



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

Outdoor Dining 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- Location:

1. Please provide a site plan showing the proposed layout of seating and location of all furnishing. Yes No
2. Is the proposed dining area on public property? Yes No If yes, please contact us for identification form.
3. Size of proposed space in sq. ft. _____
4. What is the approved capacity of the indoor dining area. _____
5. What is the proposed capacity of the outdoor dining area. _____
6. What months will you be operating the outdoor dining? _____ to _____.
7. What days of the week will you be operating the outdoor dining? _____ to _____.
8. What are the hours of operation for the outdoor dining? _____ to _____.

Section IV- Fee: \$100 application fee. \$500 deposit if the dining area is located on public property.

Section V- 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 application 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 VI- 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 Here



OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

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

Name on check: _____

Work. Comp. Liability. Ins. Disability Two sets of documents NA

Received By: _____

BUILDING INSPECTOR APPROVAL

Reviewed By: _____ Date: _____

Building Inspector Approval: _____ Date: _____

Conditions: _____

