

Permit Application No - PA _____
PERMIT NO. _____ Section _____ Block _____ Lot _____

Date examined _____ Date Approved _____ Date Disapproved _____

Applicant's Name: _____ Phone # _____ Email: _____
Applicant Type (Owner, Builder, Engineer, Architect, Agent) _____

Property Owner's Name _____ Phone# _____ Email: _____
Mailing Address _____
City/State/Zip _____

Location of Land (Street Address) _____

Water District: Y or N _____ Sewer District: Y or N _____ Type of Occupancy _____ Zone: _____

Permit Type (New, Addition, Alterations, Other) _____

Number of Bedrooms _____ Total Sq. footage of Entire Bldg _____ Acreage _____

NEW or ADDITION to Single Family Residence

Total Sq. Feet _____ X \$0.85 = _____ = Subtotal Permit Fee* ***(min. subtotal fee \$95)**

NEW or ADDITION to Multi-Family Residence

Total Sq. Feet _____ X \$0.95 = _____ = Subtotal Permit Fee*

Interior/Exterior Alterations Total Sq. Feet _____ X \$0.50 = _____ = Subtotal Permit Fee*

***(min. subtotal fee \$95)**

*Subtotal Permit Fee \$ _____ + Certificate of Occupancy Fee = **\$50** = Total Fee \$ _____

COST OF CONSTRUCTION: _____

LOT SIZE:

Front _____ Rear _____ Depth _____ Front Yard _____ Rear Yard _____ Side Yards _____

CORNER LOT (Y/N) _____ ZONE IN WHICH PREMISES ARE LOCATED _____

Architect/Engineer: _____ Phone Number _____
Address: _____ Email: _____

*General Contractor: _____ Phone Number _____
Address: _____ Email: _____

*CONTRACTOR named on this application must provide NY State Workers' Compensation Certificate form **C-105.2** or **U-26.3** certificate to the Town of Wallkill. Self-employed contractor must obtain **exemption** from NYS Workers' Comp. Board website: www.wcb.ny.gov

**Electrical Contractor: _____ O.C. License # _____ Exp. Date _____

**Submit photocopy of Orange County Electrician's License. Electrician to submit license from their business email address to: inspectionrequest@townofwallkill.com

Town approved electrical inspector list:

Frank Schmaus ----- 845-800-6909
Adam Frank ----- 845-494-6255
John Taylor ----- 845-597-5072
Chris Peone-----845-853-3202
Ernie Bello ----- 845-569-1759
John Wierl ----- 845-343-6934
Jerry Caliendo ----- 845-294-7695
John Hamilton ----- 845-549-0708
Alfred Shauger----- (845) 800-6038

2022 Res misc sq ft application

Application # _____ Section _____ Block _____ Lot _____

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

AFFIDAVIT OF PROPERTY OWNER

Premises _____

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

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

2022 Res application

Final Paperwork (To be filed upon completion of work)

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 is being sought, hereby certifies that the building constructed under Town of Wallkill Building Permit Number BP-_____ 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.

Signed _____
Superintendent (General Contractor)

Sworn to me before this

_____ day of _____, 20____

Notary Public

Final Paperwork (To be filed upon completion of work)

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, depose and say 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. If the final cost is less than the estimated cost on the application, there will be no portions refunded.)