



CITY OF WHITE PLAINS
DEPARTMENT OF BUILDING

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Reset Form

<http://www.ci.white-plains.ny.us/building/building.htm>

Print Form

ZONING COMPLIANCE FORM: All Building Long Form applicants must provide the following Zoning Ordinance Criteria on this form or provide all applicable Zoning Ordinance Criteria in Tabular format on drawings.

Building Permit Application # Building Permit # Date: _____
 Property Location: _____ SBL: _____ Zone : _____
 Property Description: _____

	PERMITTED	EXISTING	PROPOSED	VARIANCE REQ'D
LOT AREA: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Buildable Lot Area: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Principal Building Coverage: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Gross Floor Area (F.A.R.): _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

YARD SETBACK: (Principal Structure)				
Front	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
One Side	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total of both sides	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rear	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

YARD SETBACK:(Accessory Structure)				
Accessory Building Coverage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Side	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rear	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Separation Distance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PARKING REQUIREMENTS:				
Principal Building	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL PARKING SPACES: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LOADING AREA: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BUILDING HEIGHT: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NUMBER OF STORIES: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL HEIGHT: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>