



TOWN OF NORTH CASTLE

WESTCHESTER COUNTY
17 Bedford Road
Armonk, New York 10504-1898

RESIDENTIAL PROJECT
REVIEW COMMITTEE
Adam R. Kaufman AICP, Chair

Telephone: (914) 273-8625
Fax: (914) 273-3554
www.nortcastleny.com

RESIDENTIAL PROJECT REVIEW COMMITTEE (RPRC) PROCEDURES

The RPRC was created to streamline the residential review process and quickly reviews all residential projects. Projects determined to have no impact are permitted to apply to the Building Department while more complicated projects are directed to the appropriate review board(s).

THE RPRC reviews all applications for residential permits (including, but not limited to, buildings permits, steep slope permits, wetlands permits and pool permits), but excluding permits only relating to interior alterations/renovations.

The RPRC conducts internal meetings on the first and third Tuesday of the month from 3:30 - 4:30 p.m.

To get on an RPRC agenda you must submit the following to the Building Department:

1. Complete all items on the RPRC checklist
2. Completed Building Permit application form.
3. Building Permit Application fee of \$30. Check made payable to: Town of North Castle
4. RPRC Application fee. Check made payable to: Town of North Castle.
5. Floor Area and Gross Land Coverage work sheets (with backup information)
6. Plans for your project according the RPRC Checklist
7. Submit three individual sets of everything listed above to the Building Dept.

Once your application has been submitted to the Building Department, you may follow your application on the RPRC webpage located at <http://www.northcastleny.com/residential-project-review-committee-rprc>

Determination Letters are posted on the website (click on determination letters, find the date of your meeting and click on the name of your project - Letters are posted the day after the meeting, typically by 1:00 p.m.)



**Town of North Castle
Residential Project Review Committee**

17 Bedford Road Armonk, New York 10504
(914) 273-3542 (914) 273-3554 (fax)

RPRC COMPLETENESS REVIEW FORM

This form represents the standard requirements for a completeness review for all Residential Project Review Committee submissions. Failure to provide all of the information requested will result in a determination that the application is incomplete.

Project Name on Plan:

Initial Submittal Revised Preliminary

Street Location:

Zoning District: _____ Property Acreage: _____ Tax Map Parcel ID: _____

Date: _____

DEPARTMENTAL USE ONLY

Date Filed: _____ Staff Name: _____

Preliminary Plan Completeness Review Checklist

Items marked with a "☒" are complete, items left blank "☐" are incomplete and must be completed, "NA" means not applicable.

- 1. Plan prepared by a registered architect or professional engineer
- 2. Aerial photo (Google Earth) showing the applicant's entire property and adjacent properties and streets
- 3. Map showing the applicant's entire property and adjacent properties and streets
- 4. A locator map at a convenient scale
- 5. The proposed location, use and design of all buildings and structures (including floor plans and elevations)
- 6. Existing topography and proposed grade elevations
- 7. Location of drives
- 8. Location of all existing and proposed site improvements, including drains, culverts, retaining walls and fences

RPRC COMPLETENESS REVIEW FORM

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- 9. Description of method of water supply and sewage disposal and location of such facilities
- 10. The name and address of the applicant, property owner(s) if other than the applicant and of the planner, engineer, architect, surveyor and/or other professionals engaged to work
- 11. Submission of a Zoning Conformance Table depicting the plan's compliance with the minimum requirements of the Zoning District
- 12. If a tree removal permit is being sought, submission of a plan depicting the location and graphical removal status of all Town-regulated trees within the proposed area of disturbance. In addition, the tree plan shall be accompanied by a tree inventory includes a unique ID number, the species, size, health condition and removal status of each tree.
- 13. If a wetlands permit is being sought, identification of the wetland and the 100-foot wetland buffer.

_____ On this date, all items necessary for a technical review of the proposed site plan have been submitted and constitute a COMPLETE APPLICATION.

