



Building Department  
 1001 Post Rd, Scarsdale NY 10583  
[building@scarsdale.com](mailto:building@scarsdale.com) 914-722-1140

## APPLICATION FOR BAR & BUILDING PERMIT

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

Application Number: \_\_\_\_\_

DATE: \_\_\_\_\_

Circle Permit Type:

**BAR**

**Building**

<input type="checkbox"/> Deck	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Roof
<input type="checkbox"/> Demolition	<input type="checkbox"/> Generator	<input type="checkbox"/> Shed
<input type="checkbox"/> Driveway	<input type="checkbox"/> Interior Alteration	<input type="checkbox"/> Solar
<input type="checkbox"/> Exterior Alteration	<input type="checkbox"/> Kitchen/Bathroom	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Fence	<input type="checkbox"/> Patio	<input type="checkbox"/> Windows/Doors Install
<input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Retaining Wall	
<input type="checkbox"/> Other:		

**Any BAR submission requiring a Stormwater Management Plan, must first be approved by the Engineering Dept prior to being placed on the BAR agenda.**

**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**

1<sup>st</sup> FLOOR \_\_\_\_\_ 2<sup>nd</sup> FLOOR \_\_\_\_\_

3<sup>rd</sup> 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 ON PROPERTY:** YES \_\_\_\_\_ NO \_\_\_\_\_

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

**OWNER INFORMATION:**

<b>Name(s):</b>			
<b>Address:</b>			
<b>City/ST:</b>		<b>Zip:</b>	
<b>Phone:</b>		<b>Cell:</b>	
<b>E-Mail:</b>			

**CONTRACTOR INFORMATION:**

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

**ARCHITECT/DESIGNER/ENGINEER INFORMATION:**

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

**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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**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](http://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/performed 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

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