



# Town of Mamaroneck – Building Department

740 West Boston Post Road  
Mamaroneck, NY 10543-3353  
TEL: 914-381-7830 FAX: 914-381-8473

## APPLICATION FOR BUILDING PERMIT

*(No Hand Written Applications Accepted)*

Project Information:

DATE: \_\_\_\_\_

Permit Type:      Residential      Commercial

Addition/Interior Alteration	HVAC	Solar
Air Conditioner	New Accessory Structure	Swimming Pool
Blasting	New Construction	Tank Abandonment
Deck/Porch	Patio	Tank Install
Demolition	Rock Removal	Tank Removal
Ext: Alteration/Renovations	Roof	Windows/Doors Install
Fence	Shed	
Generator	Sign	Other: _____

SITE ADDRESS: \_\_\_\_\_ SEC:      BLK:      LOT:

DESCRIPTION OF WORK:

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***MUST BE COMPLETED ON SUBMITTAL***

**COST of WORK:** \_\_\_\_\_

**PLUMBING WORK:**      YES      NO

**ELECTRICAL WORK:** YES      NO

**OFFICE USE ONLY:**

Verified: \_\_\_\_\_

Verified: \_\_\_\_\_

**OWNER INFORMATION:**

Name(s):	_____		
Address:	_____		
City/ST:	_____	Zip Code:	_____
Home Phone:	_____	Work Phone:	_____
Cell Phone:	_____		
E-Mail:	_____		

**CONTRACTOR INFORMATION:**

Company Name:	_____		
Contact Name(s):	_____	Cell:	_____
Address:	_____	City/St:	_____ Zip: _____
Phone:	_____	FAX:	_____
E-Mail:	_____		



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## ARCHITECT/DESIGNER/ENGINEER INFORMATION:

Company Name:					
Contact Name(s):		Cell:			
Address:		City/St:		Zip:	
Phone:		FAX:			
E-Mail:					

### Who Will Supervise the Work (check one)

Builder Architect Engineer Owner Other \_\_\_\_\_

Main Contact Number \_\_\_\_\_

E-mail \_\_\_\_\_

### DATE STAMP

\_\_\_\_\_  
Applicant Signature

Filing Fee: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

### OFFICE USE ONLY

DIG SAFE NUMBER REQUIRED:    YES            NO

DIG SAFE NUMBER: \_\_\_\_\_

BOND REQUIRED:            YES            NO

**NOTICE:** All permits are good for one year from the date of issuance. The permit may be renewed for a maximum of two (2) six (6) month periods for an additional fee. It is the responsibility of the owner of the property listed above in the application to close out the permit. Passing of a final inspection does not complete the process. **ONLY** the issuance of either a **“LETTER OF COMPLETION”** or **“CERTIFICATE OF OCCUPANCY”** closes a permit. Any deviation from the approved plans will result in the revocation of the permit by the Building Inspector. Any amendments to the plan must be approved by the Building Department.

**Homeowner Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

### From the Assessor:

The Town Assessor does not wait until a Certificate of Occupancy is issued to establish value for parcels with building permits. Each year the assessment roll reflects the physical condition of the property as of May 1<sup>st</sup>, the “taxable status date” for the Town of Mamaroneck. All building permits are reviewed by the Assessor’s Office and property inventories, building sketches and values are adjusted accordingly.



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To complete the application process, you will need to provide the following information along with the completed application to the Building Department:

- Street address \_\_\_\_\_
- Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_
- Zoning district \_\_\_\_\_
- Total lot area \_\_\_\_\_ square feet
- Dimensions from construction to Lot Lines (feet)  
Front \_\_\_\_\_ Left Side \_\_\_\_\_ Right Side \_\_\_\_\_  
Rear \_\_\_\_\_
- Total square footage of new construction \_\_\_\_\_ square feet  
Basement \_\_\_\_\_ First floor \_\_\_\_\_ Second Floor \_\_\_\_\_  
Third Floor \_\_\_\_\_ Attic \_\_\_\_\_
- Does the project involve exterior site work/temporary disturbance to site soils? Yes No  
If **YES** indicate the total area of land Disturbance \_\_\_\_\_ square feet
- Are you working within a FEMA designated flood zone? Yes No
- Does the project involve disturbance within a regulated wetland buffer or watercourse? Yes No
- Are you working within the Town right-of-way? Yes No
- Are you working within a State or County right-of-way? Yes No
- Are you crossing the Town Right-of-Way with a dumpster or heavy equipment (i.e. track excavator)? Yes No
- Are you cutting any trees? Yes No  
If **YES**, How many \_\_\_\_\_ Diameter at breast height (DBH) \_\_\_\_\_

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**Office use only:**

- Street opening permit required
- County or State permit required
- Wetlands/Coastal permit required
- Tree Permit required
- Surface and Erosion Control permit required



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***NOTICE OF UTILIZATION OF TRUSS TYPE  
CONSTRUCTION, PRE-ENGINEERED WOOD  
CONSTRUCTION AND/OR TIMBER CONSTRUCTION  
(MUST BE COMPLETED ON SUBMITTAL)***

To: Town of Mamaroneck

Owner:

Date:

Property Address:

**Please take notice that the (check applicable line):**

New residential structure

Addition to existing residential structure

Rehabilitation to existing residential structure

**To be constructed or performed at the subject property reference above  
will utilize (check each applicable line):**

Truss type construction (TT)

Pre-engineered wood construction (PW)

Timber construction (TC)

**In the following location(s) (check applicable line):**

Floor framing, including girders and beams (F)

Roof framing (R)

Floor framing and roof framing (FR).

Date:

Signature:

Name:

Title:

**NOT APPLICABLE**

Note: Please complete this form with every application and if above referenced construction is applicable then building needs proper placarding as stated in referenced law or if not used check the “NOT APPLICABLE” box.

Check regulation at the following Website: <http://www.dos.ny.gov/DCEA/noticadopt.html>



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### INSTRUCTIONS / CHECKLIST

**Please Note:** Completing the application form does not constitute a permit to commence construction.

To complete the application process, you will need to deliver to the building department the following:

- A signed (BY **APPLICANT** AND **HOMEOWNER**) completed application form including the Short Environmental Assessment form.
- If applicable, architectural plans, stamped and signed by a NYS Licensed Architect or Professional Engineer in the following formats:
  - **One (1) - Full Size Set (Min 24x36)**
  - **One (1) - 11x17 set**
- Contractor's Certificate of liability on the "Acord Form" listing the Town of Mamaroneck as:
  - **Certificate Holder**
  - **Additional Insured**
- Contractor's NYS Workman Compensation or a *Waiver of Insurance if all work is to be performed by the property owner.*
- Westchester County Home Improvement License.
- NYS Disability

**NOTE:** Please be advised, under new State and Municipal Laws, the Workman's Compensation and Disability benefits insurance must be submitted on separate state approved forms. The "Acord Form" are no longer acceptable proof of Workman's Compensation or Disability coverage. Further information or questions may be answered by calling the NYS Bureau of Compliance at (518)486-6307 or by visiting their website: [www.wcb.state.ny.us](http://www.wcb.state.ny.us) or by contacting the insurance provider.