

Town of Wappinger – Fire Inspector

20 Middlebush Rd., NY 12590

Phone # 845-297-1373 / Fax # 845-297-0579

**- APPLICATION FOR FIRE ALARM PERMIT -
(Fee \$250)**

**FIRE ALARM PERMITS REQUIRE TWO (2) SETS OF PLANS BE SUBMITTED
WITH THIS APPLICATION**

APP.#: _____ Permit #: _____ Receipt # _____

CHECK #: _____ CASH: _____ AMOUNT PAID: _____

DATE: _____ GRID #: _____

JOB SITE ADDRESS: _____

OWNERS NAME: _____

ADDRESS: _____

TEL#: _____

INSTALLATION CO. NAME: _____

The Town of Wappinger requires proof of Workers' Compensation (C105.2 or U26.3) and Disability (DB120.1) insurance. Town of Wappinger must be listed as certificate holder on both forms. The Certificate of Attestation of Exemption, Form CE-200, may only be completed by homeowners doing their own work, entities with no employees and/or out-of-state entities obtaining a contract or license in which all the work is being performed outside of New York State. We do not accept the Acord form as proof of these insurances.

ADDRESS: _____

TEL#: _____

FIRE ALARM – PLEASE LIST NUMBER OF DEVICES: FIRE ALARM/SECURITY SYSTEM PANEL: _____

PANELS: _____ TOTAL NO. OF SECURITY SYSTEM DEVICES BEING INSTALLED: _____

ANNUNCIATORS: _____

SMOKE/HEAT DETECTORS: _____

HORNS / STROBES: _____

MANUAL PULL STATIONS: _____

OTHERS: _____ Estimated Cost: _____

TOTAL: _____

NO WORK MAY BE PERFORMED UNTIL A PERMIT IS ISSUED

The owner of the property covered by this application and the undersigned applicant agree:
To conform to all applicable laws of this jurisdiction and the applicant is responsible for scheduling inspections with an electrical agency approved by the Town of Wappinger.
The applicant swears that they have been specifically authorized by the owner to execute this application.

APPLICANT'S SIGNATURE: _____

FIRE INSPECTOR: _____ DATE: _____

FIRE ALARM PERMIT:

907.1.1 Construction Documents

[Construction documents](#) for [fire alarm systems](#) shall be of sufficient clarity to indicate the location, nature and extent of the work proposed and show in detail that it will conform to the provisions of this code, the [Building Code of New York State](#) and relevant laws, ordinances, rules and regulations, as determined by the [fire code official](#).

907.1.2 Fire Alarm Shop Drawings

Shop drawings for [fire alarm systems](#) shall be prepared in accordance with [NFPA 72](#) and submitted for review and approval prior to [system](#) installation.

TOWN OF WAPPINGER



BUILDING DEPARTMENT
20 MIDDLEBUSH ROAD
WAPPINGERS FALLS, NY 12590-0324
(845) 297-6256
FAX: (845) 297-0579

OWNER CONSENT FORM

BUILDING PERMIT # _____ APPLICATION # _____

SITE LOCATION: _____

GRID: # _____

Name of APPLICANT/OWNER: _____

~ CERTIFICATION ~

NOTICE TO APPLICANTS: 240-109 Certificate of Occupancy

It shall be unlawful for a building owner to use or permit the use of any building or premises or part thereof hereafter created, erected, changed, converted or enlarged, wholly or partly, in its use or structure until a Certificate of Occupancy shall have been issued by the Building Inspector and/or Zoning Administrator.

I, _____, owner of the land/site/building hereby give my permission for the Town of Wappinger to approve or deny the attached application in accordance with local and state codes and ordinances. I understand that this permit will not be closed out unless all proper inspections are completed which can include the building inspector having access to the interior of my residence. If this permit is not closed before the expiration date it will remain as a violation on my property until it is closed out. After the expiration date the permit fee and application will have to be re-submitted in order to close out the permit. I understand that I am ultimately responsible for the closure of this permit.

FAILURE TO COMPLY MAY RESULT IN COURT PROCEEDINGS.

Date

Owner's Signature

Owner's Telephone Number

Print Name

Print Owner's Address

FOR OFFICE USE ONLY

Code Enforcement Official: