



Village of Mamaroneck Building Department

169 Mt. Pleasant Avenue
Mamaroneck, N.Y. 10543
914-777-7731 Fax 914-777-7792
www.village.mamaroneck.ny.us

Application # _____

Permit # _____

Building Permit Application

NOTE: Two sets of construction documents must be submitted with application.

1. Project address: 1139 West Boston Post Road, Mamaroneck NY 10543

Zone	C 1	Section	9	Block	56	Lot	1 C
Existing use Residential:	<input type="checkbox"/>	Single Family	<input type="checkbox"/>	2 Family	<input type="checkbox"/>	Other	
Intended Use:	<input type="checkbox"/>	Single Family	<input type="checkbox"/>	2 Family	<input type="checkbox"/>	Other	
Existing Use Commercial:	<input type="checkbox"/>	Multi Family How Many?		<input type="checkbox"/>	Retail	<input checked="" type="checkbox"/> Resturant	<input type="checkbox"/> Business
	<input type="checkbox"/>	Other (Please specify)					
Intended Use:	<input type="checkbox"/>	Multi Family How Many?		<input type="checkbox"/>	Retail	<input checked="" type="checkbox"/> Resturant	<input type="checkbox"/> Business
	<input type="checkbox"/>	Other (Please specify)					
Is This a Non Conforming Use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Please specify)					
Estimated cost:	\$ 20,000	Application Fee: \$ 140				Permit Fee: \$ 600	

2. Description of work: Change of use to delicatessen.

Minor modifications at front counter, electrical connections for new upper cases fridge.
Relocate hand washer sink.

3. Owners name and address :

Francis McGuire
678 King Avenue
Bronx NY 10464

Phone #: (917) 939-5749

4. Applicant name and address :

Between the Bun Deli and Cafe Inc
21 State Street
Spring Valley, NY 10977

E-Mail Address : haz329@gmail.com

Phone #: (347) 703-7538

5. Applicant Name (Please print): Sam Alawadi

Applicants Singiture: _____

6. Is this a new residential house?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration
7. Is this a new commercial building?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration
8. Municipal sewer ?	Septic system?(If applicable, attached Health Dept. approval)			
9. Is this structure with in the flood plain?	<input type="checkbox"/>	If yes, please file a Flood Development Permit		
10. Is this project with in the tidal wetland or buffer?	<input type="checkbox"/>	If yes, please file a wetland activity permit.		
11. Is this project with in the fresh water wetland or buffer?	<input type="checkbox"/>	If yes, please file a wetland activity permit.		
12. Is there a disturbance of land greater than 1,000 square feet ?	<input type="checkbox"/>	If yes, please file a SWPPP permit per section 294.		
13. Topography:	<input type="checkbox"/> Flat	<input type="checkbox"/> Hilly	<input type="checkbox"/> Rocky	<input type="checkbox"/> Steep Incline <input type="checkbox"/> Other
14. Do you require any other board approvals? If yes please check which boards you require bellow.				
<input type="checkbox"/> BAR	<input type="checkbox"/> Zoning	<input type="checkbox"/> Planning	<input type="checkbox"/> HCZM	<input type="checkbox"/> Other

15. Architect/Engineer name and address:

Anthony Cecil Reneaud
707 Fenimore Road
Mamaroneck, NY 10543

Phone # (914) 630 1640

16. Contractor name and address:

Mohamed Ikhmis
1234 Randall Avenue
Bronx, NY 10474

License # & Expiration Date: _____

Phone # (917) 535-1495

17. Electrician name and address:

License # & Expiration Date: _____

Phone # _____

18. Plumbers name and address:

License # & Expiration Date: _____

Phone # _____

19. State of New York

BRONX
County of Westchester

I Francis McGuire

being duly sworn deposes and says

He / She is the Owner of said property, and duly authorized
(Owner, Contractor, Agent or Corporate Officer)

To perform or have performed the said work and to file this application: that all statements contained in this application are true to the best of my knowledge and belief, and that the work will be performed in the manner set forth in the application in the plans and specification filed therewith and in full compliance with New York State Codes.

Sworn to before me this 30th day of Oct, 2020 Thomas Sullivan McMahon
(Signature of Notary)

THOMAS SULLIVAN McMAHON
Notary Public, State of New York
No. 03-4801345
Qualified in Bronx County
Commission Expires May 31, 2023

Do not write below this line office use only

Received By: _____

- ☐ Residential Application Fee: \$75.00
☐ Commercial Application Fee \$100.00
☐ License Received
☐ Insurance Certificates
☐ EAS

- ☐ Residential Permit Fee
☐ Commercial Permit Fee
☐ Certificate Fee Paid
☐ 2 Sets of Drawings
☐ Floodplain Development Application if Required

Reviewed by: _____

Dated: _____

Approved by: _____

Dated: _____