



## 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

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#### 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: \_\_\_\_\_
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#### Property Information (Location of Complaint)

- Property Address: \_\_\_\_\_
  - Owner's Name (if known): \_\_\_\_\_
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#### 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: \_\_\_\_\_
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## Description of Complaint

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

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## Supporting Evidence

- ☐ Photographs attached
- ☐ Other documents attached

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## For Office Use Only

- Date Received: \_\_\_\_\_
- Received By: \_\_\_\_\_
- Complaint Number: \_\_\_\_\_
- Assigned To: \_\_\_\_\_
- Action Taken: \_\_\_\_\_