APPLICATION FOR BUILDING PERMIT

TOWN OF NORTH CASTLE BUILDING DEPARTMENT

17 Bedford Road, Armonk, NY 10504 (914) 273-8625

OFFICE USE ONLY

OFFICE USE ONLY

PERMIT FEE: \$ _____

C. O. FEE: \$ _____

TOTAL FEE: \$ _____



ARB FEE: \$ _____

APPLICATION FEE: \$ _____

TRACKING #: _____

APPLICATION DATE: ____/____/____

PROPERTY LOCATION: _____

Section/Block/Lot: _____

Zoning Dist.: _____



DESCRIPTION OF WORK:

ESTIMATED CONSTRUCTION VALUE: \$ _____

WOULD YOU PREFER TO RECEIVE COMMUNICATIONS (SENT TO THE ADDRESSES YOU PROVIDE BELOW) FROM THE BUILDING DEPARTMENT IN AN EMAIL, RATHER THAN THROUGH STANDARD MAIL? Yes No

Owner: _____ **Phone:**(____)____-____

Address: _____ **Email:** _____

Architect: _____ **Phone:**(____)____-____

Address: _____ **Email:** _____

License #: _____

Builder: _____ **Phone:**(____)____-____

Address: _____ **Email:** _____

License #: _____

Licensed Professional: _____ **Phone:**(____)____-____

Address: _____ **Email:** _____

License #: _____

Company Performing Work: _____ **Phone:**(____)____-____

Address: _____ **Email:** _____

License #: _____

Surveyor: _____ **Phone:**(____)____-____

Address: _____ **Email:** _____

License #: _____ **Date of Survey:** ____/____/____

If the Planning Board has granted you approval previously, on what dates were you approved? (List Below)

_____ SQ. FT. NEW BASEMENT/CELLAR

_____ SQ. FT. NEW FIRST (1ST) FLOOR

_____ SQ. FT. NEW SECOND (2ND) FLOOR

_____ SQ. FT. NEW THIRD (3RD) FLOOR

_____ TOTAL SQ. FT. OF ALL *NEW* CONSTRUCTION

_____ NUMBER OF **BEDROOMS** TO BE CONSTRUCTED, ADDED, RENOVATED OR ALTERED

_____ NUMBER OF **BATHROOMS** TO BE CONSTRUCTED, ADDED, RENOVATED OR ALTERED

_____ ELECTRICAL WORK IS INVOLVED IN THIS PROJECT

_____ PLUMBING WORK IS INVOLVED IN THIS PROJECT

_____ HVAC WORK IS INVOLVED IN THIS PROJECT

YOU MUST SHOW ON THIS APPLICATION THE NUMBER OF BOARD OF HEALTH APPROVED BEDROOMS FOR THIS LOCATION: _____

It is understood and agreed that any permit issued pursuant herein is on the express condition that all provisions of the New York State Fire Prevention and Building Codes and all Zoning Ordinances of the Town of North Castle and any and all amendments thereto shall apply and be complied with whether specified herein or not. No changes to plans or construction shall be made without prior approval of the building inspector and licensed professionals.

By signing this application you agree to strive to close the permit as soon as work has completed in order to expediently receive a Certificate of Occupancy or Compliance.

PRINT OWNER / APPLICANT NAME: _____

OWNER / APPLICANT SIGNATURE: _____

~ TO SCHEDULE INSPECTIONS, PLEASE CALL THE OFFICE DURING BUSINESS HOURS ~

FOR ACCESS TO THE TOWN CODE, ADDITIONAL APPLICATIONS, SUBMISSION CHECKLISTS,
AND MUCH MORE, PLEASE VISIT OUR WEBSITE AT

NORTHCASSTLENY.COM



TOWN OF NORTH CASTLE
WESTCHESTER COUNTY
17 Bedford Road
Armonk, New York 10504-1898

