



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

Chipping 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- SITE PLAN: Please provide a site plan indicating the location of all chipping.

Section IV- ADJACENT STRUCTURES: When chipping will occur within 50 feet of an existing home, structure, roadway, pool, utility or other facility, the Building Inspector may request that a prechipping inspection be performed by the applicant. The prechipping inspection shall provide reports, photographs and other documentation delineating the existing conditions of such buildings, structures, utilities or facilities. Please contact the Building Inspector prior to submission.

Provided: Yes [] No [] There are no adjacent structures within 50 Feet of the chipping site.

Section V- Notice of Intent to Chip: Notice of chipping shall be sent by first-class mail to all property owners within a distance of 500 feet of all property lines of the property on which the chipping is to take place. Notice of chipping shall be mailed by the applicant at least 10 days before chipping shall begin. Proof of mailing to all required property owners shall be demonstrated by providing the Town with a certificate of mailing (PS Form 3817 or 3877). A list of addresses can be received from the tax accessor. Shall be provided with the application.

Section VI- PERMIT FEES: (\$250)

Section VII- HOURS OF OPERATION: Chipping shall be limited to the hours of 8:30 AM to 4:00 PM, Monday through Friday. Rock chipping is prohibited on Saturdays, Sundays and all legal holidays.

Section VIII- CONTRACTOR:

NAME: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

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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.

Signature: _____ Date: _____

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Building Department Checklist:

☐ GC License ☐ Work. Comp. ☐ Liability. Ins. ☐ Disability ☐ Two sets of documents

☐ Permit Fee **\$250** _____ Payment: ☐ Check #: _____ ☐ Cash ☐ Credit Card

Name on check: _____

Received By: _____

BUILDING INSPECTOR APPROVAL

Reviewed By: _____ Date: _____

Building Inspector Approval: _____ Date: _____

Conditions: