



TOWN OF CAMBRIA
SINGLE-FAMILY HOME APPLICATION

Permit # RBP-20 - _____

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

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

EXCAVATOR: _____ FOOTER/FOUNDATION: _____

ADDRESS: _____ ADDRESS: _____

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

PHONE # _____ PHONE NUMBER: _____

EMAIL: _____ EMAIL: _____

FRAMER: _____

ROOFER: _____

ADDRESS: _____

ADDRESS: _____

CITY/ STATE/ZIP: _____

CITY/STATE/ZIP: _____

PHONE # _____

PHONE NUMBER: _____

EMAIL: _____

EMAIL: _____

PLUMBER: _____

ELECTRICAL: _____

ADDRESS: _____

ADDRESS: _____

CITY/ STATE/ZIP: _____

CITY/STATE/ZIP: _____

PHONE # _____

PHONE NUMBER: _____

EMAIL: _____

EMAIL: _____

SPRINKLER: _____

DRYWALL: _____

ADDRESS: _____

ADDRESS: _____

CITY/ STATE/ZIP: _____

CITY/STATE/ZIP: _____

PHONE # _____

PHONE NUMBER: _____

EMAIL: _____

EMAIL: _____

ALARM: _____

ADDRESS: _____

PHONE # _____

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: \$_____