



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

HVAC Permit 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- REQUIRED LICENSE: All contractors are required to submit a copy of their Westchester County Home Improvement license.

Section IV- 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 an acceptable proof of NYS workers Compensation coverage.)***

Section V- DESCRIPTION OF WORK:

Section VI- PERMIT FEES: *(Notice: If this application is associated with a building permit, do not proceed further. The applicable fee is \$125, if not, continue to section VII.)*

Section VII- PERMIT FEES: \$125 application fee, \$100 certificate fee and \$16 per thousand cost of construction, rounded up to the nearest thousand.

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

