



PEEKSKILL
NEW YORK

APPLICATION for EXTERIOR PERMIT (Non-Building)

City of Peekskill, New York
840 Main Street, 914-734-4140
County of Westchester

Permit No. _____

Date Issued / /20____

Date Expired / /20____

Section:	Block:	Lot:	Zone:

Fee \$ _____

Receipt No. _____

Date Submitted / /20____

Office Use Only

Residential:

Commercial:

Fence:

Shed:

Retaining walls:

Patio:

Driveway:

Chicken Coup:

Other:

APPLICATION INSTRUCTIONS

- A. This application must be filled out digitally or in Ink only and submitted to the Peekskill Building Department. (Please print legibly)
- B. Survey showing location of the **lot** and **buildings** on premises, giving a detailed description of the property areas that the proposed structure will be installed.
- C. This application must be accompanied by three (3) copies of survey locating the proposed structure.
- D. Three (3) sets of specifications, i.e., height and style / type and material structure is made of.
- E. The work covered by this application may **NOT** be commenced before the issuance of an Exterior Permit.
- F. Upon approval of this application, the Building Department will issue an Exterior Permit to the applicant together with approved, duplicate set of plans and specifications. The permit, approved plans and specifications shall be displayed on premises, available for inspection throughout the progress of work.
- G. **Proper insurance forms** shall be submitted. (Workers compensation and Liability)

Property Address: _____

(Street number and name)

APPLICATION IS HEREBY MADE to the Building Department for the Issuance of a Exterior Permit pursuant to the New York State Building Construction Code. The applicant agrees to comply with all applicable laws, ordinances and regulations.

Applicant Address: _____

(Signature of Applicant)

State whether applicant is owner, lessee, agent,
architect, engineer or builder _____

City _____ State _____ Zip _____

IDENTIFICATION - To be completed by all applicants

Name (Please Print)	Mailing Address Number, Street, City, State	Telephone Number
1. Owners Name: _____	_____	_____
2. Contractor	_____	_____
3. Westchester County License No.:	_____	

**State of New York,
County of Westchester**

_____ being duly sworn deposes and says that he/she is the applicant named.
(Name of individual signing application – Please Print)

He/she is the _____
(Owner, Contractor, Agent, Corporate Officer, Etc.)

of said owner or owners, and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in the application are true to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Notary Public
Sworn to before me

This _____ Day of _____, 20 _____

_____ (Signature of Applicant)

_____ County