



TOWN OF CAMBRIA

PERMIT #RBP-2022-_____

**SINGLE FAMILY HOME AND ACCESSORY
BUILDING APPLICATION:**

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

DATE: _____ PROJECT COST: _____

PERMIT SITE LOCATION: _____ TAX MAP # _____

PROJECT DESCRIPTION: ERECT ALTER ADD DEMO OTHER

INSURANCE- Liability Exp. Date: _____ INSURANCE- Wk. Comp. Date: _____

TYPE/ USE: _____

BUILDER: SELF CONTRACTOR- IF CONTRACTOR- Complete Below

OWNER NAME: _____ CONTRACTOR NAME: _____

ADDRESS: _____ ADDRESS: _____

CITY/ STATE/ZIP: _____ CITY/STATE/ZIP: _____

PHONE # _____ PHONE NUMBER: _____

SUB-CONTRACTOR NAMES

FOUNDATION: _____ PLUMBING: _____

ERECTION: _____ ELECTRIC: _____

ARCH/ ENG: _____ INSULATION: _____

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: _____