



Town of New Castle

200 South Greeley Avenue, Chappaqua NY 10514 • Ph. (914) 238-4723 • Fax (914) 238-5177
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APPLICATION FOR BUILDING PERMIT

Examined Date _____ 20____

Approved Date _____ 20____

Approved By _____ 20____

(Building Inspector)

The following items must be submitted for initial review unless waived by the Building Inspector

1. One Building Permit application, signed by property owner.
2. Two copies of the survey showing new structure to scale and location of septic.
3. Two sets of construction drawings and specifications including elevations, foundation plan, floor plans and cross sections. Mechanical, electrical or plumbing drawings as required by the Building Inspector. (Signed & Sealed).
4. Permit fee: (see construction cost and fee table). HVAC, Electrical, Plumbing requires separate permits.
5. Westchester County Board of Health approval necessary for new residences and for bedroom additions.
6. Three copies of fire sprinkler system design plan, if applicable. See NFPA-13.
7. Other permits may be required including Steep Slopes, Wetlands and Tree Removal.
8. If Architectural Review Board is necessary, application must be submitted one week prior to meeting with photographs of all elevations of existing structure, Google Earth, and front elevation of adjacent neighbors' residences. Submittal shall be accompanied by a CD or DVD of entire application in single .PDF format.
9. F.A.R and Coverage Calculation Worksheet.
10. TRUSS Certification

(DO NOT WRITE ABOVE LINE – FOR OFFICIAL USE ONLY)

1. Property Owner

a) Print Name _____ b) Signature of Owner: _____

c) Mailing Address _____

d) Telephone Number: _____ e) E-Mail Address _____

2. Location and Description of Property

a) Street Location: _____

b) Tax Designation: Section _____ Block _____ Lot _____

c) Area of Lot: _____ acres _____ square feet

d) Zoning District: 1/4 acre 1/2 acre 1 acre 2 acre other _____

3. Construction Type and Location on Property

a) Type of Construction (check one and fill appropriate sub-section).

New Residence

Bedrooms _____ # Bathrooms _____ Finished Basement Yes No

#Decks/Porches _____ Garage: # of bays _____ attached detached

Addition /Alterations to existing residence (please be specific): _____

Swimming Pool (provide dimensions): length _____ width _____

Tennis Court (provide dimensions): length _____ width _____

Commercial (# stories, intended use) _____

Accessory Building (intended use): _____

Retaining Wall (indicate height): _____ Patio (indicate square footage) _____

Filling and Grading other (indicate type) _____

b) Give Dimensions from Construction to Lot Lines

Front _____ Left Side _____ Right Side _____ Rear _____

c) Area of Disturbance: _____ square feet

d) Will you be cutting trees? Yes No How many _____

e) Are you within a wetland buffer? Yes No

f) Are you displacing a slope greater than 15 percent? Yes No

g) Is the property located in a Conservation Subdivision? Yes No

4. Construction Cost and Fee

The estimated cost shall include all labor, material, scaffolding, fixed equipment, professional fees, filling and grading, miscellaneous site work and material and labor which may be donated gratis.

a) What is the estimated cost of construction, (exclusive of lot)? \$ _____

What is the estimated cost of site work? \$ _____

What is the total estimate cost of construction? \$ _____ (sum of above)

b) Total square feet of new construction: _____ square feet

Basement _____ First Floor _____ Second Floor _____ Attic _____

c) Permit fee: \$ _____

Res. Addition/Alteration/Renovation: \$100 for 1st \$1,000 in construction cost; \$15 each add'l \$1,000

New Residence: \$100 for 1st \$1,000 in construction cost; \$15 each add'l \$1,000

New Alt/Add. For Commercial
Multi-family, Religious
& Public assembly \$150 for 1st \$1,000 in construction cost; \$18 each add'l \$1,000

5. Agents

a) Name of Registered Architect _____ NYS License # _____

Address _____

Office# _____ Cell # _____

E-Mail _____

b) Name of Professional Engineers _____ NYS License # _____

Address _____

Office# _____ Cell # _____

E-Mail _____

c) Name of Builder _____ West. Co. License # _____

Address _____

Office# _____ Cell # _____

E-Mail _____

d) Who Will Supervise the Work (check one) - Builder Architect Engineer Owner Other

Main Contact Number _____ & E-mail _____

e) The State Workmen's Compensation Law provides that before a Building Permit is issued, the builder shall produce evidence of insurance by providing a copy of the Workman's Compensation Certificate issued by the Policy Carrier, Form C-105.2.

SIGNATURE OF APPLICANT