

**APPLICATION for BUILDING PERMIT**  
**City of Peekskill, New York**  
**840 Main Street, 914-734-4140**  
**County of Westchester**

Permit No. \_\_\_\_\_

Fee \$ \_\_\_\_\_

Date Issued \_\_\_\_\_

Date Submitted \_\_\_\_\_

**INSTRUCTIONS**

- a. This application must be completely filled in by typewriter or in ink and submitted in duplicate to the Director of Public Works
- b. Survey showing location of lot and of buildings on premises, relationship to adjoining premises or public streets or areas, and giving a detailed description of layout of property must be drawn on the diagram which is part of this application.
- c. This application must be accompanied by three (3) complete sets of plans showing proposed construction and three (3) complete sets of specifications. Plans and specifications shall describe the nature of the work to be performed, the materials, and equipment to be used and installed and details of structural, mechanical, electrical, and plumbing installations.
- d. The work covered by this application may not be commenced before the issuance of Building Permit.
- e. Upon approval of this application, the Building Department will issue a Building Permit to the applicant together with approved, duplicate set of plans and specifications. Such permit and approved plans and specifications shall be kept on the premises available for inspection throughout the progress of work.
- f. No building shall be occupied or used in whole or in part for any purposes whatever until an application is made for and a Certificate of Occupancy shall have been granted by the Building Department.

Location \_\_\_\_\_  
(Give street number, name of street)

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

APPLICATION IS HEREBY MADE to the Building Department for the Issuance of a Building Permit pursuant to the New York State Building Construction Code for the construction of buildings, additions, or alterations, or for removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinances, and regulations.

\_\_\_\_\_  
(Signature of applicant)

State whether applicant is owner, lessee, agent, architect, engineer, or builder \_\_\_\_\_

If owner or applicant is a corporation, give names and titles of two officers and signature of duly authorized officer.

\_\_\_\_\_  
(Name and title of corporate officer)

**1. State existing use and occupancy of premises and intended use and occupancy of proposed construction:**

Existing use and occupancy \_\_\_\_\_

**A. TYPE OF IMPROVEMENT**

- |   |   |
|---|---|
| 1. _____ New building.  | 4. _____ Repair, replacement  |
| 2. _____ Additions (if residential, enter number of new housing units added, if any in Part C13). | 5. _____ Demolition, (if residential enter number of units in building in Part C 13). |
| 3. _____ Alteration (see 2 above)   | 6. _____ OTHER _____  |

**B. OWNERSHIP**

- 9. \_\_\_\_\_ Private (individual, corporation, nonprofit, Institution, etc.)
- 10. \_\_\_\_\_ Public (federal, State, or Local government)

**C. PROPOSED USE – FOR “DEMOLITION” MOST RECENT USE**

- | Residential  | Non-residential                          |
|--|--|
| 11. _____ One Family   | 18. _____ Church, other religious        |
| 12. _____ Two or more family,<br>Enter number of units _____                 | 19. _____ Industrial                     |
| 13. _____ Transient hotel, motel or dormitory<br>Enter number of units _____ | 20. _____ Parking garage                 |
| 14. _____ Garage _____ No. cars _____  | 21. _____ Service Station, repair garage |
| 15. _____ Carport _____ No. cars _____                                       | 22. _____ Office, bank, professional     |
| 16. _____ Other - Specify _____  | 23. _____ Stores, mercantile             |
|  | 24. _____ Tanks, towers                  |
|  | 25.. _____ Other – Specify _____         |

**CHARACTERISTICS OF BUILDING- ESTIMATED COST AND FEES**

**D. Estimated Cost**

Fees \_\_\_\_\_  
 Building Permit \_\_\_\_\_  
 Site Plan Review \_\_\_\_\_  
 Total \_\_\_\_\_

**E. Principal Type of Frame**

29. \_\_\_\_\_ Masonry (wall bearing)  
 30. \_\_\_\_\_ Wood frame  
 31. \_\_\_\_\_ Structural steel  
 32. \_\_\_\_\_ Reinforced concrete  
 33. \_\_\_\_\_ Other -  
     Specify \_\_\_\_\_

**F. Principal Type of Heating Fuel**

34. \_\_\_\_\_ Gas  
 35. \_\_\_\_\_ Oil  
 36. \_\_\_\_\_ Electricity  
 37. \_\_\_\_\_ Coal  
 38. \_\_\_\_\_ Other -  
     Specify \_\_\_\_\_

**G. RESIDENTIAL BUILDING ONLY**

39. \_\_\_\_\_ Number of bedrooms \_\_\_\_\_

40. Number of bathrooms  
 Full \_\_\_\_\_ Partial \_\_\_\_\_

**H. TYPE OF MECHANICAL**

Will there be central air conditioning?  
 41. \_\_\_\_\_ Yes 42. \_\_\_\_\_ No

Will there be an elevator?  
 43. \_\_\_\_\_ Yes 44. \_\_\_\_\_ No

**I. NUMBER OF OFF-STREET PARKING SPACES**

45. Enclosed \_\_\_\_\_  
 46. Outdoors \_\_\_\_\_

**J. DIMENSIONS**

47. Total sq. ft. of floor area, all floors, based on exterior dimensions \_\_\_\_\_

48. total land area, sq. ft. \_\_\_\_\_

49. Dimensions of existing structures, if any: Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_ Height \_\_\_\_\_ Number of Stories \_\_\_\_\_

Dimensions of same structure with alterations or additions: Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_ Height \_\_\_\_\_ Number of Stories \_\_\_\_\_

50. Dimensions of entire new construction: Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_ Height \_\_\_\_\_ Number of Stories \_\_\_\_\_

51. Size of lot: Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_

52. Zone or use district in which premises are situated \_\_\_\_\_

53. Does proposed construction violate any zoning law, ordinance or regulation? \_\_\_\_\_

54. Name of Compensation Insurance Carrier \_\_\_\_\_

Number of Policy \_\_\_\_\_ Date of Expiration \_\_\_\_\_

55. Will electrical work be inspected by, and a Certificate of Approval obtained from the New York Board of Fire Underwriters or other agency or organization? If so specify \_\_\_\_\_

**IDENTIFICATION – To be completed by all applicants**

Name (Please Print)	Mailing Address Number, Street, City, State	Telephone Number
1. Owner	_____	
2. Contractor	_____	
3. Architect	_____	
4. Westchester County License #		

STATE OF NEW YORK,

COUNTY OF Westchester

\_\_\_\_\_ being duly sworn deposes and says that he is the applicant above named.  
 (Name of individual signing application) – Please Print

He/she is the \_\_\_\_\_  
 (Contractor, agent corporate officer, etc.)

of said owner or owners, 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 specifications filed therewith.

Sworn to before me

this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
 (Signature of applicant)

\_\_\_\_\_  
 Notary Public

\_\_\_\_\_ County