



TOWN OF NORTH CASTLE

Building Department

17 Bedford Road

Armonk, New York 10504

Telephone: 914-273-3000 ext. 44

northcastleny.com

BUILDING DEPARTMENT COMPLAINT FORM

Complainant Information

(Anonymous complaints may not be accepted. All information is confidential to the extent permitted by law.)

- Name: _____
- Address: _____
- City / State / Zip: _____
- Phone Number: _____
- Email: _____

Property Information (Location of Complaint)

- Property Address: _____
- Owner's Name (if known): _____

Nature of Complaint

(Please check all that apply)

- Work without a permit
- Unsafe structure / condition
- Zoning violation (use of property not permitted)
- Construction noise / hours of work
- Illegal occupancy / apartment
- Property maintenance
- Other: _____

Description of Complaint

(Provide as much detail as possible: dates, times, what was observed, names of contractors if known, etc.)

Supporting Evidence

Photographs attached
 Other documents attached

For Office Use Only

- Date Received: _____
- Received By: _____
- Complaint Number: _____
- Assigned To: _____
- Action Taken: _____