



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

JAN - 6 2023

VILLAGE OF MAMARONECK
BUILDING DEPARTMENT

Application# 23-0023

Permit# _____

Building Permit Application

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

1. Project address:

1202 ~~4242~~ WEST BOSTON POST ROAD, MAMARONECK, NEW YORK 10543

Zone C-1 GENERAL COMMERCIAL Section 9 Block 18 Lot 110

Existing use Residential: ☐ Single Family ☐ 2 Family ☐ Other

Intended Use: ☐ Single Family ☐ 2 Family ☐ Other

Existing Use Commercial: ☐ Multi Family, how many? ☐ Retail ☒ Restaurant (FAST FOOD - "SUBWAY") ☐ Business ☐ Other

Intended Use: ☐ Multi Family, how many? ☐ Retail ☒ Restaurant (CARRY OUT - ICE CREAM) ☐ Business ☐ Other

Is this a Non-Conforming Use: ☐ Yes ☒ No (Please Specify)

Estimated cost: \$19,500

Application Fee: \$140.00

Permit Fee: _____

2. Description of work:

CREATION OF A NEW RETAIL ICE CREAM SHOP IN THE LOCATION OF THE PREVIOUS "SUBWAY" SANDWICH SHOP, INCLUDING MINOR INTERIOR ALTERATIONS TO EXPAND SIZE OF "KITCHEN" WORK SPACE AND REDUCE SIZE OF "CUSTOMER" AREA. ALL EXISTING KITCHEN EQUIPMENT IS TO REMAIN. MOST INTERIOR FINISHES ARE TO REMAIN. NEW FINISHES TO MATCH EXISTING. THERE IS NO EXTERIOR DEFINITION EXCEPT SIGNAGE, BY SEPARATE PERMIT.

3. Owner's name and address:

1202 WBP REALTY ASSOC LLC
229 BEECHMONT DRIVE
NEW ROCHELLE, NY 10804

Phone#: _____

4. Applicant name and address:

ELLEN SLEDGE
PENNY LICK ICE CREAM CO
580 WARBURTON AVENUE
HASTINGS-ON-HUDSON, NY 10706

E-Mail Address: hello@pennylickicecream.com

Phone#: (718) 809-2590

5. Applicant Name (Please print):

ELLEN SLEDGE

Applicants Signature: _____

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? YES, EXISTING Septic system? (If applicable, attached Health Dept. approval)

9. Is this structure within the flood plain? ☐ If yes, please file a Flood Development Permit

10. Is this project within the tidal wetland or buffer? ☐ If yes, please file a wetland activity permit.

11. Is this project within 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 below.

☐ BAR

☐ Zoning

☐ Planning

☐ HCZM

☐ Other

15. Architect/Engineer Name and Address:

Phone # _____

E-Mail Address _____

16. Contractor Name and Address:

Property Projects LLC
256 Sudsen Ave
Dobbs Ferry, NY, 10522

Phone #

914-772-5893

E-Mail Address

cliff@propertyprojectsllc.com

17. Electrician Name and Address:

Phone # _____

E-Mail Address _____

License # _____

18. Plumbers Name and Address:

Phone # _____

E-Mail Address _____

License # _____

19.

I Cliff Kahan is the (☐ Owner, ☒ Contractor, ☐ Agent or ☐ Corporate Officer)

Said property, and duly authorized 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.

☐ Residential Application Fee \$85.00

☐ Residential Permit Fee

☒ Commercial Application Fee \$140.00

☐ Commercial Permit Fee

☐ CO or CC Fee