TOWN OF CAMBRIA

SINGLE FAMILY HOME & ACCESSORY BUILDINGS

ALL REQUIRED BUILDING PLANS SHALL HAVE A REGISTERED ENGINEERED/ARCHITECTURAL WET SEAL -SIGNATURE - DATE FROM N.Y.S.

PERMIT: _____ DATE: _____ PROJECT COST: _____

PERMIT SITE LOCATION: _____ TAX MAP#: _____

PROJECT DESCRIPTION: ☐ ERECT ☐ ALTER ☐ ADD ☐ DEMO ☐ OTHER

TYPE / USE: _____

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 #: _____

SUB CONTRACTOR NAMES

FOUNDATION: _____ PLUMBING: _____

ERECTION: _____ ELECTRIC: _____

ARCH / ENG: _____ INSULATION: _____

SPECIFICS

TYPE/CONST: (Wood, Metal, Brick, Etc.) _____

DEPTH: _____

LENGTH: _____

HEIGHT: _____

SQ. FEET: _____

AIR CONDITIONING: ◯ YES ◯ NO

OF FIREPLACES: _____

SURVEY / PLOT PLAN

SET BACK (F): _____

SET BACK (S): _____

SET BACK (S): _____

◯ SEWER ◯ SEPTIC

BUILDING STYLE:

◯ RANCH ◯ RAISED RANCH ◯ 2 STORY ◯ SPLIT LEVEL

OTHER

# of BEDROOMS: _____

# of BATHS: _____

TOTAL # OF ROOMS: _____

FUEL TYPE: _____

APPLICANT'S SIGNATURE:

FEE CALCULATION (Office use only)

TOTAL FEE: _____