

APPLICATION FOR FILL PERMIT

TOWN OF NORTH CASTLE BUILDING DEPARTMENT

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

OWNER:

APPLICANT:

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE #: (____)____-____

TELEPHONE #: (____)____-____



FILL LOCATION ADDRESS: _____

SECTION: _____ **BLOCK:** _____ **LOT:** _____ **ZONING DISTRICT:** _____

DISTANCE FROM STREET: _____

PURPOSE OF APPLICATION: _____

SOURCE OF FILL: _____

TRUCKER/CONTRACTOR DELIVERING FILL: _____

FILL DIMENSIONS: *WIDTH:* _____ *LENGTH:* _____ *MAXIMUM DEPTH:* _____

VOLUME IN CUBIC YARDS: _____ ESTIMATED NUMBER OF TRUCKS PER DAY: _____

ESTIMATED VOLUME, IN CUBIC YARDS, PER TRUCK: _____

DATE WORK WILL COMMENCE: ____/____/____ ESTIMATED NUMBER OF WORK DAYS: _____

ESTIMATED DATE OF COMPLETION OF WORK: ____/____/____

ARE TREES TO BE REMOVED? **YES** OR **NO**



APPLICANT MUST SUBMIT THE FOLLOWING:

- A COMPLETED SHORT ENVIRONMENTAL ASSESSMENT FORM
- THREE (3) MAPS MUST BE SUBMITTED SHOWING LOCATION OF WORK AND DIMENSIONS OF FILL SITE
- A SEPARATE MAP SHALL BE REQUIRED DEPICTING EXISTING ELEVATIONS ON 25' GRID WITH PROPOSED FINAL ELEVATION AT GRID POINTS OR GRADING PLAN PREPARED BY A LICENSED INDIVIDUAL AT A MINIMUM INTERVAL OF TWO (2) FEET
- A COPY OF YOUR INSURANCE CERTIFICATE TO BE KEPT ON FILE IN THIS OFFICE WITH THE PERMIT

ONCE THE PERMIT HAS BEEN APPROVED AND PRINTED, YOU WILL BE ASKED TO SIGN IT. AT THAT TIME YOU WILL BE REQUIRED TO PAY THE APPROPRIATE FEES AND DEPOSIT.

SIGNATURE OF APPLICANT _____

DATE ____/____/____