

Permit No. 7041
Application No. 7141
C. Of O. No. _____
Permit Fee 230.00
Approved By [Signature]
(Building Inspector)
Date 7/29/09

BUILDING PERMIT APPLICATION
VILLAGE OF PLEASANTVILLE
80 Wheeler Avenue
Pleasantville, New York 10570
914-769-1926 Fax 914-769-5519

DESCRIPTION OF PROPERTY: SECTION 4 BLOCK 1F LOT(S) 30-33

“REQUIREMENTS FOR OBTAINING A CONSTRUCTION PERMIT”

All items listed below must be submitted in order to obtain a building permit unless waived by the Building Inspector

1. One Building Permit application
2. Three copies of the survey (signed and sealed)
3. Three sets of construction drawings and specifications, including elevations, foundation plan, floor plans and cross sections. Mechanical, electrical or plumbing drawings as required by the Building Inspector. (Signed and Sealed)
4. Insurance Policy at time of submission
5. All drawings submitted **“MUST BE FOLDED”** (rolled drawings cannot be accepted)

PROPERTY OWNER

- a. PRINT NAME: David + Helene Dahan Dahan
- b. STREET LOCATION: 51 Skytop Drive Pleasantville
- c. MAILING ADDRESS: -
- d. HOME # 917 446 4631 WORK # Same

AGENTS

- a. ARCHITECT/ENGINEER: _____
- b. ARCHITECT/ENGINEER'S ADDRESS: _____
- c. ARCHITECT/ENGINEER TELEPHONE # _____
- d. BUILDER: Tavo Development C.C.C.
- e. BUILDER'S ADDRESS: 15 Cef Ln Mt Kisco N.Y 10549
- f. BUILDER'S TELEPHONE: 914 403 4376

WHO WILL SUPERVISE THE WORK (please check)

Builder Architect _____ Engineer _____
Owner _____ Other _____

TYPE OF CONSTRUCTION (please check)

one-family house accessory bldg _____ commercial _____
storage shed _____ fence _____ deck _____ addition _____ roof _____
other HVAC

GIVE DIMENSIONS FROM CONSTRUCTION TO PROPERTY LINES

front _____ left side _____ right side _____ rear _____

CONSTRUCTION COST AND FEE

1. What is the estimated cost of construction (exclusive of lot, grading and plantings)
\$ 8500.00
2. Permit fee \$ 230.00

All Insurance Papers must be included at the time of submission.

THE STATE WORKMANS'S COMPENSATION LAW PROVIDES THAT BEFORE A BUILDING PERMIT IS ISSUED, THE BUILDER, SHALL PRODUCE THE FOLLOWING INFORMATION

Name of Compensation Insurance Carrier _____

No. Of Policy _____ Date of Expiration _____

ADDITIONAL COMMENTS:

Signature of Applicant _____

Date _____

7/6/09