



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 (Well & Septic)

**NY State Design Professional- *one set signed/wet seal paper plans and
one full signed/sealed set of plans pdf email or thumb drive***

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

Applicable sections of the following codes:

- Title 19 (19NYCRR)
- 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

- 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

2022 New residence 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)

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

INSPECTION guidelines*

Email: inspectionrequest@townofwalkill.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.) Waterproofing before backfill and footing drains (if applicable)
(free-flow on drains run to daylight to be inspected before grading)
- 7.) Roof and Wall Sheathing and Ice/Water Shield
- 8.) Rough Electrical -before wall enclosure
- 9.) Rough Plumbing pressure test, rough gas piping pressure test (if applicable)
And Framing and fire stop all penetrations between floors and penetrations in attic floor
- 10.) Fireplace/Woodstove -before wall enclosure (if applicable)
- 11.) Insulation
- 12.) Sheetrock BEFORE taping
- 13.) 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 Walkill BEFORE you may request another inspection.
*** Please be ready ***

FINAL INSPECTION REQUIREMENTS PRIOR TO C/O INSPECTION REQUEST

****Any documents required below can be sent by EMAIL****

- a.) Blower door test report email pdf
 - b.) Duct tightness test report email pdf (if applicable)
 - c.) Smoke and carbon monoxide hard-wired detectors
 - d.) Final Electrical Inspection – **email from TOW Electrical Inspector** to Building Dept.
 - e.) Final Paperwork submitted:
General Contractor affidavit signed and notarized (email pdf) AND
Final Cost of Construction sheet for your project (email pdf)
 - f.) Final Septic Inspection AND engineer **letter** subdivision lot or single lot:
-- SUBDIVISION LOT approved by TOW Planning Bd-choose a NY State licensed Engineer to do a final SDS **insp. and certification letter** to include: SBL, 911 address, subdiv. name & lot#, and subdiv filing date with OC Clerk—**YOU must contact your own engineer** for required final SDS inspection. **If** you also have a Subdivision lot with an assigned site inspector from Planning Bd: **you** also need to contact the assigned site inspector for final site inspection and final site inspection **letter**
--OR--
-- SINGLE lot (NOT a subdiv.) contact P&D Engineering for a final septic inspection and final septic **certification letter** (Single lots must have escrow acct \$750 upon submission of permit application)
 - g.) Final Driveway Inspection signed off by Highway Dept.
 - h.) Well log and Water Test reports
 - i.) **Final Survey to include all structures, setbacks, well location, septic ties for tank and field location, and all front corners permanent concrete monuments**
- 14.) Final Certificate of Occupancy Building Inspection



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.

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.)