Town of New Castle

200 South Greeley Avenue, Chappaqua NY 10514 ● Ph. (914) 238-4723 ● Fax (914) 238-5177
e-mail: building@mynewcastleny.gov

APPLICATION FOR A DEMOLITION PERMIT

DATE ISSUED _____/_____/_____

APPROVED BY _____
(Building Inspector)

*****APPROVAL FROM CON-EDISON UTILITIES REQUIRED*****

Property Owner: _____

Location of Property: _____

Home No. _____ **Cell No.** _____

Zoning District: ☐ ¼ acre ☐ ½ acre ☐ 1 acre ☐ 2 acre ☐ other_____

Tax Map Designation: **Section** _____ **Block** _____ **Lot** _____

Applicant's Name _____

Applicant's Address _____

Applicant's Phone No. _____ **Cell No.** _____

E-Mail Address _____

Description of structure to be demolished: _____

_____

Square footage of structure to be demolished: _____

Estimated Demolition Cost: $ _____ ** Fee is based on cost: Residential ($150 for first thousand in cost/$18 for each additional thousand; Commercial- $200/first thousand in cost/$20 each additional)*

Demolition Permit Fee $ _____

*****Certificate of Compliance Application Must be submitted with Demo Permit Application***

_____ _____

SIGNATURE OF HOMEOWNER **SIGNATURE OF APPLICANT**