



## 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](http://www.village.mamaroneck.ny.us)

Application # \_\_\_\_\_

Permit # \_\_\_\_\_

### Building Permit Application

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

**1. Project address:**

129-133 Prospect Avenue, Mamaroneck, New York 10543

Zone	C-2	Section	9	Block	7	Lot	311,316
Existing use Residential:	<input checked="" 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 checked="" type="checkbox"/> Other Multi-Family (13 Units)				
Existing Use Commercial:	<input type="checkbox"/> Multi Family How Many?	<input type="checkbox"/> Retail	<input type="checkbox"/> Resturant	<input type="checkbox"/> Busi			
	<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"/> Busi			
	<input type="checkbox"/> Other (Please specify)						
Is This a Non Conforming Use?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No (Please specify)	The residential use is permitted with a special permit per Village Code Section 342.60				
Estimated cost:		Application Fee: \$4,300	Permit Fee: \$9,500				

**2. Description of work:**

The proposed action includes the demolition of two structures and the construction of a new 13-unit, 4-story residential building and associated site improvements including a stormwater management system.

**3. Owners name and address :**

Williams Green  
181 Westchester Ave Suite 301A  
Port Chester, NY 10573

Phone #: 845-464-5147

**4. Applicant name and address :**

Owner Is Applicant

E-Mail Address :

Phone #:

**5. Applicant Name ( Please print ):**

Prabjeet Rai

Applicants Singiture:

6. Is this a new residential house?	<input checked="" type="checkbox"/> Yes	<input 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 checked="" type="checkbox"/>	If yes, please file a SWPPP permit per section 294.			
13. Topography:	<input type="checkbox"/> Flat	<input checked="" 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 checked="" type="checkbox"/> Planning	<input checked="" type="checkbox"/> HCZM	<input type="checkbox"/> Other

**15. Architect/Engineer name and address:**

Sarrazin Architecture PLLC  
21 North Main Street Suite 209  
Port Chester, New York 10573

Phone #: 914-584-8437

**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

PRARJEET K GREEN  
(Name of Applicant)

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 22 day of June, 20 22

RENA REGGINA  
(Signature of Notary)

RENA REGGINA  
Notary Public, State of New York  
No. 01BE6165642

Qualified in Westchester County  
Commission Expires May 14, 20 23

**Do not write below this line office use only****Received By:**

- ☐ Residential Application Fee \$75.00  
☐ Commercial Application Fee \$125.00

- ☐ Residential Permit Fee  
☐ Commercial Permit Fee  
☐ CO or cc Fee

- ☐ License:  
☐ Insurance:  
☐ 2 Sets of drawings:  
☐ EAS:  
☐ Flood Plain Development Application if required

**Building Inspector approval:****Date approved:**

**Village of Mamaroneck**

**AFFIDVIT OF FINAL COST**

**DATE:** \_\_\_\_\_

**BUILDING PERMIT #:** \_\_\_\_\_

**SECTION:** 9 **BLOCK:** 7 **LOT:** 311,316

**PROPERTY ADDRESS:** 129-133 Prospect Avenue, Mamaroneck, New York 10543

**OWNERS NAME AND ADDRESS:** Williams Green Residential LLC

181 Westchester Ave Suite 301A, Port Chester, New York 10573

I \_\_\_\_\_ being the ( ☒ ) Owner, ( ☐ ) Agent, ( ☐ ) Contractor, on record of the subject property, and responsible for the cost of the above building permit improvements and I hereby state that the total cost of Improvements including all contractor and sub-contractor fee was \$ \_\_\_\_\_.

**Signature** \_\_\_\_\_

Upon final review, the Building Inspector and of his designee may require the proper documentation from the owner to furnish all contracts and invoices for the above improvements. This also allows the village of Mamaroneck at any point in time to audit the above project.

Fees for the cost in excess of those stated on the Building Permit application will be paid upon submission of this form.

**BELOW OFFICE USE ONLY**

**Estimated Cost \$** \_\_\_\_\_

**Amount Owed \$** \_\_\_\_\_

**Received By** \_\_\_\_\_