

TOWN OF LAGRANGE

APPLICATION TO OCCUPY A COMMERCIAL TENANT SPACE

IDENTIFICATION OF APPLICANT

NAME OF THE TENANT (BUSINESS OWNER) _____ PHONE NO. _____

MAILING ADDRESS _____ ZIP CODE _____

NAME OF PROPERTY OWNER _____ PHONE NO. _____

IDENTIFICATION OF TENANT SPACE

NAME OF BUSINESS _____ PHONE NO. _____

PARCEL GRID NO. _____ 911 ADDRESS _____

NAME OF PLAZA OR BUILDING _____ SUITE NO. _____

TYPE OF BUSINESS PROPOSED (describe) _____

RETAIL OFFICE WAREHOUSE RESTAURANT FOOD SERVICE/DELI ASSEMBLY OTHER

DIMENSIONS OF TENANT SPACE _____ X _____ SQUARE FOOTAGE OF AREA TO BE OCCUPIED BY TENANT _____ SQ. FT.

DAYS OF THE WEEK THIS BUSINESS WILL OPERATE S M T W TH F S NO. OF EMPLOYEES _____

WILL A BUILDING WALL SIGN BE ERECTED OR INSTALLED WITH THIS BUSINESS? YES NO

WILL A BUILDING GROUND SIGN BE ERECTED OR INSTALLED WITH THIS BUSINESS? YES NO

ATTACHED & HERETO MADE PART OF THIS APPLICATION

INTERIOR FIT-UP PLAN & SPECIFICATIONS FOR THE PROPOSED TENANT SPACE

APPLICATION FOR CERTIFICATE OF USE

APPLICATION(S) FOR EACH AND EVERY SIGN PROPOSED

STATE AND/OR COUNTY LICENSES REQUIRED TO OPERATE BUSINESS

PROOF OF WORKMAN'S COMPENSATION INSURANCE ON FORM #C-105.2 OR U26.3 BY THE CARRIER

COST OF PROPOSED WORK \$ _____ DOLLARS

APPLICATION IS HEREBY MADE TO DEPARTMENT OF PLANNING, ZONING, AND BUILDING AND PUBLIC WORKS PURSUANT TO THE BUILDING CODE OF NEW YORK STATE. APPLICANT AGREES TO COMPLY WITH ALL APPLICABLE LAWS, ORDINANCES & REGULATIONS GOVERNING SUCH BUSINESS OR USE.

SIGNATURE OF APPLICANT _____ **DATE** _____

(MUST BE SIGNED IN OFFICE)

OFFICE USE ONLY

ZONING \$50.00 ADMIN. FEE \$ _____ BLDG. PERMIT FEE \$ _____ RECEIPT NO. _____ DATE _____

APPLICATION NO. _____ BUILDING PERMIT NO. _____ DATE _____

TOWN OF LAGRANGE
120 Stringham Road-LaGrangeville, NY 12540
(845)452-1872

The following are third-party Electrical Inspectors authorized by the Town to perform the required electrical inspection on your project:

ATLANTIC INLAND, INC.

William Jacox
President
12 Ackert Road
Rhinebeck, NY 12572
(1-800-758-4340)

COMMONWEALTH ELECTRICAL
INSPECTION SERVICES, INC.

Ron Henry
(845)562-8429

UNDERWRITERS of NYC, LLC
AGENCY

Elmsford, NY 10523
P. O. Box 4089
Fax: (914)347-4394
(845)562-4594

MIDDLE DEPARTMENT INSPECTION
AGENCY, INC.

David Williams
P. O. Box 474
Valatie, NY 12184
(1-800-479-4504)

NEW YORK BOARD of FIRE UNDERWRITERS

Pat Decina
(845-298-6792)

NEW YORK ELECTRICAL INSPECTIONS

Thomas Lejune
(845-373-7308)

J. O. Swanson-Swanson Consulting Co.
P. O. Box 395-Salisbury Mills, NY 12577
Phone & Fax: (845)496-5160

NYEIS, INC.

Terence McPartland,
54 North Central Avenue
Elmsford, NY 10523
(914)347-4390
Fax: (914)347-4394

Z3 CONSULTANTS, INC.

P.O. Box 363
LaGrangeville, NY 12540
(845)471-9370
Fax: Same as phone number

TRI-STATE INSPECTION

P. O. Box 1034
Warwick, NY 10900
(845)986-6514
James Greaves
(845)473-2430
Cell (914)456-2221
Mike Gromwaldt
(845)223-6793
Frank Shultis
(845)227-4510
Bob Stumbo
(845)656-9693
Nick DiFusco
(914)438-6776

TOWN OF LAGRANGE

120 Stringham Road, LaGrangeville, New York 12540; (845)452-8562
Dutchess County, NY

APPLICATION FOR NON-RESIDENTIAL SEWER SERVICE CONNECTION

NO: _____

IDENTIFICATION OF APPLICANT

APPLICANT NAME _____ PHONE _____

NAME OF BUSINESS (If applicable) _____

MAILING ADDRESS _____

CONTACT PERSON (for this project) _____ PHONE _____

OWNER OF RECORD (if other than applicant: written consent of owner is required)

NAME _____ PHONE _____

ADDRESS _____

NAME OF CONTRACTOR _____

IDENTIFICATION OF PROPERTY

TAX MAP GRID NUMBER _____

LOCATION (ADDRESS) _____

SUBDIVISION NAME _____ SUB. LOT NO. _____

The proposed work is to connect the above property to the municipal sewer district.

