APPLICATION FOR ALL PERMITS BUILDING / ELECTRICAL / MECHANICAL / PLUMBING / ALARMS / FIRE SUPRESSION, ETC.

Application Checklist

	Permit Application – signed and notarized
	Insurance Certificates
	Worker's Compensation Statement (not on Accord form – NYS acceptable forms are C-105.2, CE-200, GSI-105.2, SI-12, or U-26.3)
	Copy of Westchester County License (for residential work) & Westchester County Plumbing and Electrical License for all plumbing and electrical work
	Application Fee
	Permit Fees (can be included in the same check as application fee)
	Three (3) sets of Plans (where required)
	Provide email addresses on the application so we can contact you.
No	te: Incomplete applications will be returned without review.
	A standard two (2) week review timeframe by the Building Department is typical for most applications. Additional time is required based on the extent and scope of work proposed.

Village of Elmsford

BUILDING DEPARTMENT 15 SOUTH STONE AVENUE, ELMSFORD, NY 10523 TELEPHONE (914) 345-1553

Permit No.:								
Date:	0							
Plans: Yes	☐ No							

Total Fee:_

BUILDING DEPARTMENT 15 SOUTH STONE AVENUE, ELMSFORD, NY 10523 Building Dept (914) 345-1553 Fax (914) 592-8129 email: building@elmsfordny.org

PERMIT APPLICATION - FOR ALL CONSTRUCTION PERMITS

Application is hereby made to the Building Department for the issuance of Permits pursuant to the Code of the Village of Elmsford. The applicant agrees to

provisions of the Code of th Occupancy has been issued	aws, ordinances and regulations. The applicant attests that the proposed work e Village of Elmsford and laws of New York State. It is further agreed that the and all fees are paid in full. S OR APPLICATION MAY BE RETURNED	coutlined in this application conforms to all ne premises will not be occupied until a Certificate of Application Fee:
	Check only one box - separate form required for each permit	
APPLYING FOR:	Building Permit Electrical Permit Plumbing Permit HVAC	System Permit Fire Suppression/Alarm Permit
TYPE OF WORK:	Residential (new) Commercial (new) Demolition Interior Demolition Only Residential (addition/alteration) Commercial (addition/alteration) Pool/Deck/Patio/Fence Finished Basement	☐ Accessory Structure/Shed/Garage ☐ Retaining Wall ☐ Oil Tank Removal or Abandonment ☐ Other
SITE DATA:		SBL: 5
		SBL. 3
Street Address:		
Description of work:		
The following information	on is to be completed in full.	
OWNER:		
Name:		
Address:		Phone:
		Cellular:
Email* :		
CONTRACTOR:	General Contractor	chanical Fire Suppression/Alarm
Name:		(Westchester County License # if applicable)
Address:		Phone:
	-	Cellular:
-		Cellulai
Email*:		
		Permit Fee:
APPLICANT: Applica	ant is: Owner Lessee Contractor Other	(complete below in full)
TO BE COMPLETED	ONLY IF "OTHER" IS CHECKED:	
Name:		Phone:
Address:		Cellular:
	Fmail* ·	

LESSEE (TENANT):	
Name:	
Address:	Phone:
	Cellular:
Email* :	
ARCHITECT/ ENGINEER:	
Name:	(New York State Registration #)
Address:	Phone:
	0.11.1
Email* :	·
	TON.
COST OF CONSTRUCTION OR VALUATI	ION:
for Building Permit include the cost of all of the const exclusive of the cost of the land. The estimated cost s that is utilized, whether donated or contracted, inc construction is not provided, the Building Inspector sl	(Valuation or Costs for the work described in the Application truction and other work done previously without permit or new in connection therewith, shall include all costs related to the above-described project and shall include all labor cluding that of the property owner . If a reasonable valuation or estimate for hall determine the amount. If the final cost is less than the estimated cost stated in this paid upon the filing of the Certificate of Occupancy / Compliance application will be
AUTHORIZATION**:	
State of New York, County of	being duly sworn (NAME OF OWNER OR AUTHORIZED REPRESENTATIVE)
deposes and says they are the owner or authorized rep have performed said work and to make and file this a	presentative by attached completed proxy statement and are duly authorized to perform or application; that all statements are true and to the best of their knowledge and belief, and the in the application and in the plans and specifications filed therewith.
Sworn to before me	Applicants Signature:
Sworn to before me	Applicants Signature.
thisday of	Print Applicants Name:
Notary Public:	Seal
* Comments, requests for additional information, and provided, comments will be mailed to the Engineer or	I notification that permits are ready are sent by email. If email addresses are not r Owner.
** If the OWNER signs this authorization, then the P OWNER must sign the PROXY STATEMENT on th	PROXY STATEMENT is not required. If anyone other than the OWNER signs, then the next page.
DO NOT WRIT	E BELOW THIS LINE FOR OFFICIAL USE ONLY
Building Department Review By:	Date: Disapproved Approved

