



**Village of Larchmont  
Building Department  
914-8346210 or 914-834-4349  
Building Permit  
Application**

**Insurance Approved**  
 Liability \_\_\_\_\_  
 Workers Comp \_\_\_\_\_  
 Westchester Lic \_\_\_\_\_

**Board Approvals Date**  
 Zoning \_\_\_\_\_  
 Planning \_\_\_\_\_  
 Architectural \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Building New Construction ___ SWPPP required<br>___ Residential ___ Commercial      | <input type="checkbox"/> Generator<br>___ Residential ___ Commercial  |
| <input type="checkbox"/> Building Alterations/Additions ___ SWPPP required<br>___ Residential ___ Commercial | <input type="checkbox"/> Signs/Awnings <input type="checkbox"/> Fence<br><input type="checkbox"/> Other _____ |

Block \_\_\_\_\_ Lot \_\_\_\_\_

1. Address of Proposed Work \_\_\_\_\_
2. Description of Work \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Cost of Construction \$ \_\_\_\_\_
4. Fee Charged \$ \_\_\_\_\_
5. Application- Firm Name \_\_\_\_\_
6. Address \_\_\_\_\_
7. City/State/Zip \_\_\_\_\_
8. Contact Name \_\_\_\_\_ Phone/Cell \_\_\_\_\_
9. Plumber Name \_\_\_\_\_ Phone/Cell \_\_\_\_\_
10. Electrician Name \_\_\_\_\_ Phone/Cell \_\_\_\_\_

11. Indemnity Agreement: In consideration of the Village of Larchmont's issuance of the permit describe herein above, contractors and any subcontractors hereby agree at their sole cost and expense to indemnify, defend and forever hold harmless the village of Larchmont, its official, servants, agents and employees from any and all claims for personal injury, including death to any person including but not limited to applicant, contractor and subcontractors and their respective employees, and for any and all property damage which results from or is in any way connected with the work contemplated under this permit.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Name of owner \_\_\_\_\_ Telephone \_\_\_\_\_