Building Department
1001 Post Rd, Scarsdale NY 10583
building@scarsdale.gov 914-722-1140

APPLICATION FOR BAR & BUILDING PERMIT

(ALL paperwork must be submitted in duplicate (x2))

Application Number:_____ DATE: _____

Circle Permit Type: BAR Building

☐	Addition	☐	Fireplace	☐	Retaining Wall
☐	Deck	☐	Generator	☐	Roof
☐	Driveway	☐	Interior Alteration	☐	Shed
☐	Exterior Alteration	☐	Kitchen/Bathroom	☐	Solar Panels
☐	Fence	☐	New House	☐	Swimming Pool
☐	Fire Sprinkler	☐	Patio	☐	Windows/Doors Install
☐	Other:				

DESCRIPTION OF WORK:

_____

_____

_____

COST of WORK: _____ PERMIT FEE: _____

Plumbing Work: YES ◯ NO ◯ Electrical Work: YES ◯ NO ◯

Project Location:_____

Zone: _____ S.B.L.:_____

Circle one if applicable: Flood Zone, Wetlands, Sensitive Drainage Area

Indicate sq ft area of land disturbance: _____

Construction Type: 1A ☐ 1B ☐ 2A ☐ 2B ☐ 3A ☐ 3B ☐ 4A ☐ 4B ☐ 5A ☐ 5B ☐

NEW CONSTRUCTION ONLY, PROVIDE SQUARE FT (AREA) OF PROPOSED AREAS ONLY

1st FLOOR_____ 2nd FLOOR_____

3rd FLOOR/ATTIC _____ BASEMENT/CELLAR_____

CRAWL SPACE_____ DECK_____

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LOT COVERAGE

* PRINCIPAL BUILDING ACTUAL SF:_____ PERMITTED SF:_____
* OVERALL ACTUAL SF:_____ PERMITTED SF_____

*Note: these figures may be obtained by completing the Lot Coverage Ratio Form.

FLOOR AREA RATIO *LOT AREA _____

ACTUAL FLOOR AREA SF _____ PERMITTED FLOOR AREA SF _____

* Note: these figures may be obtained by completing the Floor Area Ratio FAR Form.

EASEMENT: YES _____ NO _____

*****If there is an easement on the property, indicate where and what type it is on the plans.

OWNER INFORMATION:

Name(s):			
Address:			
City/ST:		**Zip:**	
Phone:		**Cell:**	
E-Mail:			

CONTRACTOR INFORMATION:

Company Name:					
Contact Name(s):					
Address:		**City/St:**		**Zip:**	
Phone:		**Cell:**			
E-Mail:					

ARCHITECT/DESIGNER/ENGINEER INFORMATION:

Company Name:					
Contact Name(s):					
Address:		**City/St:**		**Zip:**	
Phone:		**Cell:**			
E-Mail:					

Who Will Supervise the Work and act as Project Manager (circle one)

Builder Architect Engineer Owner Other _____

Main Number _____ E-mail _____

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CONSTRUCTION MANAGEMENT PLAN

Section 1: Property Information

Address of Site _____

Section Block and Lot _____

Zoning District _____

Section 2: Owner/Representative Information

Owner Name _____

Contact Name (Engineer, Architect, Contactor) _____

Telephone _____

Email _____

Section: 3 Construction Activity

Use of outdoor power tools and construction activity only permitted during the following days and times:

- Monday – Friday between 8AM – 6PM.
- Saturday between 10AM – 5PM.
- No work permitted on Sundays and legal holidays.

Section 4: Type of Construction Management Plan and Checklist (Check all that apply)

- ❑ Work costs under $100,000 or no more than five (5) calendar days. (skip to signature)
- ❑ Work costs $100,000 or more and/or lasts longer than fourteen (14) calendar days. (must complete entire form)
- ❑ Stone cutting, regardless of cost or time to complete. (must complete entire form)

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Check one

The following must be indicated on site plan:

	Yes	N/A
1. Project schedule	○	○
2. Protection to adjoining property buffer (fencing)	○	○
3. No work will be performed in the Adjoining Property Buffer Area	○	◉
4. Planning Board Approval for Adjoining Property Buffer work was received	○	○
5. Protection to area of construction (6' high fence).	○	○
6. Silt fencing shall be installed at the limit of construction.	○	○
7. Silt fencing shall be inspected daily and repaired.	○	○
8. Tree protection.	○	○
9. Staging area's locations to include delivery and construction vehicles staging.	○	○
10. The Staging Plan shall estimate the number of truckloads, number of heavy equipment deliveries, etc., expected and their timing and duration for each stage of the project.	○	○
11. Stone cutting should indicate the following:	○	○
a. designated area		
b. approximate number of days		
c. mitigation measures		
12. If excavating:	○	○
a. Indicate estimated quantity of soil being excavated		
b. Indicate disposed off-site		
c. Indicate stockpiled location		
d. Indicate how much soil		
e. if any will be reused on site		
13. If traffic control plan is required, identify the following:	○	○
a. the path of travel for delivery trucks, emergency vehicles to and from site.		
b. identify all on- and off-site workers parking locations shall be identified,		

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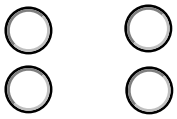
including any carpool pickup and drop off locations.

