

EROSION & SEDIMENT CONTROL APPLICATION

TOWN OF NORTH CASTLE BUILDING DEPARTMENT

17 BEDFORD ROAD ARMONK, NY 10504 PHONE # (914) 273-8625

DATE: ___/___/___

FEE: \$ _____

Property Address: _____

Section: _____

Block: _____

Lot: _____

Owner: _____

Address: _____

Phone: (____) ____ - ____

Zip: _____

Builder: _____

Address: _____

Phone: (____) ____ - ____

Zip: _____

Engineer: _____

Address: _____

Phone: (____) ____ - ____

Zip: _____

Architect: _____

Address: _____

Phone: (____) ____ - ____

Zip: _____

Description of Proposed Work

Describe items where applicable: activity type, specific locale, distances to or along critical features, grades, slopes, terrain character, and design/construction criteria to be used.

Dated: ___/___/___

Applicant's Signature: _____

===== *The Following Is For Office Use Only* =====

Other Reviews

<u>Type</u>	<u>Status</u>	<u>Date</u>
Building Permit: _____		
Exemptions: _____		
Environmental Quality Review: _____		
Flood Damage Prevention: _____		
Landfills, Littering & Dumping: _____		
Erosion & Sediment Control Permit Approval: _____		

<u>Building Department</u>	<u>Authorized Signature</u>	<u>Title</u>	<u>Date</u>
1. _____			
2. _____			
3. _____			
4. _____			

Conditions (If any): _____