BUILDING DEPARTMENT
15 SOUTH STONE AVENUE, ELMSFORD, NY 10523
Building Dept (914) 345-1553
Fax (914) 592-8129 building@elmsfordny.org

PROXY STATEMENT

Proxy is required for all applications (Building, Electrical, Plumbing, Mechanical, Sign, Architectural Review.) when anyone other than the Owner is signing the application.

			Date:	
State of)	ss:			
County of)				
		_ being duly sworn,	deposes and says the	he/she resides at
(Owner's full name)			
	in the County of		and the State of	
(Street, City/Town)	in the County of _	(County)	aa a o cate o	(State)
and that he/she is the owner of	(property address)		_, the premises describ	ped in the attached
application and that he/she has	authorized the following to	make stated applic	ation(s):	
for Building Permit	(contractor name)			
for Plumbing Permit	(plumber name)			
for Electrical Permit	(electrician name)			
for(other permit type)	permit((contractor name)		
Sworn to before me this				
day of	, 20	Signature of	Owner	,
Notary Public			Se	al
FOR VILLAGE USE ONLY rev. 6-1-2021 APPLICATIO	N No.:	or PERI	MIT No.:	

BUILDING DEPARTMENT 15 SOUTH STONE AVENUE, ELMSFORD, NY 10523 TELEPHONE (914) 592-6555

Fees for Building/Electrical/Mechanical/Fire Suppression/ Alarm/Plumbing Permits

Building/Mechanical/Fire Suppression Permits	Application Fee	\$160.00	Non-refundable fee to be submitted with application
For all work performed without a permit an	Permit Fee less than \$6,000 in construction cost	\$75.00	
additional administrative fee is due equal to the permit fee calculated.	Permit Fee \$6,000.00 in construction cost and greater	\$12.50 per \$1,000 of construction cost	Example: \$50,000 construction cost 50,000/1,000 = 50 50 x 12.50 = \$625.00 Fee
Contact the Building Department to confirm Permits required to be	Temporary Certificate of Occupancy	\$150.00	
issued.	Certificate of Occupancy	\$100.00	
	Certificate of Completion	\$50.00	
Minor Permits: Sheds Residential Roofs, Fences	Permit Fee (Application Fee is Waived)	\$110.00	
Permit Renewal	Every 6 months after 1st year	\$100	
			Fee: \$
Administrative fee for work	without a permit. (Equal to Per	mit Fee)	Fee: \$
Electrical / Alarm System	\$0 to \$1,000	\$100.00	
/ Low Voltage Permits	\$1,001 to \$5,000	\$150.00	

Electrical / Alarm System	\$0 to \$1,000	\$100.00	
/ Low Voltage Permits	\$1,001 to \$5,000	\$150.00	
(based on construction cost)	Greater than \$5,000	3% of the cost of the electrical work	Example: \$20,000 construction cost 20,000 x 3% = 600 Fee
			Fee: \$

Plumbing Permit	Permit fee	\$90.00	Includes up to 3 fixtures			
(See back for Plumbing Fixture worksheet)	Additional Fee	\$10 per fixture over 3	Example: 5 fixtures (toilet, lavatory sink, tub, kitchen sink, laundry sink) $5-3$ (included) = $2 \times 10 = 20$ $90 + 20 = 10.00$ Fee			
	Gas Test Only	\$50	Gas test counts a 1 fixture if part of a larger plumbing project			
	Sewer Tap	\$100	New connection to Village Sewer			
	Total number of fixtures	2	Fee: \$			

Demolition Permit	Permit Fee per structure	\$200.00	Fee: \$

The Building Permit application fee is non-refundable. If the applicant withdraws the application the Permit Fee will be refunded less charges for time already expended in review of the construction documents.

