



Village of Port Chester
Building Department
222 Grace Church Street, Room 100
Port Chester, New York 10573
Office (914) 939- 5203 Fax (914) 939-8747

Application for Building Permit and/or Zoning Permit

SBL # _____ - _____ - _____

Date: _____

Construction Located at: _____

Zoning District: _____

Owner: _____

Phone: _____

Mailing Address: _____

Email: _____

Agent: _____

Phone: _____

Mailing Address: _____

Email: _____

Description of work: _____

Use Classification: _____ Type Construction: _____ Number of Units: _____ Sign: _____

New: _____ Addition: _____ Repair/Replacement: _____ Alteration Level: _____ Change in Use: _____

Building Systems: _____ Fire Protection Equipment & Systems: _____ Fuel Oil Tank: _____ Heating Appliance: _____

Demolition: _____ Special/Open Building Permit: _____ Area of Land Disturbance: _____

Record of Legal Use: _____ Located in a Special Flood Hazard Zone: Yes or No

Site Plan/Special Exception Approval: _____ ZBA Variance: _____

Design Professional: _____ Phone: _____ Email: _____

Contractor: _____ Phone: _____ Email: _____

I certify that the information provided above is correct. I understand that false statements made herein are punishable as a Class A misdemeanor. I further understand that upon discovery that I provided any false information, I may be subject to criminal penalties and my permit may be revoked.

All work shall be performed in accordance with the construction documents which were submitted with and accepted as part of this application for permit. I understand that as the owner, and permit holder, I shall immediately notify the Building Inspector of any changes occurring during the course of work and further understand that if the Building Inspector determines that such changes warrants a new or amended permit or plans, such changes shall not be made until and unless a new or amended permit reflecting such changes is issued. I agree not to occupy this building/structure until a certificate has been issued for same upon completion of the description thereof in compliance herewith.

Owner/Authorized Agent

Date

Email address - Required to Receive Correspondence

COST OF CONSTRUCTION: \$ _____

PERMIT FEES _____ **Received By:** _____

Department Stamped Received Date