PLANNING DEPARTMENT
Adam R. Kaufman, AICP
Director of Planning

Telephone: (914) 273-3542
Fax: (914) 273-3554
www.northcastleny.com

GROSS LAND COVERAGE CALCULATIONS WORKSHEET

Application Name or Identifying Title: _____ Date: _____

Tax Map Designation or Proposed Lot No.: _____

Gross Lot Coverage

1. Total lot Area (Net Lot Area for Lots Created After 12/13/06): _____
2. **Maximum** permitted gross land coverage (per Section 213-22.2C): _____
3. **BONUS** maximum gross land cover (per Section 213-22.2C):
Distance principal home is beyond minimum front yard setback
_____ x 10 = _____
4. **TOTAL Maximum Permitted gross land coverage** = Sum of lines 2 and 3 _____
5. Amount of lot area covered by **principal building**:
_____ existing + _____ proposed = _____
6. Amount of lot area covered by **accessory buildings**:
_____ existing + _____ proposed = _____
7. Amount of lot area covered by **decks**:
_____ existing + _____ proposed = _____
8. Amount of lot area covered by **porches**:
_____ existing + _____ proposed = _____
9. Amount of lot area covered by **driveway, parking areas and walkways**:
_____ existing + _____ proposed = _____
10. Amount of lot area covered by **terraces**:
_____ existing + _____ proposed = _____
11. Amount of lot area covered by **tennis court, pool and mechanical equip**:
_____ existing + _____ proposed = _____
12. Amount of lot area covered by **all other structures**:
_____ existing + _____ proposed = _____
13. Proposed **gross land coverage**: Total of Lines 5 – 12 = _____

If Line 13 is less than or equal to Line 4, your proposal **complies** with the Town's maximum gross land coverage regulations and the project may proceed to the Residential Project Review Committee for review. If Line 13 is greater than Line 4 your proposal does not comply with the Town's regulations.

Signature and Seal of Professional Preparing Worksheet

Date



TOWN OF NORTH CASTLE
WESTCHESTER COUNTY
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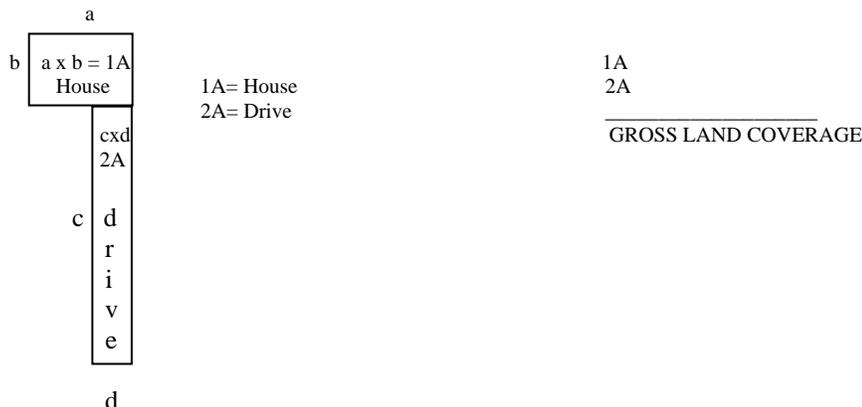
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GROSS LAND COVERAGE WORKSHEET

The following format is to be used for all applications for the purpose of demonstrating the gross land coverage of a property as necessary to show compliance with gross land coverage limitations of the Town Code.

1. Scaled worksheets are to be prepared based upon a site plan which represents existing or proposed conditions as applicable to the particular circumstances of the approval being sought. All site plans and worksheets are required to be prepared by a licensed or registered professional in the State of New York.
2. Each component of the gross land coverage is to be divided into simple polygons (squares, rectangles, etc.) each being drawn on the plan. The area of each polygon is to be shown by providing the dimensions and resulting area measurement. Each polygon is to be assigned an identifying label for reference purposes.
3. A summary table for each component is to be completed. The area of each polygon is to be listed by reference label then added, resulting in the gross land coverage for the entire site.
4. Any exception of land coverage from the gross land coverage must be identified on the floor plans and summary tables. The rationale for any exception must accompany the floor area worksheets.
5. A schematic illustration of the format is shown below



LOT AREA, NET – Lot area minus seventy five (75) percent of the area of any wetlands, waterbodies and, watercourses, but excluding any adjacent areas, all as defined in Chapter 209 Wetlands and Drainage, of the Town Code, and the area of any steep slopes, as defined Chapter 213, except that in the case of one-family lots, the deduction for steep slopes shall be only fifty (50) percent.

