

Village/Town of Mount Kisco
Building Department
104 Main Street
Mount Kisco, New York 10549
(914) 864-0019 FAX (914) 864-1085

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

Application #: _____ Date Rec'd: _____

Permit #: _____ Date Issued: _____

Applicant: _____

Address: _____ Phone #: _____

Name of Owner: _____ Phone #: _____

(If Different)

Present Address of Owner: _____

If owner is a Company or Corporation, list names of officers and titles:

Address/Location of Subject Property: _____

Section/Block/Lot(s): _____ Zoning District: _____ Verified By: _____

Description of Improvement and Proposed Use in Detail: _____

Total Estimated Cost of Improvement: _____

Contractor: _____

Address: _____

Phone #: _____ Fax #: _____

Westchester County Home Improvement License #: _____

Architect or Engineer: _____ NYS Lic. #: _____

Address: _____

Phone #: _____ Fax #: _____

Electrician: _____ Phone #: _____ WC Lic. #. _____

Plumber: _____ Phone #: _____ WC Lic. #. _____

The undersigned applicant hereby agrees with all applicable provisions of the Code of the Village/Town of Mount Kisco and all other laws, codes, rules and requirements applicable to the proposed construction and that statements contained herein are true to the best of his/her knowledge.

Applicant's Signature

Sworn to before me this _____ day of _____

Notary Public, Westchester County: _____

Affidavit of Owner Authorization:

If the applicant is not the owner in fee of the premises:

The applicant _____ has proper consent from said owner to make this application as submitted.

Owner's Signature

Sworn to before me this _____ day of _____

Notary Public, Westchester County: _____

Name of Contact Person: _____

Daytime Phone #: _____ Fax #: _____

OFFICE USE ONLY

Fee Amount Paid: _____

Check Number: _____

Variance Granted: _____

Date

ARB Approval: _____

Date

Approved: _____

Date

Received by: _____

Receipt Number: _____

Case No. _____

Case No. _____

Denied: _____

Date

Building Inspector Signature