



Town of Bedford
Building & Code Enforcement
425 Cherry Street, Bedford Hills, New York 10507
914-666-8040; FAX 914-666-2026
buildinginsp@bedfordny.info
www.bedfordny.gov

REQUEST FOR RENEWAL OF BUILDING PERMIT

Permit No. _____ **Original Issuance Date:** _____ **Original Construction Cost:** _____

ANNUAL FEE (18 months following original issuance date)

Cost of Construction: 0 - \$25,000 = \$200

Cost of Construction: \$25,000 and above = ½ the cost of the original building permit fee, not to exceed \$5,000.

Property Information: Section: _____ Block: _____ Lot: _____ Zoning District: _____

Property Location: _____

Property Owner: _____

Mailing Address (if different from property location): _____

Telephone: _____ Email: _____

Contractor's Name: _____ Mailing Address: _____

Telephone: _____ Email: _____

Insurance/License – (Attached Updated Certificates): Workers Comp _____ Disability _____ WC License _____

Signature of Applicant: _____ Date: _____

Signature of Owner: _____ Date: _____

(To be completed by Building Department)

Fee: _____

Approval Date: _____ (Extension expires one year from this date)

Comments: _____