14. Material and equipment storage area.
15. Stabilized construction entrance.



I attest that to the best of my knowledge and belief, the above information is correct.

_____ _____

Signature of Owner and/or Signature of Licensed Architect, Engineer, Surveyor, or Landscape Architect

_____

Date

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SITE DISTURBANCE IN RESIDENCE A DISTRICTS

ZONING DISTRICT	Site Disturbance Threshold	Lot Area	Proposed Disturbance (in square feet)	Percentage
1 A-5: 5,000 SF MIN.	50%	_____	_____	_____
1 A-4: 7,500 SF MIN.	45%	_____	_____	_____
1 A-3: 10,000 SF MIN.	40%	_____	_____	_____
1 A-2A: 15,000 SF MIN.	40%	_____	_____	_____
1 A-2: 20,000 SF MIN.	35%	_____	_____	_____
1 A-1: 1 ACRE	30%	_____	_____	_____
1 AA-1: 2 ACRES	30%	_____	_____	_____

Aggregate Disturbance in the past 36 months _____

OPEN SPACE IN RESIDENCE A DISTRICTS

ZONING DISTRICT	Open Space Threshold	Lot Area	Proposed open space (in square feet)	Percentage
1 A-5: 5,000 SF MIN.	30%	_____	_____	_____
1 A-4: 7,500 SF MIN.	35%	_____	_____	_____
1 A-3: 10,000 SF MIN.	40%	_____	_____	_____
1 A-2A: 15,000 SF MIN.	45%	_____	_____	_____
1 A-2: 20,000 SF MIN.	50%	_____	_____	_____
1 A-1: 1 ACRE	55%	_____	_____	_____
1 AA-1: 2 ACRES	65%	_____	_____	_____

I attest that to the best of my knowledge and belief, the above information is correct.

_____ and/or _____
Signature of Owner Signature of Design Professional

_____
Date

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LOT COVERAGE IN RESIDENCE A DISTRICTS

Chapters 310-22 and 310-23

	Area of Lot (check box) (1)	Maximum Coverage Permitted For All Buildings on the Lot (2)	Maximum Coverage Permitted For All Buildings, Structures and Impervious Surfaces on the Lot (3)	Village-Designated Wetland, Maximum Coverage Permitted for All Structures and Impervious Surfaces on the Lot (4)
☐	More than 43,560 sq ft	4,642 sq ft plus 4% of lot area more than 43,560 sq ft	13,100 sq ft plus 10% of lot area more than 43,560 sq ft	8,750 sq ft plus 6.7% of lot area more than 43,560 sq ft
☐	20,001 to 43,560 sq ft	3,700 sq ft plus 4% of lot area more than 20,000 sq ft	6,000 sq ft plus 30% of lot area more than 20,000 sq ft	4,000 sq ft plus 20% of lot area more than 20,000 sq ft
☐	15,001 to 20,000 sq ft	3,100 sq ft plus 12% of lot area more than 15,000 sq ft	5,250 sq ft plus 15% of lot area more than 15,000 sq ft	3,500 sq ft plus 10% of lot area more than 15,000 sq ft
☐	10,001 to 15,000 sq ft	2,500 sq ft plus 12% of lot area more than 10,000 sq ft	4,000 sq ft plus 25% of lot area more than 10,000 Sq. Ft.	2,670 sq ft plus 16.7% of lot area more than 10,000 sq ft
☐	7,501 to 10,000 sq ft	2,100 sq ft plus 16% of lot area more than 7,500 sq ft	3,000 sq ft plus 40% of lot area more than 7,500 sq ft.	2,250 sq ft plus 16.7% of lot area more than 7,500 sq ft
☐	5,001 to 7,500 sq ft	1,500 sq ft plus 24% of lot area more than 5,000 sq ft	2,250 sq ft plus 30% of lot area more than 5,000 sq ft	30%
☐	Up to 5,000 sq ft	30%	45%	30%

1. Area of Lot =_____ Sq. Ft.

2. a) Footprint of buildings (includes garages and accessory buildings such as toolsheds and playhouses.) =_____ Sq. Ft.

   b) Maximum permitted building coverage (see column 2 above) =_____ Sq. Ft.

3. Area of Detached Structures (includes tennis courts, pools and decks) =_____ Sq. Ft.

4. Impervious Surfaces (includes blacktop, concrete or masonry walks, driveways, parking areas, patios, terraces, etc.) =_____ Sq. Ft.

5. Total Coverage=
   a) Footprint of Buildings (2a) + Area of Detached Structures (3) + Impervious Surfaces (4) =_____ Sq. Ft.

   b) Maximum permitted lot coverage (see column 3 or 4 above) =_____ Sq. Ft.

6. Attach copy of Calculations

I attest that to the best of my knowledge and belief, the above information is correct.

