Bureau of Buildings Department of Development 515 North Avenue New Rochelle, N.Y. 10801

Paul Vacca, C.E.O. Deputy Commissioner/Building Official



Phone: (914) 654- 2035 FAX: (914) 654- 2031



City of New Rochelle New York

APPLICATION FOR AMENDMENT TO A BUILDING PERMIT

Date:	Permit Numl	ber:			
Location:			Block:	Lot:	
Owner Name:					
Owner Address:					
Architect, Engine	eer, Contractor, Owner	:			
above Building P	ermit number, with the	proval of the following ame e stipulation that this amen s, agreements, and statemen	dment is to become part of		
DRAWING#	D	DESCRIPTION OF AME	NDMENT (PLEASE PI	RINT)	
Total revised shee	ets/pages:	, submitted in lieu	of previously approved sl		
Applica	nt Name (Print)		Signature of Applicant		
ORIGINAL APP \$95.00 must be p	ROVED PLANS, and	two (2) sets of the propose pplication may be processed	ed amendment plans. In ac	original building permit, the ddition, a minimum fee of	
		FOR OFFICE USE	E ONLY		
COUNTER:	.				
	Date:	Receipt #:		Initials:	
PLANS EXAM	AINER:				
		Date:	Initials:		