

Application Fee	\$ _____	Receipt/Check No. _____	Date _____
Permit Fee	\$ _____	Receipt/Check No. _____	Date _____
Legalization Fee (If Applicable)	\$ _____	Receipt/Check No. _____	Date _____
Certificate of Occupancy Fee	\$ _____	Receipt/Check No. _____	Date _____
Total	\$ _____	Receipt/Check No. _____	Date _____

PERMIT APPLICATION
Building Department
VILLAGE OF BRIARCLIFF MANOR
1111 Pleasantville Road
Briarcliff Manor, N.Y. 10510
engineer@briarcliffmanor.org
914.944.2770



Approved/Denied _____, 20__

Permit No. _____

Date _____, 20__

The undersigned hereby makes application for a permit to perform the work shown on the drawings accompanying this application and description herein:

NUMBER AND STREET _____

SECTION _____ BLOCK _____ LOT _____ ZONE DISTRICT _____

WHAT IS ESTIMATED COST OF CONTRUCTION (exclusive of lot and plantings) \$ _____

(NOTE: The estimated cost shall include all labor, material, scaffolding, fixed equipment, professional fees, materials and labor, which may be donated gratis.)

- Type of Work:
- ☐ Chapter 90 – Building and Fire Prevention - General, Electrical, Plumbing, HVAC (circle one)
 - ☐ Chapter 115 – Excavation
 - ☐ Chapter 172 – Signs
 - ☐ Chapter 184 – Storm Water, Drainage, Erosion and Water Pollution Control
 - ☐ Chapter 186 – Sidewalk Café/Vending
 - ☐ Chapter 118 – Blasting

DESCRIBE WORK PROPOSED IN DETAIL: _____

OWNER: NAME: _____ EMAIL: _____ PHONE: _____

ARCHITECT/ENGINEER: NAME: _____ EMAIL: _____ PHONE: _____

CONTRACTOR: NAME _____ E-MAIL _____
 ADDRESS _____ PHONE/FAX _____

STATE OF NEW YORK
 COUNTY OF WESTCHESTER

_____ being duly sworn deposes and says that he/she is
 (Name of individual signing application)
 the applicant named. He/She is the _____ of said owner or owners, and is duly authorized to make
 and file the application; That all statements contained in this application are true to the best of my knowledge and belief.

 (Signature of Applicant) Sworn to before me:

This _____ day of _____, 20__

Notary Public _____ County

Rev. 02/2021