FOR PLUMBING PERMIT APPLICATIONS ONLY

Plumbing Fixture Table	Fixture Location and Number of Fixtures																
Fixture Type	Basement	First Floor	Second Floor	Third Floor	Fourth Floor	Fifth Floor	Sixth Floor	Cowonth Floor	Fixture Type	Basement	First Floor	Second Floor	Third Floor	Fourth Floor	Fifth Floor	Sixth Floor	Seventh Floor
AIR CONDITIONER									HUMIDIFIER								
BAR SINK									ICE MAKER								
BASIN/LAVATORY									OTHER FIXTURES								
BATH TUB									ROOF DRAIN								
BEVERAGE DISPENSER									SERVICE/MOP SINK								
BIDET									SEWER EJECT PUMP								
COFFEE URN/MAKER									SHAMPOO BASIN								
CONDENSATE DRAIN									SHOWER								
DENTAL CHAIR/UNIT									SINK								
DISHWASHER									SLOP-SINKS								
DISPOSAL									STEAM TABLE								
DRINKING FOUNTAIN									SUMP PUMP								
FLOOR DRAIN									SWIMMING POOL								
FLOOR SINK/O.S.D.									TUB/WHIRL POOL							_	
GAS BOILER									URINAL							_	
GAS DRYER									VACUUM SYSTEM							_	
GAS FRYER									WASH TRAY								
GAS FURNACE									WASH-BASINS								
GAS GRILL									WASHING MACHINE							_	
GAS MISCELLANEOUS									WATER BOOSTER PUMP							_	
GAS OVEN/BROILER									WATER CLOSET								
GAS POOL/HOT TUB HTR									WATER HEATER								
GAS RANGE/WOK														_		_	
GAS ROOF TOP UNIT																\downarrow	
GAS SPACE HEATER																_	
GAS STOVE																_	
GAS WATER HEATER																_	
HOSE BIB/ HYDRANT									7								

BUILDING DEPARTMENT
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Construction Inspections Required

AN APPOINTMENT FOR AN INSPECTION MUST BE MADE DURING NORMAL BUSINESS HOURS AT LEAST 24 HOURS IN ADVANCE BY CALLING

(914) 345-1553

The following list of <u>typical</u> required inspections to be made by the Building Inspector or his duly authorized assistant or representative. This list is for general information only and does not include all the specific items inspected.

	Subgrade (Soil density as required)		Rough plumbing				
	Excavation and forms for footings prior to concrete placement		Hot and cold water line test (75 lb. min with no loss)				
	Foundation forms and reinforcing prior to		Rough electric by 3 rd party agency				
	concrete placement		Final electric by 3 rd party agency				
	Foundation waterproofing		Insulation				
	Foundation drainage prior to backfill		Gypsum board prior to tape and spackle				
	Slab subgrade and reinforcing prior to		Fireplace, wood stove, chimney, flues				
	placement of concrete		Water service Sewer Connection/Septic system Deck/Porch piers				
	Framing (Foundation survey must be						
	submitted and accepted prior to framing						
_	construction)		Mechanical ducts Railings and stairs				
	Walls, floor, and roof sheathing (prior to any siding, finish flooring, or roofing is installed)						
	Final for Certificate of Occupancy						
	 Plumbing & Heating system 		 Backflow Prevention 				
	o Trim		 Paint 				
	 Appliances 		 Fire protection 				
	 Finish Flooring 		o Cabinetry				
	o Roofing		o Siding				
	 As built (final survey) 		o Windows				
	o Doors		 Egress elements 				

Upon completion of work and prior to issuance of a Certificate of Occupancy the following is required:

- 1. All Fees paid including for Certificate of Occupancy or Completion
- 2. Verification of Location (final survey from a NY Licensed Surveyor)
- 3. Final Electrical Inspection (from a licensed New York State Electrical Inspector).
- 4. All appropriate inspections complete and satisfactory.

New buildings, additions and alterations require all inspections. Demolition and Fence require – Pre-construction and Final Inspection. Decks and Sheds require - footings, framing, and Final Inspection. Pools require - footings and Final Inspection.