

Village/Town of Mount Kisco Building Department
104 Main Street
Mount Kisco, New York 10549
(914) 864-0019 FAX (914) 864-1085

Application #: _____ Permit #: _____

BUILDING PERMIT APPLICATION

Note: Three sets of construction documents must be submitted with application.

Project Address: _____

Zoning District: _____ Section/Block/Lot(s): _____

Applicant's Name: _____

Address: _____

Email address: _____ Phone #: _____

Name of Property Owner: _____ Phone #: _____

(If Different)

Present Address of Owner: _____

Email address: _____ Phone # _____

Description of Improvement and Proposed Use in Detail: _____

Total Estimated Cost of Improvement: _____

AFFIDAVIT OF CONSTRUCTION COST: This affidavit must be completed by the Design Professional if the estimated cost is \$20,000.00 or more, or the project is a legalization.

I _____ do hereby affirm and certify as follows: (i) I am the architect/engineer (circle one) licensed by the State of New York; (II) I have reviewed the plans, drawings and specifications of this application and am fully familiar with the proposed construction; (III) based on my experience, I estimate the total cost of construction, including all labor, all material, all professional fees and all associated costs to be approximately \$_____, and (IV) pursuant to Penal Law 210.4, I acknowledge that a false statement made knowingly is a Class A Misdemeanor.

Signature: _____ Sign & Affix Seal _____

Date: _____

Property Use: (please answer all questions)

Existing use Residential:

Single Family 2 Family Other (Please specify) _____

Intended use:

Single Family 2 Family Other (Please specify) _____

Existing Use Commercial:

Multi Family (How Many) ____ Retail Restaurant Other (Please specify) _____

Intended Use:

Multi Family (How Many) ____ Retail Restaurant Other (Please specify) _____

Is there an approved site plan for this property?

Is this a new residential house? Yes No Addition Alteration

Is this a new commercial building? Yes No Addition Alteration

Municipal sewer? Yes No Septic System? Yes No (if applicable, attach Health Dept. Approval)

Is this structure within the flood plain? Yes No (If yes, please file a Flood Development Permit)

Is this project within any wetlands, buffer or water course? Yes No (If ye, file a Wetlands application)

Topography: Flat Hilly Rocky Steep Incline Other (please specify) _____

Will the land disturbance affect any steep slopes? Yes No (if yes, please file Planning Board application)

How many square feet of land disturbance is there? _____

Contractor: _____

Address: _____

Phone #: _____ Fax #: _____

Email address : _____

Westchester County Home Improvement License #: _____

Architect or Engineer: _____ NYS Lic. #: _____

Address: _____

Phone #: _____ Fax #: _____

Email address : _____

Electrician: _____ Phone #: _____ WC Lic. #. _____

Address: _____

Phone #: _____ Email address : _____

Plumber: _____ Phone #: _____ WC Lic. # _____

Address: _____

Phone #: _____ Email address : _____

The undersigned applicant hereby agrees with all applicable provisions of the Code of the Village/Town of Mount Kisco and all other laws, codes, rules and requirements applicable to the proposed construction and that statements contained herein are true to the best of his/her knowledge.

Applicant's Signature

Sworn to before me this _____ day of _____

Notary Public, Westchester County: _____

Affidavit of Owner Authorization:

If the applicant is not the owner in fee of the premises:

The applicant _____ has my consent from to make this application as submitted.

Owner's Name Printed

Owner's Signature

Sworn to before me this _____ day of _____

Notary Public, Westchester County: _____

Name of Project Contact Person: _____

Daytime Phone #: _____ Fax #: _____

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Received by: _____

Application/Permit Fee _____

License:

Insurance:

3 sets of drawings:

Flood Plain Development Application (if required)

Board Approvals:

Planning

Zoning

ARB

Other

Reviewed By: _____

Date: _____

Building Inspector Approval: _____

Date approved: _____

Conditions:

