

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

PERMIT FEE: \$_____

ARB FEE: \$_____

C. O. FEE: \$_____

APPLICATION FEE: \$_____

TOTAL FEE: \$_____

TRACKING #: _____

PERMIT # _____ Date Issued: ____/____/____

APPLICATION DATE: ____/____/____

C. O. # _____ Date Issued: ____/____/____

PROPERTY LOCATION: _____

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

Setbacks *Shown*: Front: _____ Side: _____ Rear: _____

Setbacks *Required*: Front: _____ Side: _____ Rear: _____



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

Architect: _____ Address: _____ Phone: (____) ____ - ____
 _____ Email: _____

Builder: _____ Address: _____ Phone: (____) ____ - ____
 _____ Email: _____

Plumber: _____ Address: _____ Phone: (____) ____ - ____
 _____ Email: _____

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

Lessee: _____ Address: _____ Phone: (____) ____ - ____
 _____ Email: _____

Do you have any intention of tearing down a house to build a new house within the next SIX (6) months?
 Yes No

Do you have any intention to expand a house over 1500 square feet within the next SIX (6) months?
 Yes No

If the Planning Board has granted you approval previously, on what dates were you approved? (List Below)

ESTIMATED CONSTRUCTION VALUE: \$ _____

APPLICATION FOR:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> New Residence | <input type="checkbox"/> Residential | <input type="checkbox"/> Industrial | |
| <input type="checkbox"/> New Commercial | <input type="checkbox"/> Commercial | <input type="checkbox"/> Other | |
| <input type="checkbox"/> 1-Family | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> Excavation | <input type="checkbox"/> Pool |
| <input type="checkbox"/> 2-Family | <input type="checkbox"/> Accessory Building | <input type="checkbox"/> Fence - (Lin. Ft. _____) | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Multi-Family | <input type="checkbox"/> Accessory Apartment | <input type="checkbox"/> Finished Basement | <input type="checkbox"/> Retaining Wall |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Deck | <input type="checkbox"/> Legalization | <input type="checkbox"/> Shed |
| <input type="checkbox"/> Alteration (Int./Ext.)
<small>Circle Choice</small> | <input type="checkbox"/> Demolition | <input type="checkbox"/> Oil Tank (Remove/Install)
<small>Circle Choice</small> | <input type="checkbox"/> Tree |

DESCRIPTION OF WORK, CONSTRUCTION TYPE, AND USE AS PER NYS CODE:

- SQ. FT. NEW BASEMENT/CELLAR
- SQ. FT. NEW FIRST (1ST) FLOOR
- SQ. FT. NEW SECOND (2ND) FLOOR
- SQ. FT. NEW THIRD (3RD) FLOOR
- TOTAL SQ. FT. OF ALL NEW CONSTRUCTION
- SQ. FT. OF LIVING SPACE AS PER NYS CODE
- NUMBER OF **BEDROOMS** TO BE CONSTRUCTED, ADDED, RENOVATED OR ALTERED
- NUMBER OF **BATHROOMS** TO BE CONSTRUCTED, ADDED, RENOVATED OR ALTERED
- ELECTRICAL WORK IS INVOLVED IN THIS PROJECT
- PLUMBING WORK IS INVOLVED IN THIS PROJECT
- HVAC WORK IS INVOLVED IN THIS PROJECT

YOU MUST SHOW ON THIS APPLICATION THE NUMBER OF BOARD OF HEALTH APPROVED BEDROOMS FOR THIS LOCATION: _____

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 CODES 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: _____