



## 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](http://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 dinning 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



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### **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: \_\_\_\_\_