



VILLAGE OF MAMARONECK
BUILDING DEPARTMENT

169 Mt. Pleasant Avenue,
Mamaroneck, NY 10543

Phone: (914) 777-7731

Fax: (914) 777-7792

Email: BuildingDept@vomny.org

www.village.mamaroneck.ny.us/building-department

Requirements For Filing for a Building Permit Application Form

1. Complete the building permit application form
 2. Complete Short Environmental Assessment Form:
https://www.dec.ny.gov/docs/permits_ej_operations_pdf/seafpartone.pdf
 3. Payment of applicable fees:
https://www.villageofmamaroneckny.gov/sites/g/files/vyhli826/f/uploads/bldg_permit_fees_effective_7-22-25_0.pdf
 4. Provide a Copy of the Contractor's Westchester County Home Improvement License.
 5. Provide a Copy of the contractor's Liability Insurance Form Listing the Village of Mamaroneck as additionally Insured and as Certificate Holder.
 6. Provide a Copy of the Contractor's Worker's Compensation Insurance Form (C-105.2) listing The Village of Mamaroneck as Certificate Holder. For work done on owner-occupied one to four family residences, with the owner acting as contractor, an Affidavit of Exemption from Workers' Compensation Insurance should be submitted (CE-200 form).
 7. Provide a Copy of the Disability Insurance Form (DB-120.1) listing The Village of Mamaroneck as Certificate Holder or the NYS Waiver.
 8. Two (2) sets of physical plans (**One full size & one 11x17**) signed and sealed by an architect or engineer (NYS Licensed).
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BUILDING PERMIT APPLICATION FORM

Application is hereby made to the Building Inspector of the Village of Mamaroneck, New York for the issuance of a Building Permit to construct, alter, move, demolish, or change the occupancy of a building or other structure in accordance with the Village of Mamaroneck NY Code, New York State Uniform Fire Prevention, applicable NYS Codes & Standards as set forth below:

For Office Use Only

NEW BUILDING _____

ALTERATION _____

ADDITION _____

RETAINING WALL _____

SWIMMING POOL _____

OTHER (SPECIFY) _____

DATE RECEIVED: _____

APPLIC. NUMBER: _____

PERMIT NUMBER: _____

INSURANCE: _____ YES _____ NO

1. Address of Premises: _____ (Commercial or Residential?) _____

2. Section _____ Block _____ Lot _____ Zoning District _____

3. Owner or Lessee: (Circle One) _____

Address: _____

Telephone Number: (H/W) (_____) _____ (C) (_____) _____

E-mail: _____

4. Applicant's full name: _____

Address: _____

Phone #: _____ E-mail: _____

5. Detailed Description of Proposed Work:

6. Proposed Use and Occupancy (List rooms and use by story)

Existing Use

- ☐ Single-family residential
☐ Two-family residential
☐ Multi-family residential (_____ units)
☐ Retail
☐ Food Service Establishment
☐ Business/Office (specify): _____
☐ Mixed-Use (describe): _____
☐ Other (specify): _____

Proposed Use

- ☐ Single-family residential
☐ Two-family residential
☐ Multi-family residential (_____ units)
☐ Retail
☐ Food Service Establishment
☐ Business/Office (specify): _____
☐ Mixed-Use (describe): _____
☐ Other (specify): _____

7. Project Cost

Does the proposed project include exterior work?

- ☐ No, the work is interior only.
☐ Yes. Estimated market cost of exterior work: \$ _____
Estimated market cost of the total project: \$ _____

8. Please Indicate Area of Disturbance

- ☐ N/A – No ground disturbance proposed
☐ 0-199 SF – No Stormwater Plan Required
☐ 200-999 SF – Stormwater Management Plan Required
☐ ≥ 1000 SF – SWPPP Required

THIS SECTION FOR OFFICE USE ONLY – Applicant to continue filling out the application below.

Initial Review Fee: _____

Check/CC Amount: _____

Application Fee: _____

Check #: _____

Permit Fee: _____

Certificate of Completion Fee: _____

Inspection Fee: _____

The full name, address, and phone numbers of every person known to be involved in the work proposed hereby are as follows:

ARCHITECT / P.E.: Name: _____
Address: _____
Phone #: _____
NYS License No.: _____
E-mail: _____

CONTRACTOR: Name: _____
Address: _____
Phone #: _____
NYS License No.: _____

E-mail: _____

PLUMBER:

Name: _____

Address: _____

Phone #: _____

NYS License No.: _____

E-mail: _____

ELECTRICIAN:

Name: _____

Address: _____

Phone #: _____

NYS License No.: _____

E-mail: _____

OTHER TRADES:

Name: _____

Address: _____

Phone #: _____

NYS License No.: _____

E-mail: _____

I, _____ states that I am the (Owner, Lessee, Architect or Builder- **CIRCLE ONE**) in fee of the premises to which this application applies; that the applicant is duly authorized to make this application; and that the statements obtained here are true to the best of the applicant's knowledge and belief, and that the work will be performed in a manner set forth in the application and in the plans and specifications filed therewith, and in accordance with all applicable laws, ordinances, and regulations.

(Signature)

(Date)

RESIDENTIAL APPLICATIONS

ZONING COMPLIANCE TABLE

(New Construction and Additions)

ZONE: _____

TOTAL LOT AREA (SF): _____

TOTAL GROSS FLOOR AREA (GFA): _____, INCLUDING:

- EXISTING GFA: _____
- PROPOSED GFA: _____

Notes: Information must be based on definitions in the current Zoning Law of the Village of Mamaroneck. If not applicable, leave box blank. Check box in far right column if variance is required (even if already approved by the ZBA).

	Existing	Required/Permitted	Proposed	Variance Required
Lot Size				
Yard Setbacks:				
Front Yard				
Rear Yard				
Lesser Side Yard				
2 Sides Combined				
Principal Building Coverage (sf)				
Principal Building Coverage (%)				
Principal Building Height (stories)				
Principal Building Height (ft)				
Impervious Surface Coverage (sf)				
Impervious Surface Coverage (%)				

Are any variances required (or were any variances approved by the ZBA) that are not listed on the table above?

_____ Yes _____ No

If yes, describe all additional variances: _____

COMMERCIAL APPLICATIONS

ZONING COMPLIANCE TABLE

(New Construction and Additions)

ZONE: _____

TOTAL LOT AREA (SF): _____

TOTAL GROSS FLOOR AREA (GFA): _____, **INCLUDING:**

- **EXISTING GFA:** _____
- **PROPOSED GFA:** _____

Notes: Information must be based on definitions in the current Zoning Law of the Village of Mamaroneck. If not applicable, leave box blank. Check box in far-right column if variance is required (even if already approved by the ZBA).

	Existing	Required/Permitted	Proposed	Variance Required
Yard Setbacks:				
Front Yard				
Rear Yard				
Side Yard				
Principal Building Coverage (sf)				
Principal Building Coverage (%)				
Principal Building Height (stories)				
Principal Building Height (ft)				
Accessory Building Height (stories)				
Accessory Building Height (ft)				
Total Parking Spaces				
HC Accessible Parking Spaces				
Loading Spaces				
Impervious surface coverage (SF)				
Impervious surface coverage (%)				

Are any variances required (or were any variances approved by the ZBA) that are not listed on the table above?

_____ Yes _____ No

If yes, describe all additional variances: _____
