Memorandum

TO:

Planning Department c/o Adam Kaufman Director

Town of North Castle Planning Department 17 Bedford Road Armonk N.Y. 10504

FROM:

Michael A. Testa, Jr.

SUBJECT:

Mr. and Mrs. Giocondo DiPietro

4 Gina Lane

Bedford New York 10506

Re-Proposed legalization of the removal of five (5) trees on-site done circa 2018

DATE:

July 11, 2020

Regarding the property of Mr. and Mrs. Giocondo DiPietro located at 4 Gina Lane Bedford, New York involving the legalization of the removal of five(5) trees done circa 2018; please find enclosed the following documents per your submission criteria for the Planning Board and your office:

- Tree removal Permit application
- Back up insurance information (worker's compensation, liability, disability and Westchester County Home Improvement License)
- Planning Board Escrow Affidavit (signed)
- Application for Site Plan approval
- Short Environmental Assessment Form
- Proposed tree planting plan
- Gross land coverage calculations worksheet
- Copy of "notice of violation" issued 5/11/20
- Tax parcel map by GIS (zoning) showing subject property and abutting parcels
- Tax parcel map by GIS showing wetlands (no wetlands on subject property)
- 2' topographic data by GIS of Site and surrounding properties
- Tax parcel map by GIS showing surrounding properties within 500 feet
- As-built updated property tree survey by Ward Carpenter Engineers Inc. dated 6/26/20 showing existing trees and trees removed in 2018
- Surveys for reference by Ward Carpenter Engineers Inc.

Additionally, all associated submission fees per your criteria are submitted herein

If you should have any further questions in this matter, please do not hesitate to contact me



TOWN OF NORTH CASTLE

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

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 # Date:/	For Office Use Only	Permit # Fee: \$ Date Issued://
1. IDENTIFICATION OF APPLICANT Owner: Mr. 4 mrs. Giocondo D Phone: 914-403-8130 Address: 4 Gina Lanz Beafa	Fretzo Email:	csilibort e yahoo; com
Applicant (if other than owner):	Email: ww	TESTAJIZ & gmail, com
Company Removing Trees:	Email: <u>Qc</u>	este worke yahor com
COST OF TREE REMOVAL \$ 2,0	~ ^	
OWNER SIGNATURE:APPLICANT SIGNATURE:	m Pr	Defile De

2.	IDENTIFICATION OF SUBJECT PROPERTY
Addr	ess: 4 GinA Lane Beoford New York 10506
Abut	ess: 4 Ginn Lane Benton New York 10506 ting Street(s): 331.25 west of Romo Hill Romo/Ginn Lane Intersection
Tax l	Map Designation - Section/Block/Lot: 102.01 -2-81
	Type of Proposed Activity
3.	Removal of a tree within a property's regulated setback zone or landscape buffer zone
	Removal of a Significant Tree
	Clearing/Thinning Removal of a Significant Tree Removal of any street tree within the Right of Way
	Removal of a Significant Tree Removal et al., 18 Removal in any calendar year of more than ten (10) trees on any lot
	Removal of a dangerous, mazardous and
4.	SITE PLAN OR MAP SKETCH (ATTacked) TRacked) To be
	se provide a copy of a site plan, if available, or a detailed map sketch with subject tree(s) to be
rem depi	oved clearly identified. Existing trees within the area of disturbance should be graphically depicted as acted as being removed or remaining. Trees to be preserved should be graphically depicted as acted as being removed or remaining. Trees to be preserved should be graphically depicted as
rece	iving tree protection measures. Each tree within the area of electron of each tree, a
	n a unique ID number on the site plan. In addition to the gateparts of the Unique ID Number, e Inventory should be submitted. The Tree Inventory should include the Unique ID Number, cies, Size (DBH), Health Condition, and removal status of all trees within the disturbance area.
Not	e: 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)
ezh:	eation of the Removed of fue (ETTEROS) Done CIRCH 2018 ON-51/2
7—	
6.	INSURANCE & HOME IMPROVEMENT LICENSE (Exp. Date) Waiver (Exp.
T .	orker's Comp W5/20 (Exp. Date) Liability 3241 (Exp. Date)
Da (Pl	ease have the Town of North Castle listed as the certificate noice!)
	Westchester County Home Improvement License must be submitted with 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 Done Circa 2013

BACKUP INSURANCE INFORMATION/CERTIFI CATES FOR PROPERTY LOCATED AT 4 GINA LANE BEDFORD NEW **YORK 10506 FOR BUILDING PLANNING BOARD REFERENCE**



CERTIFICATE OF

Compensation NYS WORKERS' C	COMPENSATION INSURANCE COVERAGE
1a. Legal Name & Address of Insured (use street address only)	1b. Business Telephone Number of Insured 914-234-0626
Dipietro Construction Corp. 20 Banksville Avenue Bedford, NY 10506	1c. NYS Unemployment Insurance Employer Registration Number of Insured
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)	1d. Federal Employer Identification Number of Insured or Social Security Number 133300453
Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)	3a. Name of Insurance Carrier West American Insurance Company
Town of North Castle 17 Bedford Road Armonk, NY 10504	3b. Policy Number of Entity Listed in Box "1a" XWW57279310
	3c. Policy effective period 11/05/2019 to 11/05/2020
•	3d. The Proprietor, Partners or Executive Officers are included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded.
on the INFORMATION PAGE of the workers' compensation insu this Certificate of Insurance to the entity listed above as the certificat	rance policy). The Insurance Carrier or its licensed agent will send to holder in box "2".
due to nonpayment of premiums or within 30 days in there are reast eliminate the insured from the coverage indicated on this Certificate. Certificate is valid for one year after this form is approved by the expiration date listed in box "3c", whichever is earlier.	e insurance carrier or its licensed agent, or until the policy
This certificate is issued as a matter of information only and confers	no rights upon the certificate holder. This certificate does not amend,

extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by:	John D'Amato (Print name of authorized representative or lice	ensed agent of insurance carrier)
Annroyed hy:	John D'Amato (Signature)	05/27/2020
Approved by	(Signature)	(Date)
Title:	Authorized Representative	
elephone Number of authoriz	ed representative or licensed agent of insura	nce carrier: 914-273-8511

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/27/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	ne terms and conditions of the policy, described and conditions are the second and conditions are the conditions.	certa emer	in po ıt(s).	licies may require an end	orseme	nt. A statem	ent on this c	ertificate does not confe	rights	to the
	DUCER		···		CONTA	CT Kathryn	Parola			
Αv	anti Associates, Member of Th	e H	ilb	Group of NY	PHONE	(914)	273-8511	FAX	404 41 00	
	O Business Park Drive				E-MAIL	D. EXII.		(A/C, No):	(914) 27	3-8050
Su	ite 206				ADDRE					T
Ar	monk NY 105	504						RDING COVERAGE		NAIC #
INS	JRED							rica Assurance Co.		29939
Di	pietro Construction Corp.				1	RB:NGM In:	surance Co	mpany		14788
20	Banksville Avenue				INSURE					
					INSURE			**************************************		1
Be	iford NY 105	506-	2201		INSURE					
CO	VERAGES CER	TIFIC	CATE	NUMBER: CL20527352	INSURE 1.4	RF:		REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQU	INSU	JRANO	CE LISTED BELOW HAVE BE	EN ISSU			D ABOVE FOR THE POLICY		D
	ERTIFICATE MAY BE ISSUED OR MAY PER XCLUSIONS AND CONDITIONS OF SUCH P							S SUBJECT TO ALL THE TE	RMS,	3
INSR LTR	TELEVISION OF SOCIETY	ADDL	SUBR	INITI S SUCKIN MAT HAVE BE	EN RED	OCED BY PAIL	OCLAIMS.			
LIK	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S	
2								EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
				MPZ9867C		5/22/2020	5/22/2021	MED EXP (Any one person)	\$	10,000
	CENT ACCESSATE IN CENTER OF THE CENTER OF TH							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER; X POLICY PRO-							GENERAL AGGREGATE	\$	3,000,000
	- JECI - LOC							PRODUCTS - COMP/OP AGG	S	3,000,000
	OTHER: AUTOMOBILE LIABILITY							COMPINED SINGLE LINE	\$	
	 1							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
	AUTOS AUTOS NON-OWNED			B1Z9867C		5/22/2020	5/22/2021	BODILY INJURY (Per accident)	\$	
	HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	S	
	X UMBRELLA LIAB X OCCUP								\$	
	EVCERSUAR - OCCUR							EACH OCCURRENCE	\$	5,000,000
В	CLAINIS-MADE							AGGREGATE	\$	5,000,000
	WORKERS COMPENSATION 10,000			CU29867C		5/22/2020	5/22/2021	1000	\$	
	AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	•••
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES	· (ACC	DPD 10	1 Additional Pomarka Sahadula		-117				
RE:	Permits- The Town of North	Cast	le i	s included as an ac	ay be ana lditic	nal insur	e is required) ed.			
CEF	RTIFICATE HOLDER				OANO	FI LATION	·			
	······································				CANC	ELLATION				
	Town of North Castle 17 Bedford Road				THE	ULD ANY OF TI EXPIRATION D ORDANCE WIT	ATE THEREOF	SCRIBED POLICIES BE CAN , NOTICE WILL BE DELIVER PROVISIONS.	CELLED ED IN) BEFORE
	Armonk, NY 10504				AUTHOR	IZED REPRESEN	TATIVE			
	1				A Mar	ie Pasqual	one Pa	Spa Higner	Tight	



CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave	Benefits Carrier or Licensed Incurance Agent of that Carrier		
1a. Legal Name & Address of Insured (use street address only) DIPIETRO CONSTRUCTION CORP	1b. Business Telephone Number of Insured 914-273-7905		
20 BANKSVILLE AVENUE BEDFORD, NY 10506			
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State. i.e., Wrap-Up Policy)	1c. Federal Employer Identification Number of Insured or Social Security Number 133300453		
Name and Address of Entity Requesting Proof of Coverage (Fatty Principle)	3a. Name of Insurance Carrier		
(Entity Being Listed as the Certificate Holder) Town of North Castle	ShelterPoint Life Insurance Company		
17 Bedford Road	3b. Policy Number of Entity Listed in Box "1a"		
Armonk, NY 10504	DBL276393		
7 (IIIO)III, 141 1000 4	3c. Policy effective period		
	05/04/0000		
Policy provides the following benefits:	05/21/2020 to05/20/2021		
A. Both disability and paid family leave benefits. B. Disability benefits only. C. Paid family leave benefits only. 5. Policy covers: A. All of the employer's employees eligible under the NYS Disabilit. B. Only the following class or classes of employer's employees:	y and Paid Family Leave Benefits Law.		
insured has N 13 Disability and/or Paid Family Leave Benefits insurance co	licensed agent of the insurance carrier referenced above and that the named overage as described above.		
Date Signed By			
	carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)		
Telephone Number 516-829-8100 Name and Title R	Richard White, Chief Executive Officer		
IMPORTANT: If Boxes 4A and 5A are checked, and this form is Licensed Insurance Agent of that carrier, this cert	signed by the insurance carrier's authorized representative or NYS ificate is COMPLETE. Mail it directly to the certificate holder.		
Disability and Paid Family Leave Benefits Law. It Board, Plans Acceptance Unit, PO Box 5200, Bin			
PART 2. To be completed by the NYS Workers' Compensati	on Board (Only if Box 4C or 5B of Part 1 has been checked)		
	New York pensation Board sation Board, the above-named employer has complied with the all of his/her employees.		
Date SignedBy			
	Signature of Authorized NYS Workers' Compensation Board Employee)		
Telephone Number Name and Title			

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.



Director, Consumer Protection Date of Expiration 10/13/2021 James Maisano Consumer Protection Code and is valid only upon presence of the official department seal. This license is issued in accordance with Article XVI of the Westchester County Pepartment of Consumer Protection Home Improvement License DIPIETRO CONSTRUCTION CORP. or constitution of the section of th 20 BANKSVILLE AVENUE BEDFORD, NY-10506 Departme Westchester County Precutive WC-28116-H15 License Number

Policy number:

281 505 579

Policy effective date:

October 12, 2019

Your Encompass agency is

Associated Ins Agey Of Westchester

(914) 273-8511

Fire Projection

Coverage applies only if a premium or limit is shown

Coverage Detail for 4 Gina Lane, Bedford, NY 10506

Coverages	Limits	Applicable Deductible(s)	
Property Location Limit (PLL)*	\$575,577		Premiums
*Your Property Location Limit represents co	φυγυγγ amhined	• \$5,000	\$1,936.00
 plus Tangible Personal Property *The Property Location Limit is the total arr 	\$523,252 \$52,325 nount of insurance on your dw	See PLL deductible See PLL deductible elling, contents and other structures at this leads to the structures at the	ocation.
Note: No more than 10% of the estimated re Back-Up of Sewers or Drains	tto ooo		
(Your Total Limit is shown)	\$10,000	Per Endorsement	\$40.00
Personal Liability	\$500,000		
Medical Expenses	\$5,000		W. Augest
Total Dwelling Premium			DETAILED.

Distance from fire hydrant: VLCN text

Distance from the description of the second

Mortgagee/Other Interested Parties

THE FIRST BANK OF GREENWICH

444 E Putnam Ave, Cos Cob, CT 06807-2577

Loan Number:

Type of interest: 1st Mortgagee

4 GINA LANELLC

4 Gina Lane, Bedford, NY 10506-1911

Loan Number:

Type of Interest: Additional Insured - Non-Occupant

Discounts and Charges

4 Gina Lane discounts and charges that have been applied:

 Fire Alarm Discount (local, smoke detectors, dead bolt locks, fire extinguisher)

Total Dwelling(s) Premiums and Charges

Premium for 4 Gina Lane	\$1,976.00
Your Total Premium for All Dwellings	\$1,976.00
	71,770100

EncompassOne® Special Package - Amended Policy Coverage Summary

Your policy effective date is October 12, 2019



Page 1 of 13

Summary

Policyholder/Named Insured: Glocondo G Dipietro

Mailing address: 54 Old Mount Kisco Rd Armonk NY 10504-1400

Insurance provided by: Encompass Home And Auto Insurance Company 2775 Sanders Rd. Northbrook, IL 60062-6127 Policyholder since: October 2011

Policy period:
Beginning October 12, 2019
through October 12, 2020
at 12:01 a.m. standard time

Sant South

Policy number: 281 505 579

高麗 副克里 医水脑神经神经 经济产品的证金 铁铁

24-hour claim reporting: **(800) 588-7400**

Agent:
Associated Ins Agcy Of Westchester
200 Business Park Dr
Armonk NY 10504-1733
(914) 273-8511
Producer Code: 730-032179-0000

Your policy has been changed

Your policy change is effective October 15, 2019

The deletion of one or more vehicles

Deleted vehicle: GMC ENVOY

Your premium for the current policy period has been decreased by a total of \$1,899.00.

This Coverage Summary provides you with complete policy information, including the above change, and represents your coverages currently in effect.

Important information about your policy

There is important information on how your SUM limit works, in the "Special Information" section of your Coverage Summary. Please read it carefully.





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

PLANNING BOARD SCHEDULE OF ESCROW ACCOUNT DEPOSITS

Type of Application Deposit*	Amount of Initial Escrow Account
Concept Study	\$500.00
Site Plan Waiver for Change of Use	\$500.00
Site Development Plan for:	
Multifamily Developments	\$3,000.00 plus \$100.00 per proposed dwelling unit
Commercial Developments	\$3,000.00 plus \$50.00 for each required parking space
1 or 2 Family Projects	\$2,000.00
Special Use Permit	\$2,000.00 plus \$50.00 for each
Subdivision:	required parking space
Lot Line Change resulting in no new lots	\$1,500.00
All Others	\$3,000.00 plus \$200.00 per proposed new lot in excess of two (2)
Preparation or Review of Environmental Impact Statement	\$15,000.00

If a proposed action involves multiple approvals, a single escrow account will be established. The total amount of the initial deposit shall be the sum of the individual amounts indicated. When the balance in such escrow account is reduced to one-third (1/3) of its initial amount, the applicant shall deposit additional funds into such account to restore its balance to the amount of the initial deposit.

