

## TOWN OF NEW CASTLE BUILDING DEPARTMENT

## 200 SOUTH GREELEY AVENUE CHAPPAQUA, NEW YORK 10514

## TELEPHONE 914 - 238-4771

xamined Date	
Approved Date	
Approved By(Building Inspector):	
APPLICATION FOR A CONSTRUCTION PERMIT	
Requirements for Obtaining a Construction Permit:	
The following items must be submitted in order to obtain a Building Permit unless waived by the Building Inspector.	
1. One Building Permit application.	
2. One Affidavit signed and sealed by architect or engineer, (notarized) 3. Two copies of the survey (signed and sealed)	
<ul> <li>3. Two copies of the survey (signed and sealed)</li> <li>4. Two sets of construction drawings and specifications, including elevations, foundation plan, floor plans, and cross sections.</li> </ul>	
Mechanical, electrical or plumbing drawings as required by the Building Inspector. (signed and sealed)  5. Permit fee.	
6. Architectural Board approval (check filing date), and photographs of existing structure.	
7. Board of Health approval.	
8. Two copies of sprinkler system.	
<ol> <li>Other permits may be required including steep slopes, wetlands and tree removal.</li> <li>Property Limiter</li> </ol>	
a) Print Name:	
Address:	
b) Telephone No.:	
c) Signature of Owner	
2. Location and Description of Property	
a) Street Location:	
b) Tax Designation: Section	
c) Area of Lot: Acres or Square Feet	
d) Zone District:	
3. Construction type and location on property	
a) State type of construction:	
one-family house:	
Commercial: Tennis Court:	
House Addition:	
Other:	

	bì	Give dimensions from construction to lot I	ines				
		Front Left Side	Rig	ght Side		Rear	•••••
I. Co	nst	truction Cost and fee					
	a)	What is the estimated cost of construction	(exclusive of lot,	grading and	planting) \$	• • • • • • • • • • • • • • • • • • • •	
		(NOTE: The estimated cost shall include a and labor which may be donated gratis.)	II labor, material,	scaffolding,	fixed equipment, pro	ofessional fees,	and material
	ы	Permit fee: \$		c) Square	: feet:		
5. Ag	ent	ts:					
	a)	Name of Registered Architect	•••••••••••••••••••••••••••••••••••••••	• • • • • • • • •	N.Y.S. L	icense No	· • • • • • • • • • • • • • • • • • • •
		Address	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••	
		Telephone No	•••••				
	ы	Name of Professional Engineer	• • • • • • • • • • • • • • • • • • • •		N.Y.S. L	icense No	
		Address			•••••••	• • • • • • • • • • • • • • • • • • • •	
		Telephone No	· · · · · · · · · · · · · · · · · · ·				
	c)	Name of Builder	• • • • • • • • • • • • • • • • • • • •	• • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • •
		Address					
		Telephone No					
	d)	Who will supervise the work — Builder (	)	Architect	()	Engineer	()
		Owner (	)	Other	()		
	e)	The State Workman's Compensation Law following information:	provides that bef	ore a Buildin	g Permit is issued, th	ne builder, shall	produce the
		Name of Compensation Insurance Carrier	· · · · · · · · · · · · · · · · · · ·		•••••	• • • • • • • • • • •	
		No. of Policy					