

OFFICE OF
FRANK BLASI
BUILDING INSPECTOR



VILLAGE OF LARCHMONT
120 LARCHMONT AVENUE
LARCHMONT, NY 10538
TEL: (914) 834-6230
FAX: (914) 833-2170

WWW.VILLAGEOF LARCHMONT.ORG

FENCE PERMIT INFORMATION/INSTRUCTIONS

1. Complete Building Permit Application - 1 Copy
2. True, **Legible**, Copy of Property Survey, Showing Fence Location (Outlined on Survey in Red Ink) - 2 Copies
3. Brochure or Rendering Showing Actual Type of Fence - 2 Copies
4. Complete Attached **Affidavit for Fence Permit**- 2 Copies
5. Fee \$100.00 Check - Made Payable to The Village of Larchmont
6. Call for Preliminary Layout Inspection
7. Call for Final Inspection

NOTE: APPLICATIONS WILL NOT BE ACCEPTED UNLESS 100% COMPLETE.

OFFICE OF
FRANK BLASI
BUILDING INSPECTOR



VILLAGE OF LARCHMONT
120 LARCHMONT AVENUE
LARCHMONT, NY 10538
TEL: (914) 834-6230
FAX: (914) 833-2170

WWW.VILLAGEOFLARCHMONT.ORG

VILLAGE OF LARCHMONT

PERMIT INSURANCE REQUIREMENTS

Contractors at their sole cost and expense, must submit evidence of the following insurance:

1. Workers' Compensation Insurance covering all employees pursuant to *Section 57 of The New York State Workers' Compensation Law*. Such coverage will also include Employers' Liability Insurance with a limit not less than \$500,000 per claim.

Those contractors who are exempt from providing *Workers' Compensation* must submit a copy of their *Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance...*(NYS form BP-1(3/99)). Forms are available at the Building Department.

2. Comprehensive General Liability Insurance with limits of not less than \$1,000,000 combined single limit for personal injury and property damage. The Village of Larchmont will be named as **Certificate Holder and Additional Insured**. Such insurance will provide coverage for, but not limited to, contractual liability coverage, completed operations, and the explosion, collapse and underground damage exclusions must be deleted from the policy.
3. 3. Automobile Liability Insurance in an amount of not less than \$500,000 combined single limit covering any and all vehicles used in connection with the work.

Certificates of Insurance to be furnished by Contractors must indicate that at least ten (10) days prior written notice of cancellation and/or materials change in coverage must be submitted to the Village of Larchmont, Building Department, 120 Larchmont Avenue, Larchmont, New York 10538.

Contractors and/or sub-contractors must carry identical insurance as indicated above.



Insurance Approved
 Initial: _____
 Lic.#: _____

PERMIT APPLICATION
Office of the Building Inspector
Village of Larchmont
 914-834-6230

Plans Approved
 Permit #: _____
 Date: _____
 By: _____

PLEASE NOTE: APPLICANTS MUST HAVE A WESTCHESTER COUNTY HOME IMPROVEMENT AND/OR PLUMBING LICENSE. IN ADDITION, IT IS THE CONTRACTOR'S RESPONSIBILITY TO MAKE SURE ANY ELECTRICIAN HIRED ALSO HAS A WESTCHESTER COUNTY LICENSE AND FILES THE JOB WITH THE NYBFU.

- | | |
|--|---|
| <input type="checkbox"/> Building (New Construction) | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Building (Alterations/Additions) | <input type="checkbox"/> Sewer Connection |
| <input type="checkbox"/> Street Opening | <input checked="" type="checkbox"/> Fence |
| <input type="checkbox"/> Sidewalk (Repair or Construction) | <input type="checkbox"/> Sign/Awning |
| <input type="checkbox"/> Ladder/Scaffold | <input type="checkbox"/> Other _____ |

1. Description of Work: Area Location - Floor: _____

2. Cost of Work: \$ _____
3. Fee Charged: \$ 100.00
4. Applicant- Firm Name: _____
5. Address: _____
6. City/State/Zip: _____
7. Contact Name: _____ Phone/Cell: _____
8. Address of Proposed Work: _____ Block: _____ Lot: _____
9. Property Owner Name: _____ Phone/Cell: _____
10. Electrical Contractor Name: _____ Phone/Cell: _____
11. Indemnity Agreement: In consideration of the Village of Larchmont's issuance of the permit described 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 officials, 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.
12. Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY:

Zoning Case#: _____ Date: _____ Architectural Review Board Approval Date: _____

OFFICE OF
FRANK BLASI
BUILDING INSPECTOR



VILLAGE OF LARCHMONT
120 LARCHMONT AVENUE
LARCHMONT, NY 10538
TEL: (914) 834-6230
FAX: (914) 833-2170

WWW.VILLAGEOF LARCHMONT.ORG

AFFIDAVIT FOR FENCE PERMIT

The proposed _____ fence,
(Fence Type)

measuring _____ high by _____ long, located at

_____ will be entirely on the
(Print Address)

property of the owner _____ and as
(Print Name)

shown on the attached survey shall not encroach on land of the adjoining

neighbors and shall in all aspects comply with the Zoning Ordinance of the

Village of Larchmont, New York.

If applicable, a variance from the Zoning Board of Appeals of the Village of Larchmont
was received on _____.

Owner's Signature _____ Date _____