



Town of Mamaroneck

Town Center

BUILDING DEPARTMENT

TEL: 914/381-7830

FAX: 914/381-8473

New Business Review

Date: _____

Property Identification Number: _____ - _____ - _____ Address: _____

Property owners Name: _____ Property owners phone number: _____

Previous Business at proposer location: _____ Proposed Business: _____

Proposed Business Name: _____ Applicants Name: _____ E-mail: _____

Phone Number: (W) _____ (C) _____ (Fax) _____

Mailing Address: _____

Hours of operation: _____ Days of operation: _____ Number of employees: _____

Required parking: _____ Zoning district: _____ Total square footage: _____

Retail square footage: _____

Adding or removing: Plumbing: Yes ___ No ___ - Electrical: Yes ___ No ___ - Walls: Yes ___ No ___

New sign: Yes ___ No ___

Additional information for Restaurants (take-out, fast-food, bakery, delicatessen)

Number of seats: _____ Number of tables: _____ Total seating area (square feet): _____

Cooking and/or baking on site: Yes ___ No ___ Outdoor Seating: Yes ___ No ___

Number of outdoor seats: _____ Number of outdoor tables: _____

Total outdoor seating area (square feet): _____

Note: This form is only intended to gather information on your proposed use. Once sufficient information on the use is provided, you will be advised as to what approvals and/or permits are required.

Do not write below this line

Office use only

_____ Building Permit required _____ Sign Permit required _____ Plumbing Permit

required _____ Zoning Board Approval required _____ Planning Board Approval

required

Last revised 08/23/2022 RP