Applicant Signature

Date:



TOWN OF NORTH CASTLE

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

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

Application for Site Development Plan Approval

Application Name

Mr. & Mrs. Giocondo Difietro (owners)

I. IDENTIFICATION OF PROPERTY OWNER, APPLICANT AND PROFESSIONAL REPRESENTATIVES

Name of Property Owner: Wo & MR	s. Giocendo DiPieTR	<u>.</u>
Mailing Address: 54 OLD Moun	T Kisco Rosa Armon	K N.y 10504
Telephone: 94-403-8130 Fax:	NA	e-mail destinonte yahoo com
Name of Applicant (if different): Mich		
Telephone: 94-760434 Fax:	Nys.	e-mail matestaje egmail, com
Is the Applicant (if different from the prop		
Yes No		
If yes, please submit affidavit sating such.	If no, application cannot be review	ewed by Planning Board
Name of Professional Preparing Site Plan:	hitects	
Address: 4 MacDenals Ave		X 1050Y
Telephone: 94-273-2774	Fax: 914-273-2776	e-mail cheis & JR anchitectercom
Name of Other Professional:	penter Engineero In	- 45 Collian Frank
Address: 76 Manaponeck A	uz WhitePlans N.y.	10601
		1655 e-mail woodcanpentencom
Name of Attorney (if any):		
Address:		
Telephone:	Fax:	e-mail

Applicant Acknowledgement

By making this application, the undersigned Applicant agrees to permit Town officials and their designated representatives to conduct on-site inspections in connection with the review of this application.

The Applicant also agrees to pay all expenses for the cost of professional review services required for this application.

It is further acknowledged by the Applicant that all bills for the professional review services shall be mailed to the Applicant, unless the Town is notified in writing by the Applicant at the time of initial submission of the application that such mailings should be sent to a designated representative instead.

Signature of Applicant:

Date: 7 ii

Signature of Property Owner:

Date: 7

MUST HAVE BOTH SIGNATURES

II. IDENTIFICATION OF SUBJECT PROPERTY

	Herten
	Street Address: 4 Gina Lane, Armont 10504
	Location (in relation to nearest intersecting street):
	331.25 feet (north, south, east or (vest)) of Round Hill Round
	Abutting Street(s):
	Tax Map Designation (NEW): Section 102.01 Block 2 Lot 8
Lic	Tax Map Designation (OLD): SectionBlockLot
•	Zoning District: 2 Total Land Area 7,002 A.
	Land Area in North Castle Only (if different)
	Fire District(s) Town Beoton School District(s) Asmonk Schools
	Is any portion of subject property abutting or located within five hundred (500) feet of the following:
	The boundary of any city, town or village? No Yes (adjacent) Yes (within 500 feet) If yes, please identify name(s):
	The boundary of any existing or proposed County or State park or any other recreation area? No Yes (adjacent) Yes (within 500 feet)
	The right-of-way of any existing or proposed County or State parkway, thruway, expressway, road or highway? No Yes (adjacent) Yes (within 500 feet) Beales Books only only leave
	The existing or proposed right-of-way of any stream or drainage channel owned by the County or for which the County has established channel lines? No Yes (adjacent) Yes (within 500 feet)
	The existing or proposed boundary of any county or State owned land on which a public building or institution is situated? No Yes (adjacent) Yes (within 500 feet)
	The boundary of a farm operation located in an agricultural district? No Yes (adjacent) Yes (within 500 feet)
	Does the Property Owner or Applicant have an interest in any abutting property? No Yes
	If yes, please identify the tax map designation of that property:
	137 BEDFORD BONKSMILL RO (SEC 102,01 Block > LOTGZ)

III. DESCRIPTION OF PROPOSED DEVELOPMENT

Proposed Use: NA Legalization of Took Romond's Dona Circa 2018
Gross Floor Area: Existing S.F. Proposed S.F.
Proposed Floor Area Breakdown:
RetailS.F.; OfficeS.F.;
Industrial S.F.; Institutional S.F.;
Other Nonresidential S.F.; Residential S.F.;
Number of Dwelling Units: sxist. Single Family Dwelling
Number of Parking Spaces: Existing 2 Required Proposed O
Number of Loading Spaces: Existing Required Proposed
Earthwork Balance: Cut C.Y. Fill C.Y. () Course
Will Development on the subject property involve any of the following:
Areas of special flood hazard? No Yes (If yes, application for a Development Permit pursuant to Chapter 177 of the North Castle Town Code may also be required)
Trees with a diameter at breast height (DBH) of 8" or greater? No Yes Tree Cutting 5 Trees were circa 2013 (If yes, application for a Tree Removal Permit pursuant to Chapter 308 of the North Castle Town Code may also be required.)
Town-regulated wetlands? No ✓ Yes (If yes, application for a Town Wetlands Permit pursuant to Chapter 340 of the North Castle Town Code may also be required.)
State-regulated wetlands? No Yes (If yes, application for a State Wetlands Permit may also be required.)

IV. SUBMISSION REQUIREMENTS

The site development plan application package shall include all materials submitted in support of the application, including but not limited to the application form, plans, reports, letters and SEQR Environmental Assessment Form. Submission of the following shall be required:

- One (1) set of the site development plan application package (for distribution to the Town Planner for preliminary review purposes).
- Once a completed preliminary site plan checklist has been received from the Planning Department, eight (8) additional sets of the site development plan application package (for distribution to Planning Board, Town Engineer, Town Attorney, Town Planner, Planning Board Secretary, police, fire department and ambulance corps).
- One (1) additional reduced sized set (11" x 17") of the site development plan application package if any portion of the subject property abuts or is located within five hundred (500) feet of the features identified in Section II of this application form (for distribution to Westchester County Planning Board).
- A check for the required application fee and a check for the required Escrow Account, both made payable to "Town of North Castle" in the amount specified on the "Schedule of Application Fees."

(continued next page)

V. INFORMATION TO BE INCLUDED ON SITE DEVELOPMENT PLAN

The following checklist is provided to enable the Applicant to determine if he/she has provided enough information on the site development plan for the Planning Board to review his/her proposal. Applicants are advised to review ARTICLE VIII, Site Development Plan of the North Castle Town Code for a complete enumeration of pertinent requirements and standards prior to making application for site development plan approval.

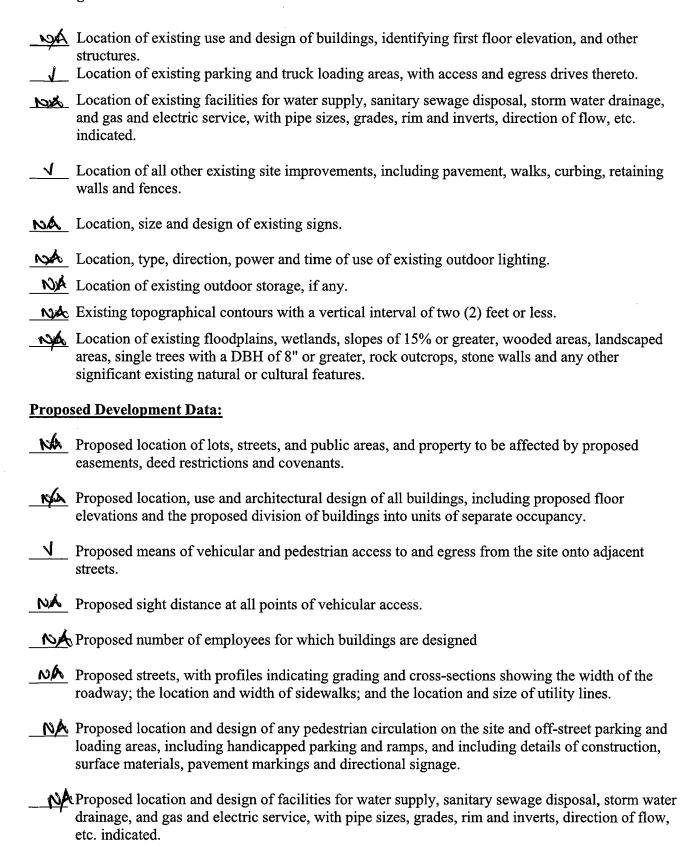
The application for site development plan approval will not be accepted for Planning Board review unless all items identified below are supplied and so indicated with a check mark in the blank line provided. If a particular item is not relevant to the subject property or the development proposal, the letters "NA" should be entered instead. In addition, the project will not be scheduled on a Planning Board agenda until the Applicant receives an initialed "site plan checklist" from the Planning Department.