Lot Size	Maximum Permitted Gross Land Coverage for One-Family Dwelling Lots ¹ (square feet)
Less than 5,000 square feet	50% of the lot area
5,000 to 9,999 square feet	2,500 plus 30% of the lot area in excess of 5,000 square feet
10,000 to 14,999 square feet	4,000 plus 24% of the lot area in excess of 10,000 square feet
15,000 square feet to 0.499 acres	5,200 plus 18% of the lot area in excess of 15,000 square feet
0.5 to 0.749 acres	6,420 plus 15% of the lot area in excess of 0.5 acres
0.75 to 0.999 acres	8,050 plus 12% of the lot area in excess of 0.75 acres
1.0 to 1.999 acres	9,350 plus 9% of the lot area in excess of 1.0 acres
2.0 acres or more	13,270 plus 7.5% of the lot area in excess of 2.0 acres

*Permitted gross land coverage limitations for two-family dwelling lots in the R-2F District shall be twenty five (25) percent greater than that permitted for one-family dwelling lots.

NOTWITHSTANDING ABOVE LIMITATIONS, AN ADDITIONAL 10 SQUARE FEET OF GROSS LAND COVERAGE SHALL BE PERMITTED FOR EACH ONE FOOT OF FRONT YARD SETBACK OF THE PRINCIPAL DWELLING IN EXCESS OF THE MINIMUM FRONT YARD SETBACK REQUIRED.



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PLANNING DEPARTMENT
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FLOOR AREA CALCULATIONS WORKSHEET

Application Name or Identifying Title: _____ Date: _____

Tax Map Designation or Proposed Lot No.: _____

Floor Area

1. Total Lot Area (Net Lot Area for Lots Created After 12/13/06): _____
2. **Maximum** permitted floor area (per Section 213-22.2B): _____
3. Amount of floor area contained within first floor:
_____ existing + _____ proposed = _____
4. Amount of floor area contained within second floor:
_____ existing + _____ proposed = _____
5. Amount of floor area contained within garage:
_____ existing + _____ proposed = _____
6. Amount of floor area contained within porches capable of being enclosed:
_____ existing + _____ proposed = _____
7. Amount of floor area contained within basement (if applicable – see definition):
_____ existing + _____ proposed = _____
8. Amount of floor area contained within attic (if applicable – see definition):
_____ existing + _____ proposed = _____
9. Amount of floor area contained within all accessory buildings:
_____ existing + _____ proposed = _____
10. Proposed **floor area**: Total of Lines 3 – 9 = _____

If Line 10 is less than or equal to Line 2, your proposal **complies** with the Town's maximum floor area regulations and the project may proceed to the Residential Project Review Committee for review. If Line 10 is greater than Line 2 your proposal does not comply with the Town's regulations.

Signature and Seal of Professional Preparing Worksheet

Date



TOWN OF NORTH CASTLE
WESTCHESTER COUNTY
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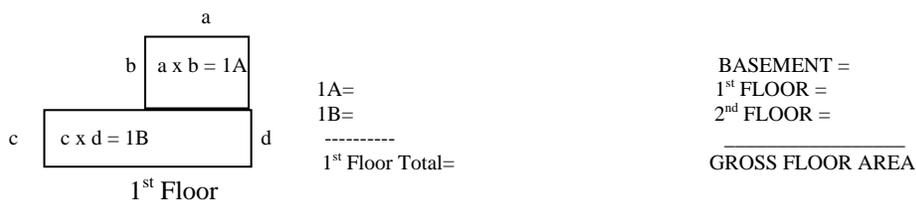
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GROSS FLOOR AREA WORKSHEET

The following format is to be used for all applications for the purpose of demonstrating the gross floor area of a building or group of buildings as necessary to show compliance with a building or group of buildings as necessary to show compliance with floor area limitations of the Town Code or as otherwise necessary to illustrate the intended or potential use of a structure.

