plans are approved, and a permit is issued and signed for.
- 3.) Approved plans to be kept on the project site for reference, and the **permit number** must be mounted on the site in 6" numbers to be seen from the road (make your own sign). **Your permit # will be needed to request inspections.** inspectionrequest@townofwallkill.com
- 4.) Request list of required inspections for your project, and upon completion of work, submit completed final paperwork and request a certificate of compliance inspection. Expired building permits are a violation of Town Law.

A.) Contractor insurance requirements:

IF Homeowner = contractor:

- 1.) provide a photocopy of your homeowner's declarations page proving insurance coverage for the address of this project.
- 2.) Fill out/notarize affidavit of insurance form-request at Building Dept.

Contractor (paid contractor):

- 1.) Provide C105.2 or U26.3 NYS WC certificate made out to the Town of Wallkill
-----OR-----
- 2.) Self-insured contractor's print exemption certificate from NYS WC website and provide with application submittal

B.) Accessory Structure Placement and Size: See Town of Wallkill Zoning Code for *SETBACKS* (measurements off your property lines) for your property's Zone

- 1.) **Maximum Size:** 28' x 28' *except* in RA Zone
- 2.) **Placement** on side or rear of residence, minimum 5' from property lines and minimum 10' from residence.
- 3.) Provide **photocopy of survey** with drawn proposed new accessory structure location and *note distances* from your residence to the new structure and *note distances* from new structure to your property lines. If you cannot locate your survey, a hand-drawn map—to scale—showing measurements can be submitted.
- 4.) **RA Zone ONLY-**
 - a.) Up to 784 sq. ft. size must have 5' minimum setbacks to property lines
 - b.) Between 785 – 1400 sq. ft. size must have 10' setbacks to property lines
 - c.) Between 1401 – 1800 sq. ft. size must have 15' setbacks to property lines

C.) Accessory Structure Plans:

- 1.) **Foundation Plans**-specify your foundation materials
- 2.) **Structure plans** will be reviewed by an inspector—you may need to revise your plans before they can be approved. You may need signed/wet-sealed plans from a NY State design professional
- 3.) **Pre-manufactured structures**-supply manufacturers plans/specs booklet

D.) Inspections schedule inspections for your project (where applicable)

Verify inspections required for your individual project

inspectionrequest@townofwallkill.com -- Email inspection requests **by 3pm for the next business day.** **Permit # in the subject line, request date and a.m or p.m.** Inspections are completed between 9am-4pm—please ***make sure you are ready to avoid \$75 not ready surcharge fee-- DOGS must be secured and fence unlocked for inspector access***

- 1.) Footing (formed to base of footings on undisturbed soil)
- 2.) Foundation wall
- 3.) Slab before pour (prep)
- 4.) Electrical-rough in and **final electric** inspection from Town-approved electric inspector list
- 5.) FINAL INSPECTION-email **final paperwork and request final inspection date/a.m. or p.m.**

E.) Inspection results:

- 1.) if no one is at site at time of inspection, email or call 845-692-7807 after 3pm for inspection results

2020 May residential accessory structure

Application # PA- _____ Permit # BP- _____ Section__Block_____ Lot _____

Date Examined _____ Date Approved _____ Date Disapproved _____

**** ** *ALL permits require INSPECTIONS or A VIOLATION will be served** ** ****
inspectionrequest@townofwallkill.com (permit # in the subject line)

Applicant's Name: _____ Phone # _____

Applicant Type (Owner, Contractor, Designer, Agent, Tenant) **email** address: _____

Property Owner's Name _____

Mailing Address _____

City/State/Zip _____

Location of Land/Project (# and Street) _____

Dimensions of New Structure: _____ X _____ = Total Sq Ft of Entire Building _____

Permit Fee Total Sq. Feet _____ X \$0.60 = _____ + \$40 C/C fee = Total fee due _____
(min. fee. \$125)

COST OF PROJECT CONSTRUCTION: \$ _____ Intended Use _____

CORNER LOT (Y/N) _____ **ZONE** of residence/proposed accessory structure _____

NY State Design Professional _____ Phone Number _____

Address: _____ email: _____

Contractor Name _____ Phone Number _____

Address: _____ email: _____

Orange Co. electrician: _____ Lic# _____ Exp. Date _____

Town of Wallkill approved electrical inspector list:

- Frank Schmaus ----- 845-800-6909
- Joe Swanson ----- 845-496-4443
- John Taylor ----- 845-597-5072
- Manny Zervakis --- 845-233-6711
- Ernie Bello ----- 845-569-1759
- John Wierl ----- 845-343-6934
- Jerry Caliendo ----- 845-294-7695
- John Hamilton ----- 845-459-0708

Application # _____ Section _____ Block _____ Lot _____

**TOWN OF WALLKILL
COUNTY OF ORANGE
OFFICE OF THE BUILDING INSPECTOR**

AFFIDAVIT OF OWNER

Premises _____

_____ Being duly sworn, deposes and says that he/she is
(Name of Property Owner)

the owner above named.

He/She is the **OWNER** and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his/her knowledge and belief and that the work will be performed in the manner set forth in the application and in the plans and specification filed therewith.

Deponent alleges that 1) the provisions of the Worker’s Compensation Law does not apply in this case in that he/she will do all required work on the premises and will imply no labor thereat, OR 2) owner alleges that contractor performing work, will provide required NYS Worker’s Compensation Insurance wherefore, deponent requests approval of said plan and application and issuance of a PERMIT to commence work.

Signed _____
(Signature of Property Owner)

Sworn to before me this

_____ day of _____ 20_____

Notary Public

2020 May-accessory

(To be submitted upon completion of work)
FINAL PAPERWORK pg1

PERMIT # _____ Section _____ Block _____ Lot _____

**TOWN OF WALLKILL
COUNTY OF ORANGE
OFFICE OF THE BUILDING INSPECTOR
AFFIDAVIT OF SUPERINTENDENT**

I, _____, the person observed the work for which a Certificate of Occupancy/Compliance is being sought, hereby certifies that the building constructed under Town of Wallkill Building Permit Number _____ has been constructed as per plans and specifications accepted for the Building Permit, and that all work and materials meet the standards and specifications for which they were designed and that the building is safe for human occupancy/use.

Signed _____
Superintendent (General Contractor)

Sworn to before me this

_____ day of _____ 20_____

Notary Public

2020 May Residential accessory structure

(To be submitted upon completion of work)
FINAL PAPERWORK pg2

PERMIT # _____ Section _____ Block _____ Lot _____

**TOWN OF WALLKILL
COUNTY OF ORANGE
OFFICE OF THE BUILDING INSPECTOR
AFFIDAVIT OF FINAL COST OF CONSTRUCTION**

I, _____ being duly sworn, deposes and says he/she is the applicant/agent named in the Building Permit dated _____, 20____ relating to construction or other work having been performed in the Town of Wallkill.

Filed Cost of Construction _____

Final Cost of Construction _____

Permit Fee Paid _____

Additional Fee Due _____

(Costs for the work described in the application for building permit include the cost of all the construction and other work done in connection therewith, exclusive of the cost of land.)

2020 May Residential accessory structure