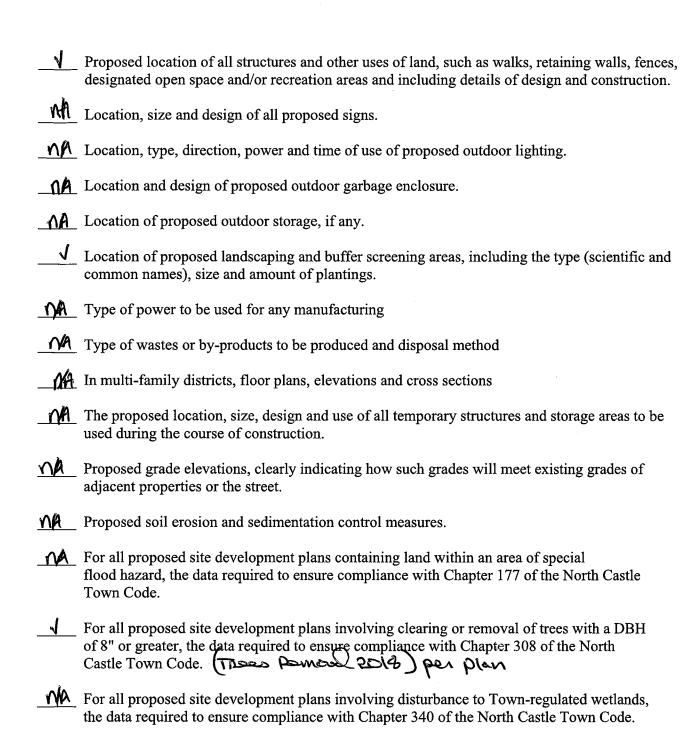
The information to be included on a site development plan shall include:

Legal Data:

	Name of the application or other identifying title.
	Name and address of the Property Owner and the Applicant, (if different).
	Name, address and telephone number of the architect, engineer or other legally qualified professional who prepared the plan.
	Names and locations of all owners of record of properties abutting and directly across any and all adjoining streets from the subject property, including the tax map designation of the subject property and abutting and adjoining properties, as shown on the latest tax records.
	Existing zoning, fire, school, special district and municipal boundaries.
	Size of the property to be developed, as well as property boundaries showing dimensions and bearings as determined by a current survey; dimensions of yards along all property lines; name and width of existing streets; and lines of existing lots, reservations, easements and areas dedicated to public use.
<u>''</u>	Reference to the location and conditions of any covenants, easements or deed restrictions that cover all or any part of the property, as well as identification of the document where such covenants, easements or deed restrictions are legally established.
	Schedule of minimum zoning requirements, as well as the plan's proposed compliance with those requirements, including lot area, frontage, lot width, lot depth, lot coverage, yards, off-street parking, off-street loading and other pertinent requirements.
	Locator map, at a convenient scale, showing the Applicant's entire property in relation to surrounding properties, streets, etc., within five hundred (500) feet of the site.
	North arrow, written and graphic scales, and the date of the original plan and all revisions, with notation identifying the revisions.
NA	A signature block for Planning Board endorsement of approval.

Existing Conditions Data:





F:\PLAN6.0\Application Forms\2016 Full Set\Part B - Site Devel 2016.doc

Short Environmental Assessment Form Part 1 - Project Information

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

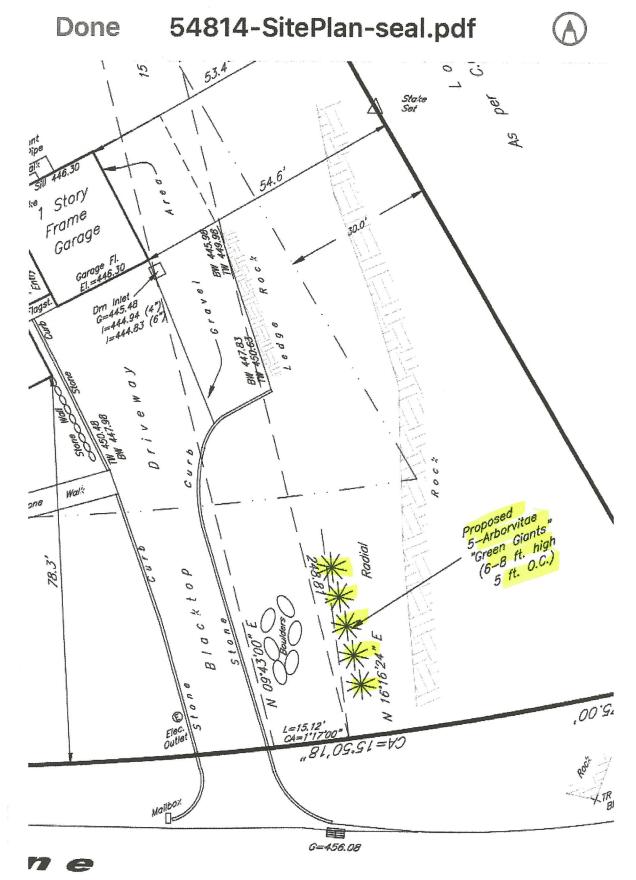
Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information				
Name of Action or Project:				
Me & Mes. Giocono Di Pretizo				
Project Location (describe, and attach a location map):				
4 GinA Lanz Beofor New York	L 1050	36		
Brief Description of Proposed Action:			-	
Brief Description of Proposed Action: Logalization of The Removal Remove Ciper 2018 by	ret ?	Proje(5) TRO	ಬ	
Damana Cinca Polis by	CLONS	Λ		
121000 CHE 1 12 10 12				
	1		tive to the state of the state	
Name of Applicant or Sponsor:	Telepho	ne: 914.760-	PIEP	
Michael A TESTA ID	E-Mail:	me: 914.760-	gmail (OWO,
Address:			J	
1114 STate ROUTE 22				
City/PO: Pawhing		State:	Zip Code:	5
tawhng		N.À.	1526	t
1. Does the proposed action only involve the legislative adoption of a plan, l	local law,	ordinance,	NO	YES
administrative rule, or regulation?	1.41			
If Yes, attach a narrative description of the intent of the proposed action and may be affected in the municipality and proceed to Part 2. If no, continue to			hat 🚺	
			NO	YES
YCXZ 11 / 1 / 1	YCYZ 11' () 1 1 1' 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
tann town the to this in				
Tree Removal Done Circa 2018				
	<u> </u>	acres		
b. Total acreage to be physically disturbed? c. Total acreage (project site and any contiguous properties) owned				
or controlled by the applicant or project sponsor? 4.002 acres				
4. Check all land uses that occur on, adjoining and near the proposed action. ☐ Urban ☐ Rural (non-agriculture) ☐ Industrial ☐ Commercial ☑ Residential (suburban)				
	•	Tresidential (subulo	oan)	
	(am a a : E :)			
☐Forest ☐Agriculture ☐Aquatic ☐Other (☐Parkland	(specify):			