1. Scaled worksheets are to be prepared based upon floor plans which represent existing or proposed conditions as applicable to the particular circumstances of the approval being sought. All floor plans and worksheets are required to be prepared by a licensed or registered professional in the State of New York.
2. The floor area of each floor is to be divided into simple polygons (squares, rectangles, etc.) each being drawn on the plan. The area of each polygon is to be shown by providing the dimensions and resulting area measurement. Each polygon is to be assigned an identifying label for reference purposes.
3. A summary table for each floor is to be completed. The area of each polygon is to be listed by reference label then added, resulting in the floor area for the entire floor.
4. A similar summary table is to be provided listing the total floor are of each floor within the resulting floor area of each building.
5. Any exception of floor area from the gross floor area must be identified on the floor plans and summary tables. The rationale for any exception must accompany the floor area worksheets.
6. A schematic illustration of the format is shown below.



LOT AREA, NET – Lot area minus seventy five (75) percent of the area of any wetlands, waterbodies and, watercourses, but excluding any adjacent areas, all as defined in Chapter 209 Wetlands and Drainage, of the Town Code, and the area of any steep slopes, as defined Chapter 213, except that in the case of one-family lots, the deduction for steep slopes shall be only fifty (50) percent.

FLOOR AREA, GROSS -- The sum of the horizontal areas of the several stories of the building or buildings, excluding any floor area used for off-street parking or loading purposes (except for one- and two-family residences), measured from the exterior walls or, in the case of a common wall separating two buildings, from the center line of such a common wall, and including any two-story or any enclosed porch, or one having a roof and capable of being enclosed. See the definition of "basement" for exclusion of basement/mechanical areas in nonresidential buildings from "floor area, gross." For one- and two-family residences, any attic space with a floor to ceiling height of 7.5 feet or greater shall be included as part of gross floor area, as shall those portions of any basement with a floor to ceiling height of 7.5 feet or greater if the basement is considered a "story" in accordance with one of the following three alternative measurements:

- A. Where the finished surface of the floor above the basement is more than six feet above average grade.
- B. Where the finished surface of the floor above the basement is more than six feet above the finished ground level for more than 50% of the total building perimeter.
- C. Where the finished surface of the floor above the basement is more than 12 feet above the finished ground level at any point along the building perimeter.

Lot Size	Maximum Permitted Gross Floor Area for One-Family Dwellings and Accessory Buildings ¹ (square feet)
Less than 5,000 square feet	1,875 or 50% of the lot area, whichever is greater
5,000 to 9,999 square feet	2,500 plus 25% of the lot area in excess of 5,000 square feet
10,000 to 14,999 square feet	3,750 plus 20% of the lot area in excess of 10,000 square feet
15,000 square feet to 0.499 acres	4,750 plus 15% of the lot area in excess of 15,000 square feet
0.5 to 0.749 acres	5,768 plus 10% of the lot area in excess of 0.5 acres
0.75 to 0.999 acres	6,856 plus 8% of the lot area in excess of 0.75 acres
1.0 to 1.499 acres	7,727 plus 6% of the lot area in excess of 1.0 acres
1.5 to 1.999 acres	9,034 plus 5% of the lot area in excess of 1.5 acres
2.0 to 3.999 acres	10,122 plus 4% of the lot area in excess of 2.0 acres
4.0 acres or more	13,607 plus 3% of the lot area in excess of 4.0 acres

*Permitted gross floor area for two-family dwellings in the R-2F District shall be one-third (1/3) greater than that permitted for one-family dwellings.

TOWN OF NORTH CASTLE TREE REMOVAL APPLICATION PERMIT WHEN A PERMIT IS REQUIRED

The Town of North Castle finds and declares that the preservation of Trees is necessary to protect the health, safety and general welfare of the Town of North Castle because trees provide shade, impede soil erosion, aid water absorption and retention, inhibit excess runoff and flooding, enhance air quality, offer a natural barrier to noise, provide a natural habitat for wildlife, provide screening, enhance property values and add to the aesthetic quality of the community.

