

Insurance Approved
 Liability _____
 Workers Comp _____
 Westchester Lic _____

Village of Larchmont
Building Department
914-834-6210 or 914-834-4349
Demo Permit
Application

Board Approval Dates
 Zoning _____
 Planning _____
 Architectural _____

Residential Commercial Accessory Structure

Check list:

- Letter from Con Edison Contractors Insurance Asbestos Report
 Confirmation by the Water Dept. Site Plan (2) copies Tank Report Lead Report
 Environmental Consult Report Sewer Inspection (DPW) Erosion Control

Block _____ Lot _____

1. Address of Proposed Work _____
2. Description of Work _____

3. Cost of Construction \$ _____ 4. Fee Charged \$ _____
5. Applicant- 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 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 but not limited to applicant, contractor and subcontractors and their respective employees, and for any and all property damage which results from or is any way connected with the work contemplated under this permit.

12. Signature of Applicant _____ Date _____

13. Owners Name _____ Telephone# _____