



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

Hot Work 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:

Section IV- SCHEDULE:

Start Date _____ Start Time _____ End Date _____ End Time _____

Section V- CONTACTOR INFORMATION: (Please print clearly. All information must be current)

CONTRACTOR: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

Section VI- PERMIT FEES: (\$150 app fee)

Section VII- 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: _____

Town of North Castle Building Department

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Building Department Checklist:

[] Permit Fee _____ Payment: [] Check #: _____ [] Cash [] Credit Card

Name on check: _____

Received By: _____ Application No.: _____

BUILDING INSPECTOR APPROVAL

Reviewed By: _____ Date: _____

Building Inspector Approval: _____ Date: _____

Conditions: _____



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Code Defined Hot Work/ Work Notice Checklist

Prior to work-boxes #1-9 shall be "Yes" before Code Defined Hot Work is permitted to start. Check list shall be posted at the job site and maintained for a minimum of 48 hours after completion of work.

1. Equipment is in good repair: ☐ Yes ☐ No
2. Site is clear of combustibles (35' radius): ☐ Yes ☐ No
3. Non-removable combustibles are protected: ☐ Yes ☐ No
4. Openings are protected: ☐ Yes ☐ No
Opposite sides of walls _____ Floor _____ Ceiling _____
5. Floors are clean of dust and debris ☐ Yes ☐ No
6. Hazards posed by conductive heat transfer have been evaluated and made safe – opposite sides of floors/ceilings/walls: ☐ Yes ☐ No
7. Fire watches, where required, are assigned: ☐ Yes ☐ No
8. Name of Fire Watch Personnel: _____
9. **Building Management Approved** actions taken to prevent accidental activation of suppression and detection equipment: ☐ Yes (Go to 8a) ☐ No
8a. Action(s) taken: _____
10. Who notified: ☐ Utilities ☐ Building Management ☐ Other (Specify): _____
11. Appropriate fire extinguishers are operable and available: ☐ Yes ☐ No

Minimum 2A-20B-C required for Hot Work Fire Watch

Type: Water _____ ABC _____ Other (Specify): _____

12. Review of area done; Date: _____ Time: _____ Initials: _____

Signature(Print) : _____ Date: _____

At the completion of the work day– All appropriate notifications made (see 8a) and alarm systems returned to normal service. ☐ Yes

Signature (Person completing): _____ Date: _____