



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

APPLICATION FOR TEMPORARY CERTIFICATE OF OCCUPANCY

Date: _____

Building Permit#: _____

Applicant's Name : _____ Signature: _____

Applicant's Address: _____

Applicant's Telephone #: _____ Mobile#: _____

Email: _____

Owner's Name & Address (If different): _____

Location of Property: _____

Prior to the issuance of a Temporary Certificate of Occupancy (TCO) by the Building Inspector, an inspection shall be conducted to verify that all life-safety measures are in place. These health and safety measures including, but not limited to: all electrical systems have been installed and inspected followed by the issuance of an electrical certificate by an approved agency; the heating system(s) have been installed in accordance with the manufacturer's recommendations; a minimum of one fully-operational bathroom and kitchen including working hot and cold water; all smoke and carbon monoxide detectors have been installed and are working properly; an adequate, code-complaint means of egress is available; and if applicable, the well and septic system has been approved by the Westchester County Department of Health.

The TCO shall be in effect for a period of time not to exceed six months. During the six month period, the permit holder shall take all necessary action(s) towards achieving full-compliance in accordance with all applicable provisions of the NYS Uniform Building and Energy Code.

OFFICE USE ONLY

Amount Collected: ☐ \$200 Residential; for each 45 days ☐ \$400 Commercial; for each 45 days

Received By: _____

Building Inspector approval:

Is this a renewal? ☐ Yes ☐ No

Approved By: _____

Date: _____

Conditions: