



More Than a Legend

Village of Sleepy Hollow

**Department of Architecture, Land Use Development,
Buildings and Building Compliance**
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Sleepy Hollow, NY 10591
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APPLICATION FOR A BUILDING PERMIT: PART I

LOCATION	Section: Block: Lot:	OFFICE USE	Permit Number:
	Address:		Date Received:
	Zoning District:		Date Issued:
			Expiration date:
OWNER	Name:	Phone Number:	
	Address:	Cellular Number:	
		Fax Number:	
		E-Mail:	
DESCRIPTION	Type of Construction or Improvement (select all that apply)		
	New Building – Proposed Use: _____		
	Change of Occupancy – Current Use: _____ Proposed Use: _____		
	Repair Renovation Reconstruction Addition		
	Alteration Other _____		
Description of Work: _____			
Estimated Project cost: Permit Fee: \$			
<p>I certify that I have read this complete application and state that the submitted information is correct. I further certify that no work shall be done except as described, and that all work shall comply with the applicable codes.</p>			
Owner/Agent Signature: _____		Date: _____	