



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

Application for Operating Permit

(Office use only)
APPLICATION No: _____ DATE: _____
Operating Permit Type: _____

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

PROPERTY INFORMATION

Section: _____ Block: _____ Lot: _____ Zoning District: _____

Address/Location _____

OWNER/LESSEE INFORMATION

Name of Owner _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

E-mail _____

Lessee _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

E-Mail _____

APPLICANT INFORMATION

Name of Applicant _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

E-Mail _____

I hereby certify that I am duly authorized to make an application for an operating permit.

NAME (Please print)

SIGNATURE OF APPLICANT

PERMIT FEE: _____

Office Use Only

DATE: _____

BUILDING INSPECTOR, TOWN OF YORKTOWN