



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 INSURANCES:

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. ***(Please 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: