



BUILDING PERMIT APPLICATION & INSTRUCTIONS

SUBMIT HARD COPIES OF ALL ITEMS BELOW FOR PAPER SUBMISSIONS

OR

UPLOAD IN CITY SQUARED FOR ONLINE APPLICATIONS

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

- ☐ Signed [Building Permit application](#).
- ☐ Pay nonrefundable [permit & CO/CC fee](#).
- ☐ One (1) site plan indicating [setback dimensions/area requirements](#) of buildings, structures/mechanical equipment from each property line and indicate the location of sewage treatment systems & wells.
- ☐ One (1) copy of the structural plans stamped by a NYS licensed architect/engineer for all decks, for all structural work, and for all projects over \$20,000. Plans must describe the nature of the work including structural details, elevations, sections & indicate materials utilized. Provide details for mechanical, electrical & plumbing.
- ☐ One (1) set of specification/cut sheets indicating make, model and listing of equipment (i.e. - wood burning stoves/fireplaces, flues, generators, LP tanks, oil storage tanks, water heaters, HVAC equipment).
- ☐ Homeowner's written authorization if application is submitted by an agent/contractor.
- ☐ Contractor's, Electrician's and/or Plumber's Westchester County Licenses
(If no general contractor or general contractor is submitting a [signed CE-200 form](#) in lieu of providing worker's compensation & disability forms, all mechanical contractors must submit their own worker's compensation, disability and liability insurance forms)
- ☐ Contractor's, Worker's Compensation Insurance Certificate (C1052 or U263) listing 'Town of Lewisboro, 79 Bouton Rd., South Salem, NY 10590' as "Certificate Holder"– **ACCORD NOT ACCEPTED**
- ☐ Contractor's Disability Insurance Certificate (Form DB-120.1 or DB-155) listing 'Town of Lewisboro, 79 Bouton Rd., South Salem, NY 10590' as "Certificate Holder"– **ACCORD NOT ACCEPTED**
- ☐ Contractor's Liability Insurance Certificate listing 'Town of Lewisboro, 79 Bouton Rd., South Salem, NY 10590' as "Certificate Holder"

Building Permits expire eighteen (18) months after date of issuance or three (3) months after date of issuance if work has not been started in accordance with approved plans or the work has been suspended for three (3) months unless specifically extended by the Building Inspector for good cause.

Hours of Construction 7AM -7PM MONDAY - SATURDAY

AN APPLICATION IS NOT A PERMIT. WORK MAY NOT START AND INSPECTIONS WILL NOT BE SCHEDULED WITHOUT THE PERMIT BEING ISSUED AND POSTED ON THE JOB SITE.

(914) 763-3060
FAX (914) 875-9148
TTY 800-662-1220
Email: ksullivan@lewisborony.gov
www.lewisborogov.com



TOWN OF LEWISBORO
Building Department
79 Bouton Road
South Salem, NY 10590

BUILDING DEPARTMENT BUILDING/MECHANICAL/MINOR WORK PERMIT APPLICATION

DATE: _____ APPLICATION # _____

PROPERTY OWNER: _____ PHONE (H) _____ (C) _____

ADDRESS: _____ EMAIL: _____

PROJECT ADDRESS _____

SHEET _____ BLOCK _____ LOT _____ ZONING DISTRICT: _____

PROJECT: RESIDENTIAL () COMMERCIAL ()

Type of Work Proposed (check all that apply)

☐ Addition ☐ Alteration/Renovation ☐ Boiler/Furnace ☐ Change of Occupancy ☐ C/O Section 220-76C ☐ Deck
☐ Demolition ☐ Fence ☐ Fire Repair/Fire Damage ☐ Fire Alarm ☐ Fire Sprinkler/Suppression System
☐ Fire Place/Wood Stove ☐ Garage ☐ Generator ☐ HVAC ☐ Insulation ☐ Comm. Kitchen Exhaust hood
☐ Kitchen/Bath reno ☐ Legalization ☐ New Building ☐ Oil Tank ☐ Patio/Terrace ☐ Propane Tank ☐ Retaining Wall
☐ Roofing ☐ Shed ☐ Sign ☐ Solar Panels ☐ Swim Pool ☐ Temp Struct/Tent ☐ Other _____