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES V	N/A
b. Consistent with the adopted comprehensive plan?			V
6. Is the proposed action consistent with the predominant character of the existing built or natural		NO	YES
landscape?			A
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Ar	ea?	NO	YES
If Yes, identify:		1	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?		NO	YES
b. Are public transportation service(s) available at or near the site of the proposed action?		V	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed act	ion?	V	Ħ
9. Does the proposed action meet or exceed the state energy code requirements?		NO	YES
If the proposed action will exceed requirements, describe design features and technologies:	l	110	1123
had proposed action will exceed requirements, describe design realizes and technologies.	l		V
10. Will the proposed action connect to an existing public/private water supply?		NO	YES
,			
If No, describe method for providing potable water:			$\sqrt{}$
11. Will the proposed action connect to existing wastewater utilities?		NO	YES
If No, describe method for providing wastewater treatment:		V	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?		NO	YES
		V	
b. Is the proposed action located in an archeological sensitive area?	ļ	1	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain	<u> </u>	NO	YES
wetlands or other waterbodies regulated by a federal, state or local agency?	_		\overline{M}
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?		-	_
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres:			Ш
· · · · · · · · · · · · · · · · · · ·			
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check a	ll that s	nnlv.	
☐ Shoreline ☐ Forest ☐ Agricultural/grasslands ☐ Early mid-succession		·PP·J·	
□ Wetland □ Urban ☑ Suburban	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
-			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed		NO	YES
by the State or Federal government as threatened or endangered?		7	
16. Is the project site located in the 100 year flood plain?		NO	YES
		$\overline{\mathbf{V}}$	
17. Will the proposed action create storm water discharge, either from point or non-point sources?		NO	YES
If Yes,			
a. Will storm water discharges flow to adjacent properties?		Í	Ш
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?			
If Yes, briefly describe:			
MA TRue Romains Dono			
CIRCH POIS			

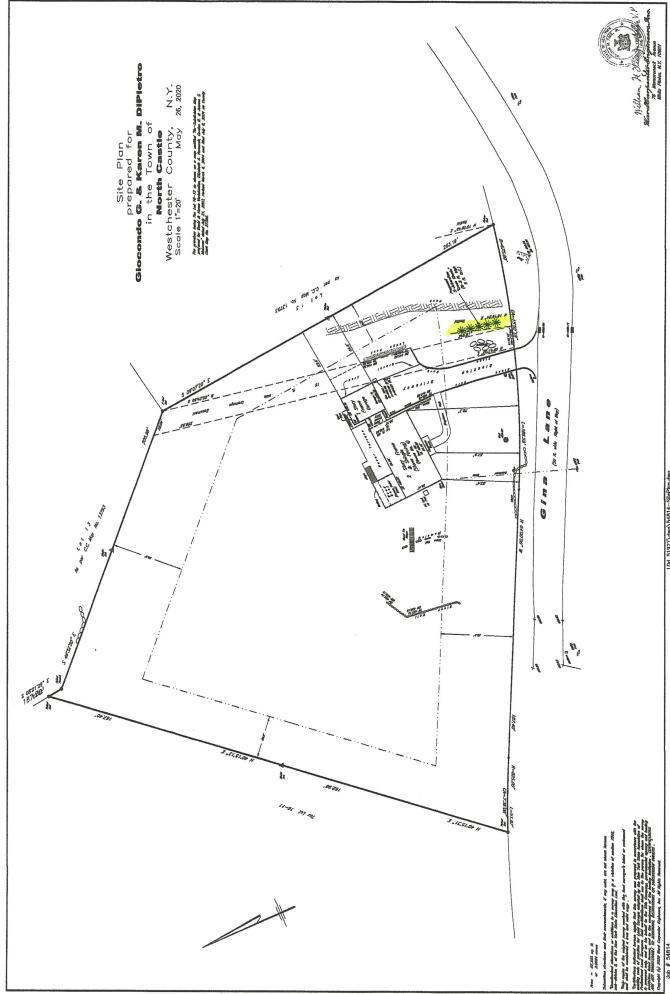
18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)?	NO	YES
If Yes, explain purpose and size:	4	
19. Has the site of the proposed action or an adjoining property been the location of an active or closed	NO	YES
solid waste management facility? If Yes, describe:	j	
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?	NO	YES
If Yes, describe:	V	
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE KNOWLEDGE	BEST O	F MY
Applicant/sponsor name: Date: 7/11/20 Signature: Date: 7/11/20		

TREE PLANTING PLAN FOR 4 GINA PLACE BEDFORD NEW YORK FOR RPRC









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TOWN OF NORTH CASTLE

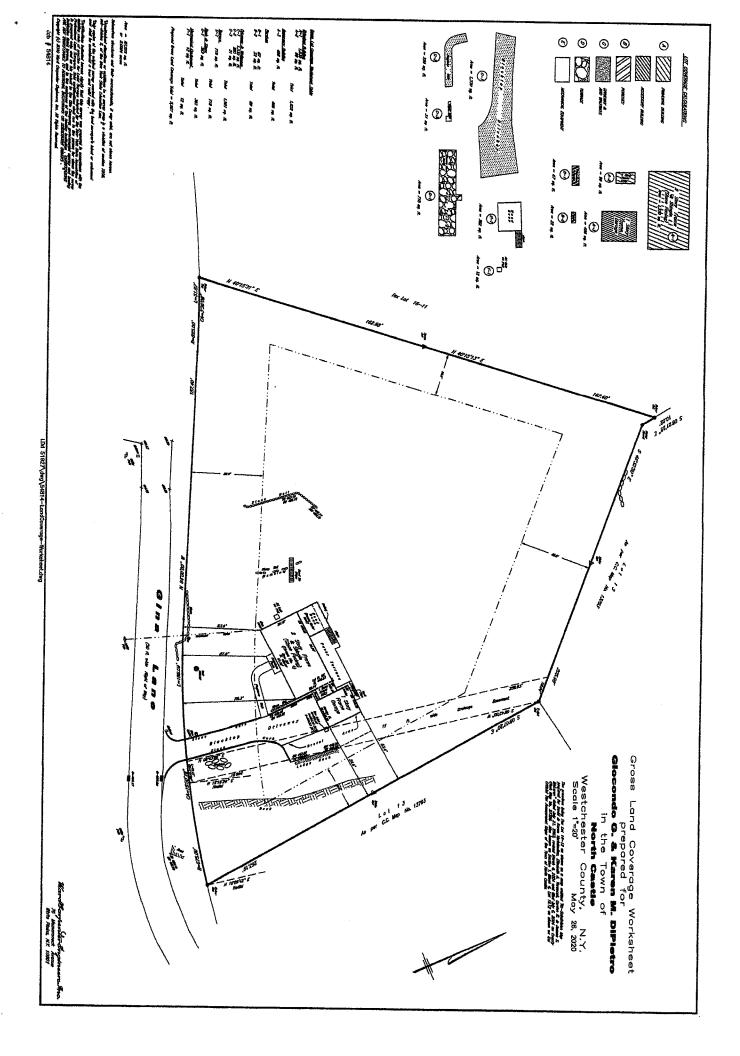
WESTCHESTER COUNTY 17 Bedford Road Armonk, New York 10504-1898

