



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

Albert Vance, Building Inspector

New Single-Family Residence application (W&Sw District)

NY State licensed Design Professional- *one set signed/wet seal paper plans and one digital signed/wet-sealed set on thumb drive or email*

The Design Professional shall **note on the plans** that plans are designed in compliance with all below:

Applicable sections of the following codes:

- Title 19 (NYCRR)*
- Uniform Fire Prevention and Building Code (Uniform Code)*
- State Energy Conservation Construction Code (Energy Code)*

The Design Professional is also required to certify his design statements by noting specific code sections and noting on the plans the requirements of the Section with noted associated table.

--Final accepted copies of paper plans will be given to back to applicant, and kept on project site for REFERENCE during construction--

GENERAL CONTRACTOR named on this application to provide NY State Workers' Compensation Certificate form **C-105.2** or **U-26.3 certificate** made out to the Town of Wallkill. Self-employed contractors can obtain and submit an **exemption** form issued by NYS Workers' Comp. Board from website: www.wcb.ny.gov

Please note: No work can start without a building permit issued and No Building shall be used or occupied until a certificate of occupancy has been issued



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

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

2022 New residence application

- Town approved electrical inspector list:**
- Frank Schmaus ----- 845-800-6909
 - Joe Swanson ----- 845-496-4443
 - 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

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)

Printed name and title

Sworn to before me this

_____ day of _____ 20_____

Notary Public

INSPECTION guidelines*

Email: inspectionrequest@townofwallkill.com

provide your bp# in subject line

Email received by **3pm** will be scheduled for the next business day

Request **type of inspection** and **morning 9a-12noon** or **afternoon 1p-330p-time window = 2-3 hours**

* Please note-your project **may** require additional or fewer than listed below:

- 1.) Footings (and rebar if applicable)- formed to base of footing on undisturbed soil
- 2.) Foundation walls forms before pour (and rebar if applicable)
- 3.) Footings before pour for all porches and decks (if applicable)
- 4.) Under slab plumbing (if applicable)
- 5.) Slab before pour-Basement—Garage--House (if applicable)
- 6.) Water and Sewer Laterals—(for new municipal water & sewer service)
- 7.) Waterproofing before backfill and footing drains (if applicable)
(free-flow on drains run to daylight to be inspected before grading)
- 8.) Roof and Wall Sheathing and Ice/Water Shield
- 9.) Rough Electrical -before wall enclosure
- 10.) Rough **Plumbing** pressure test, rough **gas piping** pressure test (if applicable)
and Framing and fire stop all penetrations between floors and in attic floor
- 11.) Fireplace/Woodstove -before wall enclosure (if applicable)
- 12.) Insulation
- 13.) Sheetrock **before** taping
- 14.) Gas piping final pressure test (if applicable)

Inspections are 9am - 3 pm.
*If you are NOT ready—there will be a \$75 re-inspection fee payable to Town of Wallkill BEFORE you may request another inspection.
* **Please be ready** *

FINAL INSPECTION REQUIREMENTS PRIOR TO C/O INSPECTION REQUEST

*******Email FINAL documents required below: *******

- a.) Blower door test report -email pdf
 - b.) Duct tightness test report email pdf (if applicable)
 - c.) Final Electrical Inspection – **email from TOW Electrical Inspector to Building Dept.**
 - d.) **Final Paperwork** submitted:
General Contractor affidavit signed and notarized (email pdf)
and
Final Cost of Construction sheet for your project (email pdf)
 - e.) Final Sewer & Water inspection, Final Gas piping AND Final Street Openings Inspection
 - f.) Final Driveway Inspection signed off by Highway Dept.
 - g.) **Final Survey with all structures noted, all setbacks noted, water shutoff location noted, cleanout location noted and All front permanent concrete monuments in place and noted**
- 15.) Final Certificate of Occupancy Building Inspection

2022 residential insp guidelines (inquire about your specific project)



Michael Aumick
Highway Supervisor

Office: (845) 361-1106
Fax: (845) 361-3801
Email: highway@townofwallkill.com

DRIVEWAY PERMIT – Fee \$90.00

Permit Number _____ Section _____ Block _____ Lot _____

Application is hereby made to enter the Town of Wallkill road system.

