



**TOWN OF CAMBRIA**

**SINGLE-FAMILY HOME APPLICATION**

**PERMIT # RBP-20 - \_\_\_\_\_**

**ALL REQUIRED BUILDING PLANS SHALL HAVE A REGISTERED ENGINEERED/ARCHITECTURAL WET SEAL SIGNATURE DATE FROM NYS**

DATE: \_\_\_\_\_ PROJECT COST: \_\_\_\_\_ TAX MAP # \_\_\_\_\_

PERMIT SITE LOCATION: \_\_\_\_\_ TYPE/ USE: \_\_\_\_\_

PROJECT DESCRIPTION:       ERECT       ALTER       ADD       DEMO       OTHER

INSURANCE- Liability Exp. Date: \_\_\_\_\_ INSURANCE- Wk. Comp. Date: \_\_\_\_\_

**BUILDER:     SELF     CONTRACTOR- IF CONTRACTOR- Complete Below**

OWNER NAME: \_\_\_\_\_ CONTRACTOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/ STATE/ZIP: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

PHONE # \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**SUB-CONTRACTOR NAMES AND CONTACT INFORMATION**

EXCAVATOR: \_\_\_\_\_ FOOTER/FOUNDATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/ STATE/ZIP: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

PHONE # \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FRAMER: \_\_\_\_\_

ROOFER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ STATE/ZIP: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE # \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLUMBER: \_\_\_\_\_

ELECTRICAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ STATE/ZIP: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE # \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SPRINKLER: \_\_\_\_\_

DRYWALL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ STATE/ZIP: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE # \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ALARM: \_\_\_\_\_

**\*COPY OF STATE LICENSE NEEDED**

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE # \_\_\_\_\_

EMAIL: \_\_\_\_\_

**SPECIFICS:**

**SURVEY/ PLOT PLAN**

**OTHER**

TYPE MATERIAL: \_\_\_\_\_

SET BACK (F) \_\_\_\_\_

# OF BEDROOMS: \_\_\_\_\_

DEPTH: \_\_\_\_\_

SET BACK (S) \_\_\_\_\_

# OF BATHS: \_\_\_\_\_

LENGTH: \_\_\_\_\_

SET BACK (S) \_\_\_\_\_

TOTAL # OF ROOMS: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ ( ) SEWER ( ) SEPTIC FUEL TYPE: \_\_\_\_\_

SQ. FOOT: \_\_\_\_\_ # OF FIREPLACES: \_\_\_\_\_ AIR CONDITION: ( ) YES ( ) NO

BUILDING STYLE: ( ) RANCH ( ) RAISED RANCH ( ) 2 STORY ( ) SPLIT LEVEL

APPLICANT'S SIGNATURE: \_\_\_\_\_

**Fee calculation (Office Use Only)**

**TOTAL FEE: \$ \_\_\_\_\_**