A tree removal permit is required under the following circumstances:

1. **Removal of a tree within a property's regulated setback zone or landscape buffer zone (All trees 8" or greater DBH – Diameter at Breast Height)**

The regulated setback zone refers to the area of vegetative screening or landscaping measured from each property line of a residentially zoned property toward the interior of such property.

1. R-4A One-Family Residence District: 25 feet.
 2. R-2A One-Family Residence District: 15 feet.
 3. R-1.5A One-Family Residence District: 12 feet.
 4. R-1A One-Family Residence District: 10 feet.
 5. All other residential districts: 5 feet.
2. **Removal of a Significant Tree** - Any tree 24 inches or greater DBH at 4½ feet.
 3. **Removal of any tree in wetlands, within clearing lines, or Conservation Easements.**
 4. **Clearing/Thinning** - Any cutting of more than 5 trees of 8 inches in diameter or more in any one quarter-acre area, within a 12 month period with such area being measured as a square with each side measuring 104 feet.
 5. **Removal of any street tree within the Right of Way.**
 6. **Removal in any calendar year of more than ten (10) trees on any lot.**



TOWN OF NORTH CASTLE

WESTCHESTER COUNTY
17 Bedford Road
Armonk, New York 10504-1898

PLANNING BOARD
BUILDING DEPARTMENT

Tree Removal Permit Application

Telephone: (914) 273-3542 – Planning
(914) 273-8625 – Building
Fax: (914) 273-3554
www.northcastleny.com

SUBMIT TO APPLICABLE DEPARTMENT: North Castle Planning Board *or* North Castle Building Department
Town of North Castle, 17 Bedford Road, Armonk, New York 10504

Tracking # _____	For Office Use Only	Permit # _____
Date: ____/____/____		Fee: \$ _____
		Date Issued: ____/____/____

I. IDENTIFICATION OF APPLICANT Date _____

Owner: _____

Phone: _____ Email: _____

Address: _____

Applicant (if other than owner): _____

Phone: _____ Email: _____

Address: _____

Company Removing Trees: _____

Phone: _____ Email: _____

Address: _____

COST OF TREE REMOVAL \$ _____

OWNER SIGNATURE: _____

APPLICANT SIGNATURE: _____
IF DIFFERENT THAN OWNER

2. IDENTIFICATION OF SUBJECT PROPERTY

Address: _____

Abutting Street(s): _____

Tax Map Designation – Section/Block/Lot: _____

3. TYPE OF PROPOSED ACTIVITY

- ___ Removal of a tree within a property’s regulated setback zone or landscape buffer zone
- ___ Removal of a Significant Tree
- ___ Removal of any tree in wetlands, within clearing lines, or Conservation Easements
- ___ Clearing/Thinning
- ___ Removal of a Significant Tree Removal of any street tree within the Right of Way
- ___ Removal in any calendar year of more than ten (10) trees on any lot
- ___ Removal of a dangerous/hazardous tree

4. SITE PLAN OR MAP SKETCH

Please provide a copy of a site plan, if available, or a detailed map sketch with subject tree(s) to be removed clearly identified. Existing trees within the area of disturbance should be graphically depicted as being removed or remaining. Trees to be preserved should be graphically depicted as receiving tree protection measures. Each tree within the area of disturbance should be identified with a unique ID number on the site plan. In addition to the graphical depiction of each tree, a Tree Inventory should be submitted. The Tree Inventory should include the Unique ID Number, Species, Size (DBH), Health Condition, and removal status of all trees within the disturbance area.

Note: Copies of tax maps of the property are available in the Assessor’s Office.

5. TREE REMOVAL DESCRIPTION (INCLUDE HOW MANY TREES WILL BE REMOVED)

6. INSURANCE & HOME IMPROVEMENT LICENSE

Worker’s Comp _____ (Exp. Date) Liability _____ (Exp. Date) Waiver _____ (Exp. Date)

(Please have the Town of North Castle listed as the certificate holder)

A Westchester County Home Improvement License must be submitted with this application for it to be deemed complete.

7. FUTURE PLANS

Do you have any intention of doing any site work other than tree removal?

