



TOWN OF CAMBRIA

SINGLE FAMILY HOME APPLICATION

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

Fee calculation (Office Use Only)

TOTAL FEE: \$ _____

PERMIT # RBP-20 - _____

DATE: _____ PROJECT COST: _____ TAX MAP # _____

PERMIT SITE LOCATION: _____ TYPE/ USE: _____

PROJECT DESCRIPTION: ERECT ALTER ADD DEMO OTHER

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 #: _____

EMAIL: _____ EMAIL: _____

SUB-CONTRACTOR NAMES AND CONTACT INFORMATION

FOUNDATION: _____ PLUMBING: _____

ADDRESS: _____ ADDRESS: _____

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

PHONE # _____ PHONE NUMBER: _____

EMAIL: _____ EMAIL: _____

ERECTION: _____ ELECTRIC: _____
ADDRESS: _____ ADDRESS: _____
CITY/ STATE/ZIP: _____ CITY/STATE/ZIP: _____
PHONE # _____ PHONE NUMBER: _____
EMAIL: _____ EMAIL: _____

ARCH/ ENG: _____ INSULATION: _____
ADDRESS: _____ ADDRESS: _____
CITY/ STATE/ZIP: _____ CITY/STATE/ZIP: _____
PHONE # _____ PHONE NUMBER: _____
EMAIL: _____ EMAIL: _____

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: _____