



# TOWN OF CAMBRIA

## SINGLE FAMILY HOME AND ACCESSORY BUILDING APPLICATION:

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

PERMIT # \_\_\_\_\_ 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: _____