APPLICANT: _____
Applicant's mailing address: _____
Phone Number: _____ Email: _____

CONTRACTOR: _____
Contractor's mailing address: _____
Phone Number: _____ Email: _____

Location: ADDRESS # and NAME OF STREET of proposed new driveway:

Nearby reference marker (i.e., Power Pole Number): _____

I hereby agree to conform to the Town of Wallkill Town Code and to all conditions and restrictions forming a part of this permit and to restore to its original condition, any portion of the road disturbed.

Signature of Applicant

Date

Authorized to Proceed

Date

Final Inspection

Date



This permit is granted subject to the following conditions:

1. Prior to proceeding, stake out driveway and post Building Permit Number. Contact the Highway Department at (845)361-1106 for on-site inspection and instructions as to Town of Wallkill specifications. Items of typical concern are adequate sight distance, 10 foot minimum distance from adjacent property line, compliance with approved subdivision plans; adequate roadside drainage provisions and verification that surface runoff will not enter the street.
2. Driveway must have final inspection and approval before a Certificate of Occupancy inspection is done by the Building Inspector.
3. If the onset of winter weather prevents the driveway from being finished the Applicant may escrow with the Town a deposit in the form of a Bank Check to insure completion of the remaining work. If the work is not completed within 6 months of occupancy the Town reserves the right to perform the outstanding work and retain all or a portion of the monies deposited to offset the cost of doing so. The deposit schedule is as follows:

a. Residential Rural (no curbs)	\$1,500.00
b. Residential Suburban (curbs)	\$2,500.00
c. Commercial	\$2,500.00 per lane
4. If driveways are relocated in subdivisions where curb cuts have already been provided, these abandoned curb cuts shall be filled in or replaced by the Applicant as directed by the Highway Department.
5. If the driveway enters on a County or State road, obtain necessary permits from County or State
6. Lots that do not have legal frontage on a dedicated Town highway will not be approved.



Town of Walkill

Water & Sewer Department

Office: (845) 342-1668

watersewer@townofwalkill.com

Rob Waligroski, Administrator
rwaligroski@townofwalkill.com



WATER METER INSTALLATION

Effective immediately all water meters shall be installed to the following specifications:

- I. A Ball valve shall be installed immediately after the entry of the water service pipe into the building.
- II. Where Water Pressure within a building exceeds 80 psi static, an approved water-pressure reducing valve conforming to ASSE 1003 with strainer shall be installed to reduce the pressure in the building water distribution piping to 80 psi static or less.
- III. Where Water Pressure within a building is less than 40 psi static, an approved Water Pressure Booster System must be installed to maintain a minimum of 40 psi static, but not to exceed 80 psi static.
- IV. Appropriate meter supplied by The Town of Walkill shall be installed. Meter **must** be purchased from The Town of Walkill Water Department.
- V. A double check valve (watts No. 7 or equal) must be installed downstream from meter.
- VI. Services over 1" will be installed with the proper backflow prevention device as per Town Code section 242-10.
- VII. A pressure relief valve set at 150 pounds must be installed downstream from check valve.
- VIII. Install expansion absorber (Amtrol ST-5, ST-12 or equal) downstream from relief valve.
- IX. Install Ball valve equal to the size of the service line downstream from expansion tank.

Please give this sheet to the plumber.

Water Permit

Permit Number _____ Section _____ Block _____ Lot _____

The applicant hereby applies for a permit to make water connection at the property located at _____
_____ in the water district and agrees to comply with all applicable ordinances, local laws, rules
and regulations.

Property Owner's Name & Address: _____

Property Owner's phone# and email address: _____

Name, phone and email contact for party responsible for paying the water/sewer invoices:

Contractor's Name: _____

Contractor's cell # and email address: _____

Meter Size you are requesting: _____

New tap-in fee = \$250 each

Class 1 Standard 3/4"	Fee \$ 359.19
Class 2 Larger than Standard	\$ call (845) 342-1668 for price
Tap in Fee	Fee \$250.00 \$
Out of District	Fee \$500.00 \$

Meter # _____

R/O # _____

Signature of Applicant

****ALL WATER HOOK UPS MUST BE INSPECTED AND APPROVED BEFORE BACKFILLING****

COMPLETION CERTIFICATION

I, _____, do Hereby certify that the connection of the public water
(Owner or Contractor)
main, pursuant to above application and permit, was completed _____ all in
(Date)
accordance with the specifications and regulations of the Town of Wallkill local Law.

