CITY OF WHITE PLAINS

DEPARTMENT OF BUILDING

70 Church Street, White Plains, New York 10601
Phone: (914) 422 - 1269 * Fax: (914) 422 - 1471
http://www.cityofwhiteplains.com/

Reset Form

Print Form

1 **APPLICATION TYPE:**

☐ **MULTI-FAMILY DWELLINGS & COMMERCIAL CONSTRUCTION**
☐ **RESIDENTIAL** *(ONE & TWO FAMILY DWELLINGS)*

2 **PERMIT TYPE:** *(Only one permit per application form)*

☐ **Legalization** **SCAN FEE:** _____

☐ **Building** (*no volume added*) ☐ **HVAC** ☐ **Plumbing**
☐ **Grading /Excavation** ☐ **Kitchen Exhaust** ☐ **Sign, Awning,Canopy & Bunting**
☐ **Demolition / Scaffold** ☐ **Boiler** ☐ **Fire Alarm** ☐ **Vertical Transportation**
☐ **Updated & Substitute C.O.** ☐ **Mechanical / Generator** ☐ **Low Voltage Permit** ☐ **Hoisting**
☐ **Temporary Structures** ☐ **Fire Suppression** ☐ **Electrical** **CON ED #:** _____

3 **Application #:** _____ **Date Filed:** _____ **Reviewed by:** _____ **Ins:** _____

Estimated Cost of Work: _____ **Fee Amount:** _____ **Receipt #:** _____
(including labor, material & fixtures)

Permit #: _____ **Date Issued:** _____ **AssignedCEO:** _____ **Assigned Eng:** _____

Site Address: _____ **SBL:** _____ **Zone:** _____ **Set Back:** _____

Unit # : _____ **Floor # :** _____ **Sq Ft :** _____ **Present Use & Occupancy:** _____

Sprinkler: _____ **Construction Type :** _____ **Proposed Use & Occupancy:** _____

Work Description: _____

4 **Applicant:** _____ **Address:** _____

Contact: _____ **CELL:** _____ **PHONE:** _____ **FAX:** _____

EMAIL: _____

5 **Contractor:** _____ **Address:** _____

Contact: _____ **CELL:** _____ **PHONE:** _____ **FAX:** _____

EMAIL: _____

Signature: _____ **Date:** _____ **Do you have any employees?** ☐ **Yes** ☐ **No**

6 **Engineer or Architect:** _____ **Address:** _____

Contact: _____ **CELL:** _____ **PHONE:** _____ **FAX:** _____

EMAIL: _____

7 **Owner or Tenant:** _____ **Address:** _____

Contact: _____ **CELL:** _____ **PHONE:** _____ **FAX:** _____

EMAIL: _____

8 STATE OF NEW YORK }

COUNTY OF WESTCHESTER }

AFFIDAVIT OF OWNERSHIP

BUILDING SHORT FORM 01/14

I , _____ **being duly sworn, deposes and says: that** _____

(PRINT NAME) (OWNER, AGENT, BUILDER, CONTRACTOR) (PRINT NAME OWNER)

is the owner in fee of the premises to which this application applies; that he/she (the applicant) is duly authorized to make this application; and that the statements contained here are true to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith, and in accordance with all applicable laws, ordinances and regulations.

Signature of Applicant/Contractor **Westchester County License#** **Unique # & NYS #(Fire Alarm Only)**

Applicant Sworn Before Me This

___ Day of _____ 20 ___

NOTARY PUBLIC

(NOTE: The filing of this application does not constitute a permit to commence construction)

9 **BUILDING OWNER CERTIFICATION (If applicable):***(To be signed by Owner)*

I, _____ , hereby certify that I have full knowledge of the proposed alteration at my property as described herein and take no exception to such activity.

Signature of Property Owner Date Print Name & Title.

Note: An authorization letter granting the above signed applicant permission to submit this application can be attached to application , in lieu of completeing owner certification.
Owner signature not required if work is being done under a Parent Building Permit.
Applicant must provide Parent Building Permit number : _____

10 **HOLD HARMLESS (If applicable)**

Homeowner to complete **only** if you will do all the work yourself. (*No employees or subcontractors used.)*

To: Commissioner of Building **Subject:** Building Permit Application# _____

Site Address: _____ **SBL:** _____

I, _____ , the permitee, to the fullest extent permitted by law, shall save, keep , indemnify and hold harmless the City of White Plains and their respective officers, officials, employees, and agents from and against all liability, injury, loss or damage, cost or expense in law or in equity that may at any time arise directly or indirectly by reason of or in the course of performing the work pursuant to the Building Permit, which may be occasioned by any act or omission of the permitee, any of the permitee's employees, volunteers or any subcontractor. The foregoing provisions shall not be construed to cause the permitee to indemnify the City of White Plains from it's sole negligence.

