

APPLICATION FOR TENT PERMIT
TOWN OF NORTH CASTLE BUILDING DEPARTMENT
17 BEDFORD ROAD ARMONK, NY 10504 PHONE # (914) 273-8625

PERMIT FEE: \$ _____

APPLICATION FEE: \$ _____

C.O. FEE: \$ _____

TRACKING #: _____

TOTAL: \$ _____

Permit #: _____

APPLICATION DATE: __/__/__

TENT ERECTED DATES FROM __/__/__ TO __/__/__ date ISSUED: __/__/__

PROPERTY LOCATION: _____

Section: _____ **Block:** _____ **Lot:** _____ **Zoning District:** _____

Owner: _____ Address: _____ Phone: (____) ____ - ____

_____ Zip: _____

Tent _____ Address: _____ Phone: (____) ____ - ____

Supplier: _____ Zip: _____

Electrician: _____ Address: _____ Phone: (____) ____ - ____

_____ Zip: _____

DESCRIPTION OF FUNCTION: _____

IT IS UNDERSTOOD AND AGREED THAT ANY PERMIT ISSUED PURSUANT HEREIN IS ON THE EXPRESS CONDITION THAT ALL PROVISIONS OF THE NEW YORK STATE FIRE PREVENTION AND BUILDING CODE AND ALL ZONING ORDINANCES OF THE TOWN OF NORTH CASTLE AND ANY AND ALL AMENDMENTS THERETO SHALL APPLY AND BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. NO CHANGES TO PLANS OR CONSTRUCTION SHALL BE MADE WITHOUT PRIOR APPROVAL OF THE BUILDING INSPECTOR AND LISCENSED PROFESSIONALS.

PRINT OWNER / APPLICANT NAME: _____

OWNER / APPLICANT SIGNATURE: _____