



Town of North Castle Building Department

17 Bedford Road

Armonk, New York 10504-1898

Telephone: (914) 273-3000 ext. 44 Fax: (914) 273-3554

www.northcastleny.com

Commercial Building Permit Application

NOTE: TWO (2) SETS OF ALL REQUIRED DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION

Section I- PROJECT ADDRESS: _____ DATE: _____

Section II- CONTACT INFORMATION: *(Please print clearly. All information must be current)*

APPLICANT: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

PROPERTY OWNER: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

Section III- DESCRIPTION OF WORK: *(Notice: Any site work or change of use requires approval from the Planning Board, unless the proposed action qualifies as a minor site plan amendment pursuant to ~~\$355-42~~ of the Town of North Castle Code.)*

Section IV- USE AND OCCUPANCY:

EXISTING/ CURRENT USE: _____ PROPOSED USE: _____

Section V- FILLING & ROCK CHIPPING: *(Filling is defined as all commonly used materials for construction delivered to a site for the purpose of filling in land or regrading or use in construction.)*

1. Will there be any fill/ bank run brought in? ☐ No

☐ Yes, how many yards of fill over 50 yards? _____

☐ Yes, how many yards of run of bank, subbase bedding, road base and trench back fill over 250 yards? _____

B. Will there be any rock chipping? ☐ No ☐ If Yes, Please file a Rock Chipping application.

Section VI- PERMIT FEES: \$200 application fee, \$250 certificate fee and \$20 per thousand cost of construction, rounded up to the nearest thousand. Fill permits require \$125 application fee plus \$3 per yard. All fees are doubled when legalizing work. All fees are due at time of submission.

ESTIMATED COST OF CONSTRUCTION *(Based on fair market value labor & materials)* \$ _____

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Section VI- PERMIT FEES: *(Continued)*

AFFIDAVIT OF CONSTRUCTION COST: This affidavit must be completed by the Design Professional if the estimated cost is \$20,000 or more for any structural work. Unless designed prescriptively under NYS code.

I _____ do hereby affirm and certify as follows: (i) I am the architect/engineer (circle one) licensed by the State of New York; (ii) I have reviewed the plans, drawings and specifications for this application and am fully familiar with the proposed construction; (iii) based on my experience, I estimate the total cost of construction including all labor, all materials, all professional fees and all associated costs to be approximately \$_____, and (iv) pursuant to Penal Law 210.45, I acknowledge that a false statement made knowingly is a Class A misdemeanor.

Signature: _____ Date: _____

Sign and Affix Seal Here

Section VI- REQUIRED NSURANCES:

All Insurances that are being submitted, must be on NYS approved forms. Liability Insurance, an Acord form. Workers Compensation must be submitted on either a CE-200, C-105.2 or SI-12 and Disability Insurance must be submitted on a CE-200, DB-120.1 or DB-155. Please list the Town of North Castle as certificate holder. ***(Pease note, ACORD forms are NOT acceptable proof of NYS workers Compensation coverage.)***

Section VII- CONTACT INFORMATION: *(Please print clearly. All information must be current)*

ARCHITECT/ ENG: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

CONTRACTOR: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

ELECTRICIAN: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

PLUMBER: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

HVAC : _____

ADDRESS: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

Section VIII- APPLICANT CERTIFICATION:

I hereby certify that I have read the instructions & examined this application and know the same to be true & correct. All provisions of laws & ordinances covering this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or land use or the performance of construction. I also agree to receive recurring text messages pertaining to my application, permit and or inspections. Msg & Data rates may apply.

Signature: _____ Date: _____

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Section IX- AFFIDAVIT OF OWNER AUTHORIZATION: (To be notarized)

STATE OF NEW YORK }

COUNTY OF WESTCHESTER } SS:

The applicant _____ has proper consent from said owner to make this application as submitted and said owner agrees to all terms and conditions placed upon same.

Owner's Name (PRINT) _____ Owner's Signature _____

Sworn to before me this _____ day of _____, 20_____

Notary Signature _____

Notary Stamp Here

OFFICE USE ONLY

Building Department Checklist:

☐ Work. Comp. ☐ Liability. Ins. ☐ Disability ☐ Two Sets of Documents

☐ Permit Fee _____ Payment: ☐ Check #: _____ ☐ Cash ☐ Credit Card

Name on check: _____

Received By: _____ Application #: _____

BUILDING INSPECTOR APPROVAL

Has all the conditions of the Planning Board been met? ☐ Yes ☐ NA

Has Engineering approval been issued? ☐ Yes ☐ NA

Is WCDH approval required for septic or well? ☐ Yes ☐ NA

Is a Flood Development permit required? (*Only if the structure or any work is within the Flood Plain.*) ☐ Yes ☐ No

Reviewed By: _____ Date: _____ Building

Inspector Approval: _____ Date: _____

Conditions: