



VILLAGE OF PLEASANTVILLE * BUILDING DEPARTMENT

80 WHEELER AVENUE * PLEASANTVILLE, NY 10570

PHONE (914) 769-1926 * FAX (914) 769-5519

www.pleasantville-ny.gov

SPECIAL PERMIT APPLICATION

NOTE: A minimum one (1) set of all required documents must be submitted with this application

SECTION I – Project Address: _____

SECTION II – Contact Information: (Please print clearly. All information must be current)

Applicant: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Property Owner: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

SECTION III – Type of Proposed Use ☐ Residential ☐ Commercial

☐ Accessory Structure ☐ Accessory Apt ☐ Change of Use / Occupancy ☐ Driveway / ROW parking ☐ Residential Apts

☐ Motels / Hotels ☐ Manufacturing ☐ Wireless telecom. ☐ Restaurants ☐ Billard Parlors ☐ Temp Structure / Uses

SECTION IV – Use & Occupancy

Existing / Current Use : _____

SECTION VI – Professional Contact Information: (Please print clearly. All information must be current)

Architect / Engineer: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

SECTION VII – Applicant Certification

I hereby certify that I have read the instructions & examined this application and know the same to be true & correct. All provisions of laws & ordinances covering this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or land use or the performance of construction.

Signature: _____ Date: _____

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Zone: _____ Section: _____ Block: _____ Lot: _____

Additional Board / Dept Approvals:

☐ ARB ☐ ZBA ☐ DPW / ENG ☐ WCDOH ☐ WETLANDS ☐ FLOOD DEV ☐ WC PLANNING

Building Department Checklist: ☐ Application ☐ Overview letter ☐ BP app ☐ EAS form ☐ Site plan app ☐ Survey

☐ Escrow policy affidavit ☐ Architectural plans ☐ Additional information

Payment: ☐ App Check (\$250) #: _____ ☐ Escrow Check (TBD) #: _____ ☐ Cash

BLDG. INSPECTOR sign off: _____ Date: _____