_____ and/or _____

Signature of Owner Signature of Design Professional

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NOTICE TO BUILDING PERMIT APPLICANTS

ASBESTOS

AN ASBESTOS SURVEY IS REQUIRED FOR ALL RENOVATION, REMODELING, REPAIR AND DEMOLITION OF ALL INTERIOR AND EXTERIOR BUILDING MATERIALS. AS PER NYS INDUSTRIAL CODE RULE 56, ASBESTOS MATERIAL MUST BE ABATED BY LICENSED CONTRACTORS UTILIZING CERTIFIED ASBESTOS HANDLERS, WITH THE EXCEPTION OF OWNER-OCCUPIED SINGLE-FAMILY HOMES, WHERE THE OWNER MAY REMOVE THE ASBESTOS. HOWEVER, IT IS NOT RECOMMENDED THAT THE OWNER REMOVE ASBESTOS. THE OWNER COULD POTENTIALLY EXPOSE THEMSELVES, THEIR FAMILY AND NEIGHBORS TO ASBESTOS FIBERS IF CORRECT ENGINEERING CONTROLS AND WORK METHODS ARE NOT UTILIZED DURING THE ABATEMENT. (Available online at http://www.labor.state.ny.us) State of New York Department of Labor Asbestos Control Bureau 450 South Salina Street, Room 401, Syracuse, NY 13202 (315) 479-3215

THE EPA'S NEW LEAD-SAFE CERTIFICATION PROGRAM AND THE LEAD RENOVATION, REPAIR AND PAINTING (RRP) RULE

FEDERAL LAW REQUIRES CONTRACTORS THAT DISTURB PAINTED SURFACES IN HOMES, CHILD CARE FACILITIES AND SCHOOLS BUILT BEFORE 1978 TO BE CERTIFIED AND FOLLOW SPECIFIC WORK PRACTICES TO PREVENT LEAD CONTAMINATION. ALWAYS ASK TO SEE YOUR CONTRACTOR'S CERTIFICATION. FEDERAL LAW REQUIRES THAT INDIVIDUALS RECEIVE CERTAIN INFORMATION BEFORE RENOVATING MORE THAN SIX SQUARE FEET OF PAINTED SURFACES IN A ROOM FOR INTERIOR PROJECTS OR MORE THAN TWENTY SQUARE FEET OF PAINTED SURFACES FOR EXTERIOR PROJECTS OR WINDOW REPLACEMENT OR DEMOLITION IN HOUSING, CHILD CARE FACILITIES AND SCHOOLS BUILT BEFORE 1978. (1.800.424.LEAD(5323)) OR VISIT THEIR WEBSITE AT: WWW.EPS.GOV/LEAD

I have read and understand that the requirements of Asbestos Code Rule 56 and EPA's Lead RRP Rule apply to me and it is my responsibility to ensure compliance with same.

ADDRESS OF PROJECT: _____

NAME: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

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NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION, PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER CONSTRUCTION
(MUST BE COMPLETED ON SUBMITTAL)

To: Village of Scarsdale
Date:
Owner:
Property Address:

Please take notice that the (check applicable line):

_____ New residential structure
_____ Addition to existing residential structure
_____ Rehabilitation to existing residential structure

To be constructed at the subject property referenced above will utilize (check applicable line):

_____ Truss type construction (TT)
_____ Pre-engineered wood construction (PW)
_____ Timber construction (TC)

In the following location(s) (check applicable line):

_____ Floor framing, including girders and beams (F)
_____ Roof framing (R)
_____ Floor framing and roof framing (FR).

_____ _____
(Date) (Signature)

_____ _____
(Title) (Print Name)

NOT APPLICABLE

Note: Please complete this form with every application and if above referenced construction is applicable then building needs proper placarding as stated in referenced law or if not used circle "NOT APPLICABLE".

Check regulation at the following Website: http://www.dos.ny.gov/DCEA/noticadopt.html

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BEFORE a Building Permit is issued, New York State Law requires that anyone working for you MUST furnish the Village with current CERTIFICATE OF INSURANCES FOR GENERAL LIABILITY, WORKERS COMPENSATION & WESTCHESTER COUNTY HOME IMPROVEMENT LICENSE.

NOTICE: All permits are good for two years from the date of issuance. It is the responsibility of the owner of the property listed in the application to close out the permit. Passing of a final inspection does not complete the process. *ONLY* the issuance of a "CERTIFICATE OF OCCUPANCY" closes a permit. Any deviation from the approved plans will result in the revocation of the permit by the Building Inspector. Any amendments to the plan must be approved by the Building Department.

CERTIFICATION of BUILDING PERMIT APPLICATION

STATE OF NEW YORK
COUNTY OF WESTCHESTER

I, _____
Print Name

have read the application & instructions and hereby certify to the best of my knowledge and belief that this application is truthful, correct and complete. Upon issuance of the Building Permit, all provisions of federal, state and local laws will be complied with, and I acknowledge that both the Owner & Contractor of record are aware that the issuance of a Certificate of Occupancy is necessary to close the Building Permit.

Signature _____ Date _____
Circle Status: Owner / Contractor / Agent

NOTE: A BUILDING PERMIT IS REQUIRED BEFORE STARTING ANY WORK.