Dated: _____

Owner/Contractor

Completion Approved:

Town of Wallkill Water Dept.

OFFICE USE ONLY

Permit is hereby granted for making public water connection in accordance with above application.

Fee \$ _____

Paid (Y/N) _____

Water Districts _____

Units _____

Date: _____

Town of Wallkill

SEWER PERMIT

Permit _____ Section _____ Block _____ Lot _____

The applicant hereby applies for a permit to make sewer connection at the property located at:

_____ in the sewer district

and agrees to comply with all applicable ordinances, local laws, rules and regulations.

**All connections must meet the regulations contained in Local Law #1 of 1965.

**All sewer connections must be inspected before backfilling or they will be in violation.

Owner's Name: _____

Address: _____

Contractor's Name: _____

Address: _____

Tap In FEE: \$250 + \$40 appl fee = \$290

Applicant's Signature

Completion Certification

I, _____, do hereby certify that the connection to the public
(Owner or Contractor)
sewer main, pursuant to above application and permit, was completed _____ all in
(date)
accordance with the specifications and regulations of the Town of Wallkill Local Law.

Dated: _____
Owner or Contractor Signature

Completion Approval: _____
(Town of Wallkill Official)

For Office Use Only:

Permit is hereby granted for making public water connection in accordance with above application.

Fee: \$	Paid (Y/N)
Water District:	Units:
Date:	TOW:

Permit # _____

STREET OPENING PERMIT

Sec _____

Blk _____

Lot _____

The undersigned _____, hereby represent himself to be the person for whom the intended work is to be done, or the duly authorized agent thereof, hereby applies for the permit to make street opening and agrees to comply with the Ordinance Regulating Street Opening and all Ordinance Laws, Rules and Regulations applying herein, and agrees to defend, indemnity and save harmless to the Town of Wallkill from any and all claims arising from or as result of the intended work.

Property Owner Name: _____ Phone contact: _____

Owner's Mailing Address: _____ Email: _____

Contractor Name: _____ Cell Phone: _____

Contractor Insurance Co.: _____ Policy and Exp: _____

Address of Street Opening: _____

Nearest Street of Opening: _____

Reason for Requested Street Opening: _____

Estimated Size of Excavation: _____

Feet Long x: _____ Feet Wide x: _____ Feet
Deep: _____

Street and Sidewalk work, bond deposit, fees:
Inspection fee = \$50 non-refundable fee **per** street cut
Appl fee = \$40
Bond deposit= \$25 per sq. ft.—minimum \$1000 **each** cut

Permit Requirements

- 1) Contact Underground Facilities Protection Organization (UFPO) at 800-962-7962 to mark out existing utilities before digging.
- 2) Contact Highway Department (845) 361-1106 prior to opening the street to schedule an inspection.
- 3) Sawcut edges of existing pavement prior to patching asphalt.
- 4) Water & Sewer Department (845) 342-1668 must inspect any new water or sewer laterals before they are backfilled.
- 5) Pipe embedment zone up to 12" over the top of the new pipe shall be backfilled with sand. Remained of the trench shall be backfilled NYSDOT Item 4 in 9" max lifts and compacted to 95% modified proctor unless written exception is provided by the Commissioner of Public Works.
- 6) Parch opening with NYSDOT type 6 asphalt top the same thickness as the existing pavement, but no less than 3" Compacted with a minimum 1-ton roller.
- 7) Failure to follow these permit requirements may result in the forfeiture of deposit.

Printed Name of Applicant

Signature of Applicant

OFFICE USE ONLY:

Insurance Company:	\$40 application fee-non-refundable
Policy Number:	\$50 non-refundable for each cut inspection fees
TOW initials:	Amount of Deposit Received:

Final Street Opening Inspection

Date

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.)