



Established 1929

37 ORCHARD STREET-MANHASSET, NY 11030
Tel. (516) 627-1136 Fax: (516) 627-1393
www.plandomeheights-ny.gov info@plandomeheights-ny.gov

APPLICATION FOR BUILDING PERMIT

BP# _____

Date of application: _____

Application is hereby made by _____ as (owner or agent for owner)
of (address) _____ otherwise known as,

SECTION _____ **BLOCK** _____ **LOT** _____

for a permit to do the following work: _____

As owner or agent for owner being duly sworn, deposes and says, that (he/she) is (owner/agent for owner) of the property known as (address) _____ and that all statements made in this application are true to the best of (his/her) knowledge and belief, and that the full names and addresses of the owners of the aforesaid property, (his/her) architect and contractor are as follows:

OWNER _____ PHONE _____

ADDRESS _____

ARCHITECT _____ PHONE _____

CONTRACTOR _____ PHONE _____

In consideration of the granting of the permit requested, the applicant agrees to comply with all rules and regulations of the Building and Zoning Code, and with every other provision of the Ordinances and Codes of the Village of Plandome Heights, IRC Codes as adapted by NYState and with every other provision of law relating to the erection or alteration of said building in effect at date of issuance.

(applicant signature)

Sworn to before me on this ____ day of _____, 2____.

(Notary Public, County of _____)

No permit will be issued until this application has been properly executed. PERMIT MUST BE RECEIVED BEFORE BEGINNING WORK.

Building Fee of \$ _____

Approved Date: _____

Signature: _____
(Building Inspector)

Denied Date: _____
Reason: _____
Signature: _____ (Building Inspector)