



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 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: 1/4 acre 1/2 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 (\$100 for first thousand in cost/\$15 for each additional thousand; Commercial- \$150/first thousand in cost/\$18 each additional)

Demolition Permit Fee \$ _____

SIGNATURE OF HOMEOWNER

SIGNATURE OF APPLICANT