

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 Revision to Approved Plans

NOTE: TWO (2) SETS OF ALL REQUIRED DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION with a \$75 fee

Permit No.: _____ Date: _____

Project Address: _____

Applicants Name: _____

Applicants Signature: _____

Phone No.: _____ Mobile: _____

Email: _____

Architect/ Engineers Name: _____

Phone No.: _____ Mobile: _____

Email: _____

Description of Revision: *(In detail. If there are any exterior changes, new approvals may be required from the RPRC or ARB.)*

Applicants Certification:

I hereby certify that I understand that this application does not permit the revised work without the express consent and approval from the Town of North Castle Building Department.

Signature: _____ Date: _____

OFFICE USE ONLY

Fee: \$75 Payment: Check #: _____ Credit Card Cash Two Sets of Documents

Name on check: _____ Received By: _____

Are any exterior changes proposed that would require new approvals from the RPRC or ARB? Yes NA

Reviewed By: _____ Date: _____

Building Inspector Approval: _____ Date: _____