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

Applica	tion Name or Identifying Title:	GIOCONDO DI RETRU	Date: 5-21-20
Tax Ma	p Designation or Proposed Lot No.: _	SEC 1, BLK. 4, LOT 16,12	
Gross L	ot Coverage	,	
1.	Total lot Area (Net Lot Area for Lot	s Created After 12/13/06):	87,225
2.	Maximum permitted gross land cov	erage (per Section 213-22.2C):	13,278
3.	BONUS maximum gross land cover	(per Section 213-22.2C):	,
	Distance principal home is beyond n 3.4 x 10 =	ninimum front yard setback	34_
4.	TOTAL Maximum Permitted gros	ss land coverage = Sum of lines 2 and 3	13,312
5,	Amount of lot area covered by prince 1629 existing + 0	ripal building: proposed = >	1,629
6.	Amount of lot area covered by acces 496 existing + 0		496
7.	Amount of lot area covered by decks 362 existing + 0		362
8.	Amount of lot area covered by porch		89
9.	Amount of lot area covered by drive	eway, parking areas and walkways: proposed =	1,981
10.	Amount of lot area covered by terra 718 existing + 0		718
11.	Amount of lot area covered by tenni 12 existing + 0	s court, pool and mechanical equip: proposed =	12
12.	Amount of lot area covered by all of		
13.	Proposed gross land coverage: Tot	al of Lines 5 – 12 =	5,287
the projectors	13 is less than or equal to Line 4, your ect may proceed to the Residential Protection of the Comply with the Town's regulations. William Hole of Professional Preparing to the Complete Comple	r proposal complies with the Town's maxim bject Review. If Line Worksheet Date	e 13 is greater than Line 4 your proposal -26-20



NOTICE OF VIOLATION/ ORDER TO REMEDY

Complaint #: 2020-458 Notice Date: 05/11/2020 Comply Date: 06/10/2020

SBL: 102.01-2-81 Certified Mail No.: 70190140000017033620

Owner: GIOCONDO G DIPIETRO

4 GINA LN

BEDFORD, NY 10506

Site Address: 4 GINA LN

On a lawful inspection was conducted of the above referenced premises and the following violation(s) of the Town of North Castle and the 2017 Uniform Code was observed and still remain:

ORDINANCE CODE:

TOWN OF NORTH CASTLE CODE 127-4 A - Building Permit

Building permits required. Except as otherwise provided in Subsection B of this section, a building permit shall be required for any work which must conform to the Uniform Code and/or the Energy Code, including, but not limited to, the construction, enlargement, alteration, improvement, removal, relocation or demolition of any building or structure or any portion thereof, and the installation of a solid-fuel-burning heating appliance, chimney or flue in any dwelling unit. No person shall commence any work for which a building permit is required without first having obtained a building permit from the Building Inspector.

TO WIT: A review of the property records and the MLS listing indicates that the kitchen and the bathrooms have been renovated, a new HVAC system and a new electrical panel has been installed, there have been walls removed in the kitchen area, an entrance portico has been constructed, new siding, a new roof and an area of the roof has been dormer-ed, a new chimney and a new deck has been constructed. The driveway has been expanded, the pool has been removed and filled in. Several trees have been removed, and the grade on the side yard has been changed.

REMEDY: File for and obtain the required permit(s) and or approval(s).

ORDINANCE CODE:

TOWN OF NORTH CASTLE CODE 127-5 A - Construction Inspections.

Work to remain accessible and exposed. Work shall remain accessible and exposed until inspected and accepted by the Building Inspector or by an inspector authorized by the Building Inspector. The permit holder shall notify the Building Inspector when any element of work described in Subsection B of this section is ready for inspection.

TO WIT: A review of the property records and the MLS listing indicates that the kitchen and the bathrooms have been renovated, a new HVAC system and a new electrical panel has been installed, there have been walls removed in the kitchen area, an entrance portico has been constructed, new siding, a new roof and an area of the roof has been dormer-ed, a new chimney and a new deck has been constructed. The driveway has been expanded, the pool has been removed and filled in. Several trees have been removed, and the grade on the side yard has been changed.

REMEDY: Failure to call and schedule the required inspection(s).

ORDINANCE CODE:

TOWN OF NORTH CASTLE CODE 127-7A - Certificates of occupancy/certificates of compliance.

Certificates of occupancy/certificates of compliance required. A certificate of occupancy/certificate of compliance shall be required for any work which is the subject of a building permit and for all structures, buildings or portions thereof which are converted from one use or occupancy classification or subclassification to another. Permission to use or occupy a building or structure or portion thereof for which a building permit was previously issued shall be granted only by issuance of a certificate of occupancy/certificate of compliance.

TO WIT: A review of the property records and the MLS listing indicates that the kitchen and the bathrooms

TO WIT: A review of the property records and the MLS listing indicates that the kitchen and the bathrooms have been renovated, a new HVAC system and a new electrical panel has been installed, there have been walls removed in the kitchen area, an entrance portico has been constructed, new siding, a new roof and an area of the roof has been dormer-ed, a new chimney and a new deck has been constructed. The driveway has been expanded, the pool has been removed and filled in. Several trees have been removed, and the grade on the side yard has been changed.

REMEDY: File for and obtain the required permit from the Town of North Castle.

ORDINANCE CODE:

TOWN OF NORTH CASTLE CODE 157-16 A - Tree removal

It shall be unlawful to cut down or remove or otherwise destroy any live tree larger in size than eight inches in diameter, measured at a height of 4 1/2 feet above the surface of the ground, except in strict conformity with this article.

TO WIT: A review of the property records and the MLS listing indicates that the kitchen and the bathrooms have been renovated, a new HVAC system and a new electrical panel has been installed, there have been walls removed in the kitchen area, an entrance portico has been constructed, new siding, a new roof and an area of the roof has been dormer-ed, a new chimney and a new deck has been constructed. The driveway has been expanded, the pool has been removed and filled in. Several trees have been removed, and the grade on the side yard has been changed.

REMEDY: Immediately stop any removal of any trees and apply for the required permit(s). A revised plan/updated tree survey must be submitted for review.

ORDINANCE CODE:

TOWN OF NORTH CASTLE CODE 157-16 B - Tree removal

Before any tree shall be removed, the owner or lessee of the property, or the agent of either, shall obtain a written permit therefor from the Building Inspector, upon application setting forth the details of the proposed work as outlined in § 157-12 hereof and in compliance with the provisions of Chapter 308, Trees, Article II, Preservation.

TO WIT: A review of the property records and the MLS listing indicates that the kitchen and the bathrooms have been renovated, a new HVAC system and a new electrical panel has been installed, there have been walls removed in the kitchen area, an entrance portico has been constructed, new siding, a new roof and an area of the roof has been dormer-ed, a new chimney and a new deck has been constructed. The driveway has been expanded, the pool has been removed and filled in. Several trees have been removed, and the grade on the side yard has been changed.

REMEDY: Immediately stop any removal of any trees and apply for the required permit(s).

ORDINANCE CODE:

TOWN OF NORTH CASTLE CODE 105.2 - Building Permits.

No person or entity shall commence, perform, or continue any work that must conform with the Uniform Code and/or Energy Code unless: 1. Such person or entity has applied to the authority having jurisdiction for a building permit, 2. The authority having jurisdiction has issued a building permit authorizing such work, 3. Such building permit has not been revoked or suspended, and 4. Such building permit has not expired.

TO WIT: A review of the property records and the MLS listing indicates that the kitchen and the bathrooms have been renovated, a new HVAC system and a new electrical panel has been installed, there have been walls removed in the kitchen area, an entrance portico has been constructed, new siding, a new roof and an area of the roof has been dormer-ed, a new chimney and a new deck has been constructed. The driveway has been expanded, the pool has been removed and filled in. Several trees have been removed, and the grade on the side yard has been changed.

REMEDY: File for and obtain the required permit(s).

ORDINANCE CODE:

ORDINANCE CODE:

TOWN OF NORTH CASTLE CODE 157-10 - Excavation or removal of soil to comply.

No excavation, removal or stripping of topsoil, earth, sand, gravel, rock or other substance from the ground and no retaining walls or shoring of excavated areas shall be commenced in the Town of North Castle except in conformity with the provisions of the within article and applicable provisions of the Building Ordinance of the Town of North Castle, as previously enacted and amended to the date hereof.[1] [1] Editor's Note: See Ch. 127, Building Code Administration and Enforcement.

TO WIT: A review of the property records and the MLS listing indicates that the kitchen and the bathrooms have been renovated, a new HVAC system and a new electrical panel has been installed, there have been walls removed in the kitchen area, an entrance portico has been constructed, new siding, a new roof and an area of the roof has been dormer-ed, a new chimney and a new deck has been constructed. The driveway has been expanded, the pool has been removed and filled in. Several trees have been removed, and the grade on the side yard has been changed.

