



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: (Any Site Work or Change of Use requires approval of the Planning Board unless the proposed action is a minor site plan amendment pursuant to section 355-42 of the Town of North Castle code.)

Section IV- USE AND OCCUPANCY:

EXISTING/ CURRENT USE: _____ PROPOSED USE: _____

Section IV- FILLING & ROCK CHIPPING:

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 V- PERMIT FEES: (\$200 application fee, \$20 per \$1000 cost of construction rounded up and a \$250 CO fee. Fill will be assessed at \$125 plus \$3 a yard. All fees are doubled when legalizing work.)

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

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Section V- (Continued)

AFFIDAVIT OF CONSTRUCTION COST: This affidavit must be completed by the Design Professional if the estimated cost is \$20,000 or more.

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- INSURANCES THAT ARE REQUIRED TO BE SUBMITTED:

All Insurances that are being submitted, must be on NYS approved forms. Liability Insurance must be submitted on 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. **(Pease 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: _____

PLUMBER: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

ELECTRICIAN: _____

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.

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 Seal

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Zone: _____ Section: _____ Block: _____ Lot: _____

Building Department Checklist:

Does this permit require Planning Board approval? ☐ Yes ☐ No

☐ GC License ☐ Work. Comp. ☐ Liability. Ins. ☐ Disability ☐ Two Sets of Documents

☐ Permit Fee _____ Payment: ☐ Check #: _____ ☐ Cash ☐ Cash

Name on check: _____

Received By: _____ Application #: _____

BUILDING INSPECTOR APPROVAL

Has all the conditions of the Planning Board been met? ☐ Yes ☐ NA

Is a Flood Development permit required? ☐ Yes ☐ No

Is a Operating permit required? ☐ Yes ☐ No

Reviewed By: _____ Date: _____

Building Inspector Approval: _____ Date: _____

Conditions: _____