



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



RECEIVED

JUN 15 2021

VILLAGE OF MAMARONECK
BUILDING DEPARTMENT

SCANNED

Application # 21-0318

Permit # _____

Building Permit Application

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

1. Project address:

397 Palmer Ave Mamaroneck NY 10543

Zone	<u>R2-F</u>	Section	<u>9</u>	Block	<u>16</u>	Lot	<u>5</u>
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 checked="" type="checkbox"/> Multi Family How Many?	<input type="checkbox"/> Retail	<input type="checkbox"/> Resturant	<input type="checkbox"/> Busines			
<input type="checkbox"/> Other (Please specify)							
Intended Use:	<input type="checkbox"/> Multi Family How Many?	<input type="checkbox"/> Retail	<input type="checkbox"/> Resturant	<input type="checkbox"/> Busines			
<input type="checkbox"/> Other (Please specify)							
Is This a Non Conforming Use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No (Please specify)					
Estimated cost:	<u>\$1000</u>	Application Fee:	<u>140.00</u>	Permit Fee:	<u>325.00</u>		

2. Description of work:

Cosmetic Alteration to existing Medical Space. For New SKIN CARE Office.
Esthiology Body work. Skin care. Body Scrub 1st Floor

3. Owners name and address:

Xiang Shen
22305 69th Ave Oakland Garden NY 11364

Phone #: _____

4. Applicant name and address:

Xiang Shen
22305 69th Ave Oakland Garden NY 11364

E-Mail Address: mikhee0099@gmail

Phone #: 646-592-2232 (om)

5. Applicant Name (Please print):

Xiang Shen

Applicants Singiture:

6. Is this a new residential house? ☐ Yes ☒ No ☐ Addition ☐ Alteration

7. Is this a new commercial building? ☐ Yes ☒ No ☐ Addition ☐ Alteration

8. Municipal sewer? ☒ Septic system?(If applicable, attached Health Dept. approval)

9. Is this structure with in the flood plain? ☒ If yes, please file a Flood Development Permit

10. Is this project with in the tidal wetland or buffer? ☒ If yes, please file a wetland activity permit.

11. Is this project with in the fresh water wetland or buffer? ☐ If yes, please file a wetland activity permit.

12. Is there a disturbance of land greater than 1,000 square feet? ☒ If yes, please file a SWPPP permit per section 294.

13. Topography: ☐ Flat ☐ Hilly ☐ Rocky ☐ Steep Incline ☐ Other

14. Do you require any other board approvals? If yes please check which boards you require bellow.
☐ BAR ☐ Zoning ☐ Planning ☐ HCZM ☐ Other

15. Architect/Engineer name and address:

Phone # _____

16. Contractor name and address:

License # & Expiration Date: _____

Phone # _____

17. Electrician name and address:

License # & Expiration Date: _____

Phone # _____

18. Plumbers name and address:

License # & Expiration Date: _____

Phone # _____

19. State of New York

County of Westchester

I _____ being duly sworn deposes and says

He / She is the _____ 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 _____ day of _____, 20_____.

(Signature of Notary)

Do not write below this line office use only

Received By: _____

- ☐ Residential Application Fee
- ☐ Commercial Application Fee
- ☐ 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: AS

Approved by: AS

Dated: _____

Dated: 7/21/21