REMEDY: File for and obtain the required permit(s).

ORDINANCE CODE:

TOWN OF NORTH CASTLE CODE 161-1 - Filling and grading.

On all lands in the Town of North Castle in which fill is delivered, the landowner shall obtain a permit from the Building Department and conform to the following: (1) For each truck delivering fill to a site, there shall be a signed manifest provided to the landowner by the person and/or company delivering the fill, or the supplier of the fill, stating the date of delivery, the origin of the fill, the type of fill and a representation that there is full compliance with 6 NYCRR, Part 360. (2) The manifest shall be provided to the Building Department by the landowner on a weekly basis or, whenever requested by the Building Department, on a more frequent basis. (3) The landowner shall hire an independent inspector, who shall be either a duly licensed engineer, a soil scientist or a representative of a certified testing laboratory and approved by the Building Department, who shall independently provide the Building Department with a certification that the fill delivered is in compliance with 6 NYCRR, Part 360, and this article. Said certification shall be provided to the Building Department on a weekly basis or, whenever requested by the Building Department, on a more frequent basis. This subsection shall not be applicable for projects where fill quantities will not exceed 1,000 cubic yards or where the fill material consists solely of road base, trench backfill, subbase bedding, trench material and bedding, run-of-bank fill for septics, sand for concrete or other commonly used materials for construction, provided that certification of the materials' compliance to 6 NYCRR, Part 360, is provided to the landowner by the supplier and prior notification of scheduled delivery of the material is provided to the Building Inspector to provide ample opportunity for inspection of same.

TO WIT: A review of the property records and the MLS listing indicates that the kitchen and the bathrooms have been renovated, a new HVAC system and a new electrical panel has been installed, there have been walls removed in the kitchen area, an entrance portico has been constructed, new siding, a new roof and an area of the roof has been dormer-ed, a new chimney and a new deck has been constructed. The driveway has been expanded, the pool has been removed and filled in. Several trees have been removed, and the grade on the side yard has been changed.

REMEDY: File for and obtain the required permit(s).

ORDINANCE CODE:

TOWN OF NORTH CASTLE CODE 157-11 - Permit required for excavations.

Before any excavation is commenced and/or topsoil, earth, sand, gravel, rock or other substance is removed from the ground, the owner or lessee of the premises, or the agent of either, shall obtain a written permit therefor from the Town Board in the manner as hereinafter set forth.

TO WIT: A review of the property records and the MLS listing indicates that the kitchen and the bathrooms have been renovated, a new HVAC system and a new electrical panel has been installed, there have been walls removed in the kitchen area, an entrance portico has been constructed, new siding, a new roof and an area of the roof has been dormer-ed, a new chimney and a new deck has been constructed. The driveway has been expanded, the pool has been removed and filled in. Several trees have been removed, and the grade on the side

Uniform Code, the Energy Code or the code of the Town of North Castle or any term or condition of any building permit, certificate of occupancy/certificate of compliance, temporary certificate, stop-work order, operating permit or other notice or order issued by the Building Inspector shall be liable to a civil penalty of not more than \$500 for each day or part thereof during which such violation continues as prescribed by Part II General Legislation, Chapter 127-15 C.

Respectfully,

Ivan Quintero

Assistant Building Inspector

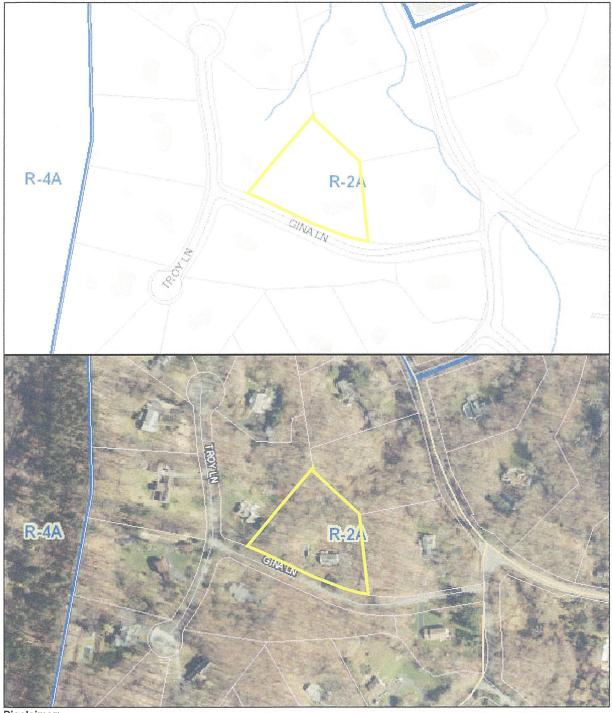
THIS NOTICE MUST BE ATTACHED TO ANY PERMIT APPLICATIONS INTENDED TO CORRECT THE VIOLATIONS ENUMERATED HERIN.

For delivery information, visit our website at www.usus.com.	$oldsymbol{\mathcal{F}}$
Edita Services & Fees (check box, and seeds appropriate Heart Receipt (rendoopt) Postmank Postmank Here Heart Receipt (electronic) Adult Signature Required Adult Signature Restricted Delivery Postmank Postage Postage	
Total Postage and Poss Sent Course of Oliver Street and John No., or PO Box No. City, Single 219-40 City, Single 219-40 ACCORD IN L. M. LUSON ACCORD IN L. M. LUSON ACCORD IN L. M. LUSON	
ps Form 3800. April 2015 and resemble services at See Reverse for Institutions	

Tax Parcel Maps

Address: 4 GINA LN

Print Key: 102.01-2-81 **SBL:** 10200100020810000000



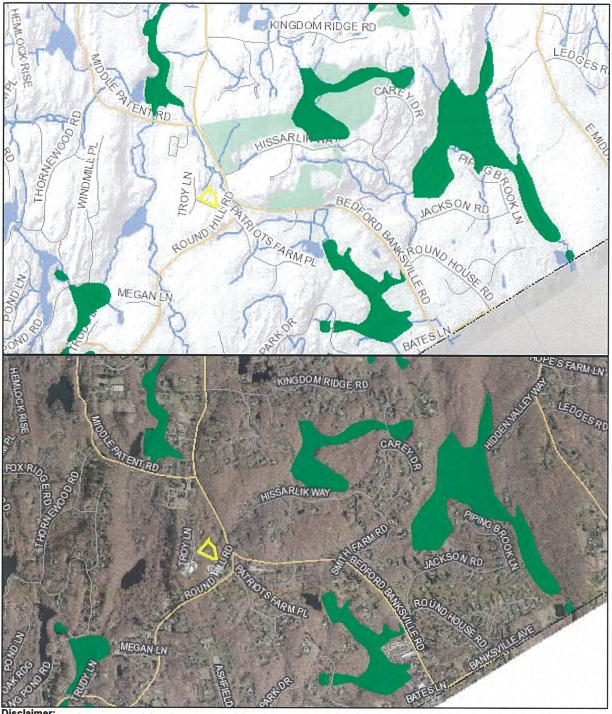
Disclaimer

This tax parcel map is provided as a public service to Westchester County residents for general information and planning purposes only, and should not be relied upon as a sole informational source. The County of Westchester hereby disclaims any liability from the use of this GIS mapping system by any person or entity. Tax parcel boundaries represent approximate property line location and should **NOT** be interpreted as or used in lieu of a survey or property boundary description. Property descriptions must be obtained from surveys or deeds. For more information please contact the assessor's office of the municipality.

