



CITY OF MOUNT VERNON, NY
DEPARTMENT OF BUILDINGS

SHAWYN PATTERSON-HOWARD
Mayor

City Hall – One Roosevelt Square
Mount Vernon, NY 10550
(914) 665-2483 Fax (914) 465-2988
www.cmvny.com

Patrick G. Holder, R.A.
Commissioner

Dawnette McLaren-Nelson
2nd Deputy Commissioner

INFORMATION NEEDED FOR PERMIT LETTER OF COMPLETION (PLEASE PRINT)

LETTER REQUESTED BY _____
(WITH LEGAL AUTHORIZATION BY OWNER)

DATE REQUESTED _____

\$100.00 FEE PER PERMIT PAID TO:
THE CITY OF MOUNT VERNON
(Cashier's Check or Money Order)
RECEIVED BY _____
RECEIPT # _____

OWNER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

PROPERTY ADDRESS _____

MAP PAGE _____ BLOCK _____ LOT(S) _____ ZONE _____

PERMIT #(S) _____ X 100.00=TOTAL \$ _____

PLUMBING PERMIT # _____ SIGN OFF _____

ELECTRICAL PERMIT # _____ SIGN OFF _____

WIRELESS SPECIAL PERMIT _____ SIGN OFF _____

FINAL INSPECTION DATE: _____ INSPECTOR'S SIGNATURE _____

SCOPE OF WORK (e.g. new additions, retaining wall, etc.)

ABOVE INFORMATION PROVIDED BY _____

COMMISSIONER/DEPUTY COMMISSIONER'S FINAL APPROVAL _____

EXPIRED PERMIT LETTER APPLICATION REVISED 06/2020kp