Description: _____

ARCHITECT/ENGINEER OF RECORD _____

ADDRESS/PHONE _____ EMAIL _____

CONTRACTOR INFO: *(Names and addresses on insurance and licenses must match)*

NAME _____ ADDRESS _____

PHONE/EMAIL (H) _____ (C) _____ EMAIL _____

WEST. COUNTY LICENSE # _____ COPY OF WEST. COUNTY LIC MUST ALSO BE PROVIDED

A COPY OF WEST.COUNTY CONTRACTOR LICENSE MUST BE PROVIDED FOR EACH APPLICATION. WE WILL NOT CALL THE COUNTY OR LOOK UP ONLINE TO VERIFY FOR YOU. IF LICENSE IS PENDING, WE MUST HAVE PROOF IN WRITING FROM WESTCHESTER COUNTY.

PLUMBER:

NAME _____ ADDRESS _____

PHONE _____ WEST LIC # _____

ELECTRICIAN:

NAME _____ ADDRESS _____

PHONE _____ WEST LIC# _____

Plumber and Electrician must provide copies of Westchester County Photo ID License

ESTIMATED COST OF PROJECT*
(Round up to the next thousand)

\$ _____

- | | |
|--|---------------|
| 1) FILING FEE (REQUIRED) | \$ <u>100</u> |
| 2) RECORDS MANGEMENT FEE (REQUIRED) | \$ <u>2</u> |
| 3) ESTIMATED COST OF CONSTRUCTION FEE
(REQUIRED - \$10.00 per \$1,000.00) | \$ _____ |
| 4) CO/CC FEE:
(REQUIRED - \$10.00 per \$1,000.00- MINIMUM \$20) | \$ _____ |
| 5) ENVIRONMENTAL QUESTIONNAIRE
(\$50 IF APPLICABLE) | \$ _____ |
| 6) CIVIL PENALTY FEE <i>For legalizations only</i>
<i>(i.e., work started or completed without a permit)</i>
<i>(Double Line 3; minimum \$250)</i> | \$ _____ |
| TOTAL DUE: | \$ _____ |

*Estimated cost for work described in the Application for Building Permit includes the value of all the construction and other work in connection therewith, exclusive of the cost of the land. If final cost should exceed estimated cost, an additional fee may be required before issuance of Certificate of Occupancy.

The Asbestos Control Bureau enforces the New York State Labor Law and [Industrial Code Rule 56](#) (Asbestos). For general questions concerning asbestos, asbestos surveys or asbestos abatement, email labor.sm.dosh@labor.ny.gov or labor.sm.dosh.asbestoscontrolbureau@labor.ny.gov.

PAID BY: _____ CHECK # _____ RECEIPT # _____

**If signed by agent, a letter of authorization from the owner must be submitted with this application.*

Name of Contact Person

Signature of Owner/Agent*

Daytime Telephone Number

Email Address

I CONFIRM THAT I UNDERSTAND THAT BUILDING PERMITS ARE VOIDED IF WORK DOES NOT START WITHIN 3 MONTHS OF THE PERMIT BEING ISSUED, AND THAT BUILDING PERMITS EXPIRE 18 MONTHS AFTER BEING ISSUED. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO CALL THE TOWN OF LEWISBORO FOR ALL REQUIRED INSPECTIONS DURING CONSTRUCTION AND TO OBTAIN A CERTIFICATE OF OCCUPANCY/COMPLIANCE UPON COMPLETION THEREOF IN COMPLIANCE HERewith. I ALSO UNDERSTAND MY RESPONSIBILITIES OF ALL PROVISIONS OF TOWN OF LEWISBORO ZONING LAWS, NYS UNIFORM FIRE PREVENTION AND BUILDING CODE AND NY DEPT. OF LABOR REQUIREMENTS WHETHER SPECIFIED HEREIN OR NOT. THE TOWN OF LEWISBORO ZONING REQUIREMENTS CAN BE RESEARCHED AT [Town of Lewisboro, NY Table of Contents \(ecode360.com\)](#)

ACTION OF BUILDING INSPECTOR:

Permit No. _____ Date _____ Refer to: Planning Board () ZBA () ACARC ()

BUILDING INSPECTOR

Certificate of Occupancy / Compliance No. _____ Date _____

BUILDING INSPECTOR