



Building Department

Town Hall, 363 Underhill Avenue, Yorktown Heights, NY 10598
Tel. (914) 962-5722 ext.233 Fax (914) 962-1731

Application for a Mechanical Permit

APPLICATION No: (Office use only) DATE:
PERMIT No: DATE:

Applicant: Complete all information lines, below, except those marked "Office use only".

Section: Block: Lot:

Zoning District: (Please note that the distance equipment must be from lot lines differs by district.)

Address/Location of proposed construction

Complete description of proposed work: BUILDING PERMIT#

Name of Owner Telephone #

Present Address of Owner\*

Contractor: Telephone #:

Address Fax #

W. C. Home Improvement Contractors Lic. # Total estimated cost of work \$

Name of Electrician Phone # License #

Name of Plumber Phone # License #

Complete the following chart:

Table with columns: FURNACE, BOILER, FIRE SPRINKLER, GENERATOR (NATURAL, DIESEL, LP), HVAC, GAS FIRE PLACE, OTHER, OTHER, OTHER, OTHER, OTHER. Rows: GAS EQUIPMENT, ATTIC, 1st FLOOR, 2nd FLOOR, BASEMENT, EXTERIOR.

The undersigned applicant hereby agrees to comply with all applicable provisions of the Code of the Town of Yorktown, The New York State Uniform Fire Prevention and Building Code, and all other Laws, Codes, Rules and Regulations applicable to the proposed work. (Print legibly and sign.)

NAME OF CONTACT PERSON (Please print)

SIGNATURE OF OWNER / AGENT\*

\* If signed by other than the owner, a letter of authorization from the owner must be submitted with this application.

(Continued on reverse side.)

Office Use Only

APPLICATION FEE: \_\_\_\_\_ PERMIT FEE: \_\_\_\_\_ OTHER FEE: \_\_\_\_\_

CC FEE: \_\_\_\_\_

TOTAL PERMIT FEE: \_\_\_\_\_

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

\_\_\_\_\_  
BUILDING INSPECTOR, TOWN OF YORKTOWN