



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

BUILDING PERMIT FOR GENERATOR

Property Owner: _____ Telephone: _____ Email: _____

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

Property Location: _____

Mailing Address (if different from property location): _____

Description/Dimensions of Generator: _____

Estimated Cost of Generator: _____

ZONING DISTRICT: R-4A 2A 1A 1/2A 1/4A TF VA MF EL RO CB NB LI RB PBO PBR PBO(K)

Front yard: _____ feet Rear yard: _____ feet Side yard: _____ feet Side yard: _____ feet other side

Signature of Owner: _____ Date: _____

Name and Address of Contractor/Applicant: _____

_____ Telephone: _____ Email: _____

Signature of Contractor/Applicant: _____ Date: _____

I hereby certify that the statements and data on this sheet are correct and true to the best of my knowledge and belief

(To be completed by Building Department)

- Wetlands (Pursuant to Section 122 of the Town Code):
- Zoning, Planning, Wetlands Compliance:
- Comments: _____

Alberto Ciraco Date
Building Inspector

Jessica Youngblood Date
Director of Planning

FEES:
Building
Certificate of Compliance
Total

PERMIT NO. _____
DATE APPROVED: _____