Applicant /Permitee Name: _____ **Signature:** _____ **Date:** _____

Witness Name: _____ **Signature:** _____ **Date:** _____

11 **PERMIT REQUIREMENT AGREEMENT:**

I , _____ , understand and will comply with the following: (*Initial each requirement and sign)*
(Print Name)

1. Construction shall not begin until the appropriate permit is issued_____.
2. Construction, alterations or repair work shall not start before 7:00am or continue past 7:00pm on weekdays _____.
3. Construction, alterations or repairs shall not start before 9:00am or continue past 7:00pm on weekends _____.
4. Required erosion and sediment control methods will be installed and inspected prior to start of construction _____.
5. Contractor is responsible to call the W.P.Building Dept for all mandatory inspections_____.
6. Revision to work involving structure or life safety systems shall have approved amended plans prior to doing the work_____.

I have read, initialed and fully understand the above requirements _____ . Dated: _____.
(SIGNATURE)

12 **MUST BE COMPLETED FOR ALL PLUMBING APPLICATIONS:**

NOTES: *A Licensed master plumber and / or certified journeyman shall be present for all plumbing inspections. Plumbing applications shall only be submitted by a duly licensed Westchester County Master Plumber. File drawings, descriptions, etc. must be per the Plumbing Code of New York State & the White Plains Supplemental Building Code.*

DOES THE WESTCHESTER COUNTY LICENSED PLUMBER HAVE ANY EMPLOYEES?: ☐ **YES** ☐ **NO**

THE FOLLOWING IS A LIST OF WORK TO BE DONE:

FLOOR	W.C.	LAV.	BATHS	SINKS	SINK & TUB	LAUNDRY	URINAL	SLOP SINK	DRINKING FOUNTAIN	FLOOR DRAINS	H / W HEATER	H / W HEAT DEVICE	OTHER FIXTURE
BSMT LEVEL													
1ST LEVEL													
2ND LEVEL													
3RD LEVEL													
4TH LEVEL													
5TH LEVEL													
6TH LEVEL													
7TH LEVEL													
8TH LEVEL													
9TH LEVEL													
ROOF LEVEL													

OTHER WORK: _____

_____

GENERAL FILING INSTRUCTIONS : (Building Short Form - *No Volume Added* **)**

1. **Complete application and have it notarized.**
2. **File in person at Building Department.**
3. **Filing hours are Monday through Friday from 9:00 am to 1:00 pm only.**
4. **Provide copies of all licenses.**
5. **Provide certificates of insurance made out to The City of White Plains as Holder.**
   a) **General Liability showing The City of White Plains as additionally insured for $1,000,000 coverage /occurance.**
      Exception: Homeowners shall provide proof of General Liability insurance of $500,000 per occurance.
   b) **Automobile Liability for $1,000,000 coverage CSL.**
   c) **Statutory Worker's Compensation.**
      Exception: Contractors with no employees, submit completed NYS Worker's Compensation Board Form#CE-200(12-08).*
      : Homeowners with no employees, submit stamped NYS Worker's Compensation Board Form#BP-1(9-07).
   d) **Statutory N.Y. State Disability.**
      Exception: Contractors with no employees, submit approved NYS Worker's Compensation Board Form#CE-200(12-08).*
      : Homeowners with no employees, submit stamped NYS Worker's Compensation Board Form#BP-1(9-07).
6. **Refer to individual instructions for each specific Permit Type. (See below)**
7. **Incomplete applications will not be processed and will be considered abandoned after six months.**
8. **Provide all fees in form of check or Money Order payable to The City of White Plains. Scan fee applicable for all applications submitted with attached drawings.**
9. **Engineers are only available for review & consultations from 9am - 1pm.**
10. **Legalization work requires signed & sealed drawings and certification letter generated by a NYS licensed Design Professional.**

* **CONTRACTOR UNDERSTANDS PERMIT ISSUANCE WILL BE DELAYED WITHOUT RECEIPT OF APPROVED FORM#CE-200(06-08).**

ADDITIONAL FILING INSTRUCTIONS : *(SPECIFIC INSTRUCTIONS AVAILABLE BY PERMIT TYPE)*

1. **PLUMBING PERMIT requirements.**
2. **MECHANICAL PERMIT requirements:**
   a) **Central Vacuum Systems.** b) **Oil tanks.**
   c) **Chimney Re-Lining** d) **Battery Room**
3. **DEMOLITION requirements.**
4. **HVAC PERMIT requirements.**
5. **BOILER PERMIT requirements.**
6. **KITCHEN EXHAUST PERMIT requirements.**
7. **FIRE ALARM PERMIT requirements.**
8. **FIRE SUPPRESSION PERMIT requirements.**
9. **FENCE & WALL requirements.**
10. **SIGN & AWNING requirements. (Design Review Board Agenda Requirements)**
11. **RIGGING & HOISTING requirements.**