The undersigned agrees and understands and is familiar with the laws of the State of New York and the local laws of the Town of LaGrange with respect to the construction and use of public sewer. Applicant agrees to display permanently at the location, the permit herein applied for, if and when the same is issued, and to notify the Building Inspector or the Town official having jurisdiction as to the time when the work is to be done and to certify that the same complies with the local laws with respect thereto. It is understood that no Certificate of Occupancy will be issued to the building which is being connected to the public sewer until such time as the appropriate Town official has inspected the work herein to be done and approved the same in writing by separate written instrument.

SIGNATURE OF APPLICANT _____ DATE _____
(MUST BE SIGNED IN THIS OFFICE)

APPLICATION FEE \$ _____ RECEIVED BY _____ RECEIPT NO _____ CHECK NO. _____

Sewer Service Trench Inspection: _____ Final Inspection: _____

Approved for Service _____
Building Inspector

Permit issued this _____ day of _____ SEWER DISTRICT _____

TOWN OF LAGRANGE

120 Stringham Road, LaGrangeville, New York 12540; (845)452-8562
Dutchess County, NY

APPLICATION FOR NON-RESIDENTIAL WATER SERVICE CONNECTION

NO: _____

IDENTIFICATION OF APPLICANT

OWNER OF RECORD (if other than applicant: written consent of owner is required)

NAME _____ PHONE _____

ADDRESS _____

NAME OF CONTRACTOR _____

CONTACT PERSON (for this project) _____ PHONE _____

IDENTIFICATION OF PROPERTY

TAX MAP GRID NUMBER _____

LOCATION (ADDRESS) _____

SUBDIVISION NAME _____ SUB. LOT NO. _____

REQUIREMENTS TO DETERMINE METER SIZE

PIPE SIZE: 3/4" diameter 1" diameter 1 1/2" diameter 2" diameter

PIPE MATERIAL: Plastic (HDPE) K Copper

LENGTH OF PIPE FROM CURB BOX TO METER

COPPER : 0' – 150' 151' – 300' 301' over

PLASTIC: 0' – 100' 101' – 200' 200' over

APPLICATION IS HEREBY MADE TO THE ADMINISTRATOR OF PUBLIC WORKS, DEPARTMENT OF PLANNING, ZONING, AND BUILDING AND PUBLIC WORKS PURSUANT TO THE TOWN OF LAGRANGE WATER RULES AND REGULATIONS. THE UNDERSIGNED AGREES AND UNDERSTANDS AND IS FAMILIAR WITH THE LAWS OF THE STATE OF NEW YORK AND THE LOCAL LAWS OF THE TOWN OF LAGRANGE WITH RESPECT TO THE CONSTRUCTION AND USE OF PUBLIC WATER. APPLICANT AGREES TO DISPLAY PERMANENTLY AT THE LOCATION, THE PERMIT HEREIN APPLIED FOR, IF AND WHEN THE SAME IS ISSUED, AND TO NOTIFY THE BUILDING INSPECTOR OR THE TOWN OFFICIAL HAVING JURISDICTION AS TO THE TIME WHEN THE WORK IS TO BE DONE AND TO CERTIFY THAT THE SAME COMPLIES WITH THE LOCAL LAWS WITH RESPECT THERETO. IT IS UNDERSTOOD THAT NO CERTIFICATE OF OCCUPANCY WILL BE ISSUED TO THE BUILDING WHICH IS BEING CONNECTED TO THE PUBLIC WATER UNTIL SUCH TIME AS THE APPROPRIATE TOWN OFFICIAL HAS INSPECTED THE WORK HEREIN TO BE DONE AND APPROVED THE SAME IN WRITING BY SEPARATE WRITTEN INSTRUMENT.

A PLOT PLAN AND CERTIFICATE OF INSURANCE/NOTARIZED WAIVER MUST BE SUBMITTED WITH APPLICATION.

SIGNATURE OF APPLICANT _____ DATE _____

(MUST BE SIGNED AT THIS OFFICE)

PERMIT FEE \$ _____ RECEIPT NO. _____ CHECK NO. _____ DATE _____

WATER DISTRICT (Office Use Only) _____

YOKE _____ **RECEIVED DATE** _____