- Yes No

TOWN OF NORTH CASTLE ENVIRONMENTAL QUESTIONNAIRE

The purpose of this Questionnaire is to determine whether a Town Wetland Permit/Coverage under the NYSDEC SPDES General Permit for Stormwater Discharges is required. This form does not provide authorization to commence work.

Project Information

Project Address: _____

Sheet: _____ Block: _____ Lot(s): _____

Project Description: _____

Note: This questionnaire must be accompanied with a Plot Plan that clearly illustrates the location and dimensions of the proposed activity. Said Plot Plan must include a line which encircles the total area of proposed land disturbance and the approximate area of disturbance must be calculated (square feet). Failure to submit these items will delay review.

Owner's Information

Owner's Name: _____ Phone: _____

Owner's Address: _____

Authorized Agent's Information (if applicable)

Agent's Name: _____ Phone: _____

Agent's Address: _____

As the owner/agent (circle one), I hereby state that to the best of my knowledge, the information provided herein is accurate. In addition, I hereby grant permission to the Town's professional consultants to enter onto my property to conduct a site inspection.

Owner/Agent Name (print): _____

Owner/Agent Name (signature): _____ Date: _____

FOR TOWN USE - PLEASE DO NOT WRITE BELOW THIS LINE

-
1. The existing/proposed use is: Residential Nonresidential
 2. Is a Town Wetland Permit required? Yes No
 3. Date of RPRC Review: _____
 4. If Yes, what type of Wetland Permit is required? Administrative Planning Board
 5. Reason why a Wetland Permit is required: _____

 6. Is the project located within the NYCDEP Watershed? Yes No
 7. Area of proposed disturbance: < 5,000 s.f. 5,000 s.f. - < 1 acre ≥1 acre
 8. Will the project require coverage under the NYSDEC SPDES General Permit for Stormwater Discharges and the preparation of a SWPPP? Yes No TBD
 9. Requested Waivers: _____

Notes: _____

Signature: _____

Date: _____

Application No: _____

Fee: _____ Date: _____

ADMINISTRATIVE WETLAND PERMIT APPLICATION

TOWN OF NORTH CASTLE

17 Bedford Road
Armonk, New York 10504

Project Information

Project Address: _____

Sheet: _____ Block: _____ Lot(s): _____ Zoning District: _____ Lot Area: _____

Project Description (identify the improvements proposed within the wetland/wetland buffer):

Owner/Agent Information

Owner/Agent Name: _____ Phone: _____

Owner/Agent Address: _____ Email: _____

To Be Completed By Owner/Applicant

1. Date of RPRC Review: _____
2. Is the project located within the NYCDEP Watershed? Yes No
3. Total area of proposed disturbance: < 5,000 s.f. 5,000 s.f. - < 1 acre ≥1 acre
4. Total area of wetland: _____ and/or wetland buffer disturbance: _____
5. Total area of mitigation: _____
 Plantings Invasive species removal/monitoring No-mow zone
 Prohibition of pesticides/herbicides Other _____
6. Does the proposed action require any other permits/approvals from other agencies/Departments?
 Planning Board Town Board Zoning Board of Appeals Building Department
 Town Highway Tree Removal Sediment & Erosion Control Floodplain Activity
 NYSDEC SWPPP/NOI, NYSDEC Wetland NYCDEP WCDOH NYSDOT
7. Requested waivers: _____

Note: Initially, all applications shall be submitted with three sets of plans that illustrate the existing conditions (2' contours, well, SSDS, structures, etc.) and proposed improvements. Said plan must include a line which encircles the total area of proposed land disturbance and the approximate area of disturbance must be calculated (square feet). Mitigation for proposed impacts within the regulated area must be provided. The Town Wetland Consultant may require additional materials, information, reports and plans, as determined necessary, to review and evaluate the proposed action. Application materials outlined under §209-6 of the Town Code must be submitted, unless waived. Pursuant to §209-6D, the applicant shall be responsible for the reimbursement of consultant services related to the issuance and review of Wetland Permit Applications.

Owner/Applicant Signature: _____

Date: _____