Tax Parcel Maps

Address: 4 GINA LN

Print Key: 102.01-2-81 SBL: 10200100020810000000

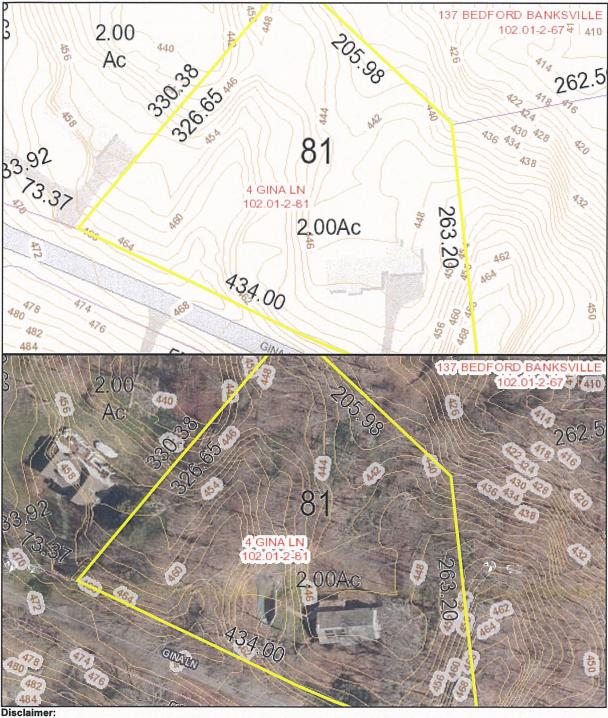


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Tax Parcel Maps

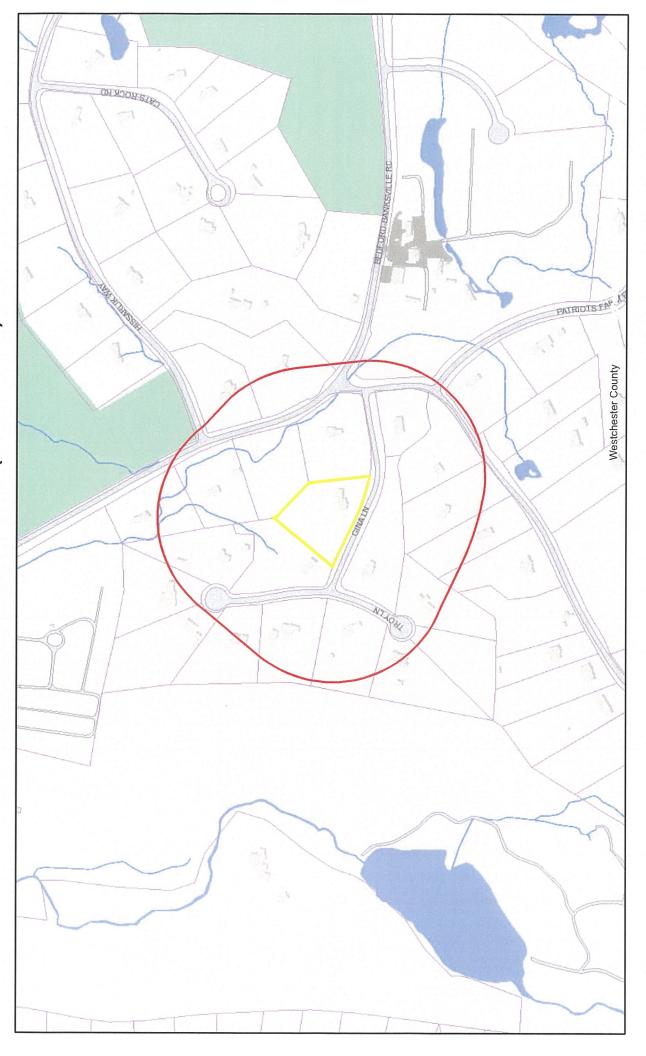
Address: 4 GINA LN

Print Key: 102.01-2-81 SBL: 10200100020810000000



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4 GINA LN. ID: 102.01-2-81 (North Castle)



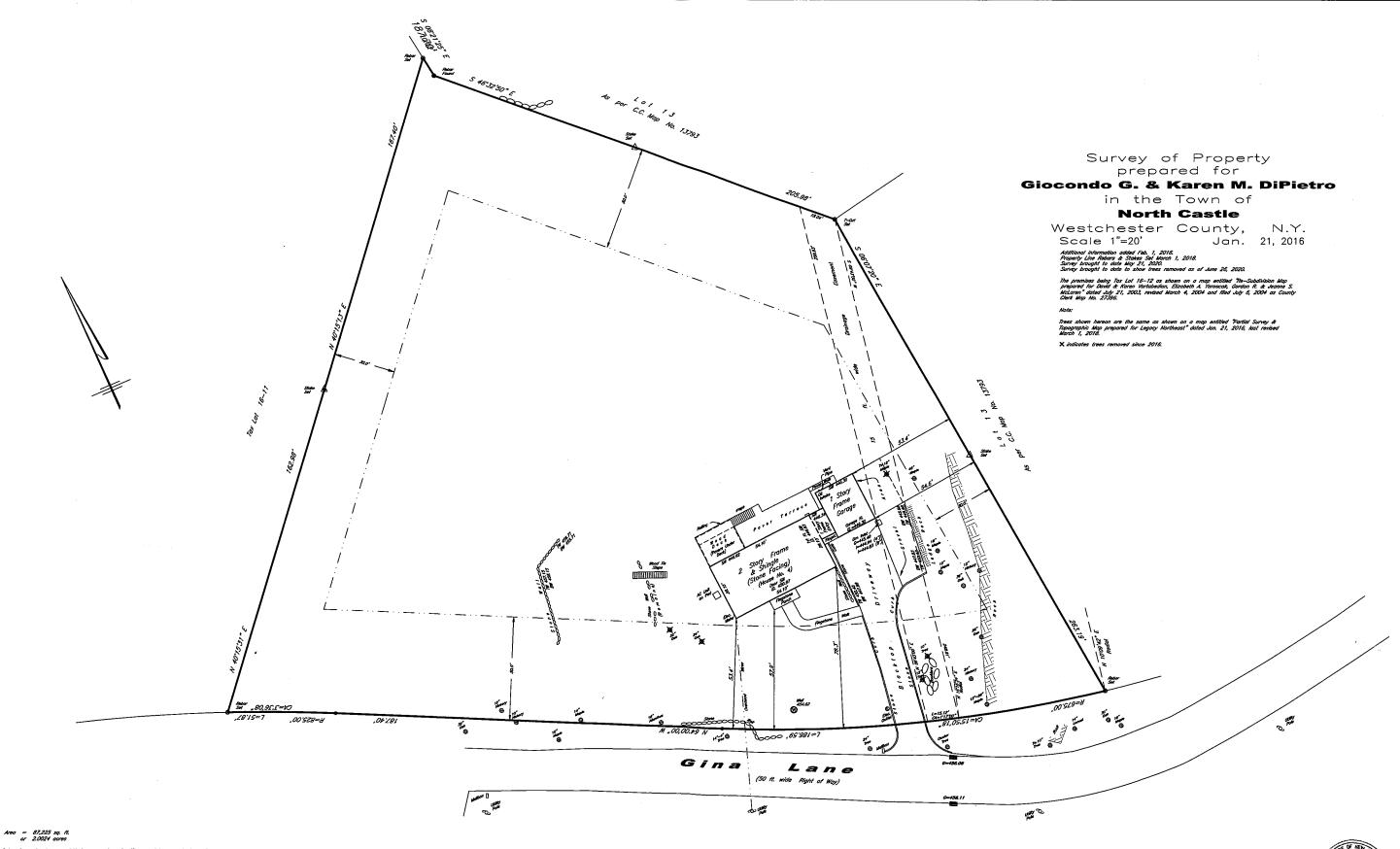
July 2, 2020

Tax parcel data was provided by local municipality. This map is generated as a public service to Westchester County residents for general information and planning purposes only, and should not be relied upon as a sole informational source. The County of Westchester hereby disclaims any liability from the use of this GIS mapping system by any person or entity. Tax parcel boundaries represent approximate property line location and should NOT be interpreted as or used in lieu of a survey or property boundary description. Property descriptions must be obtained from surveys or deeds. For more information please contact local municipality assessor's office.

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Westchester County GIS

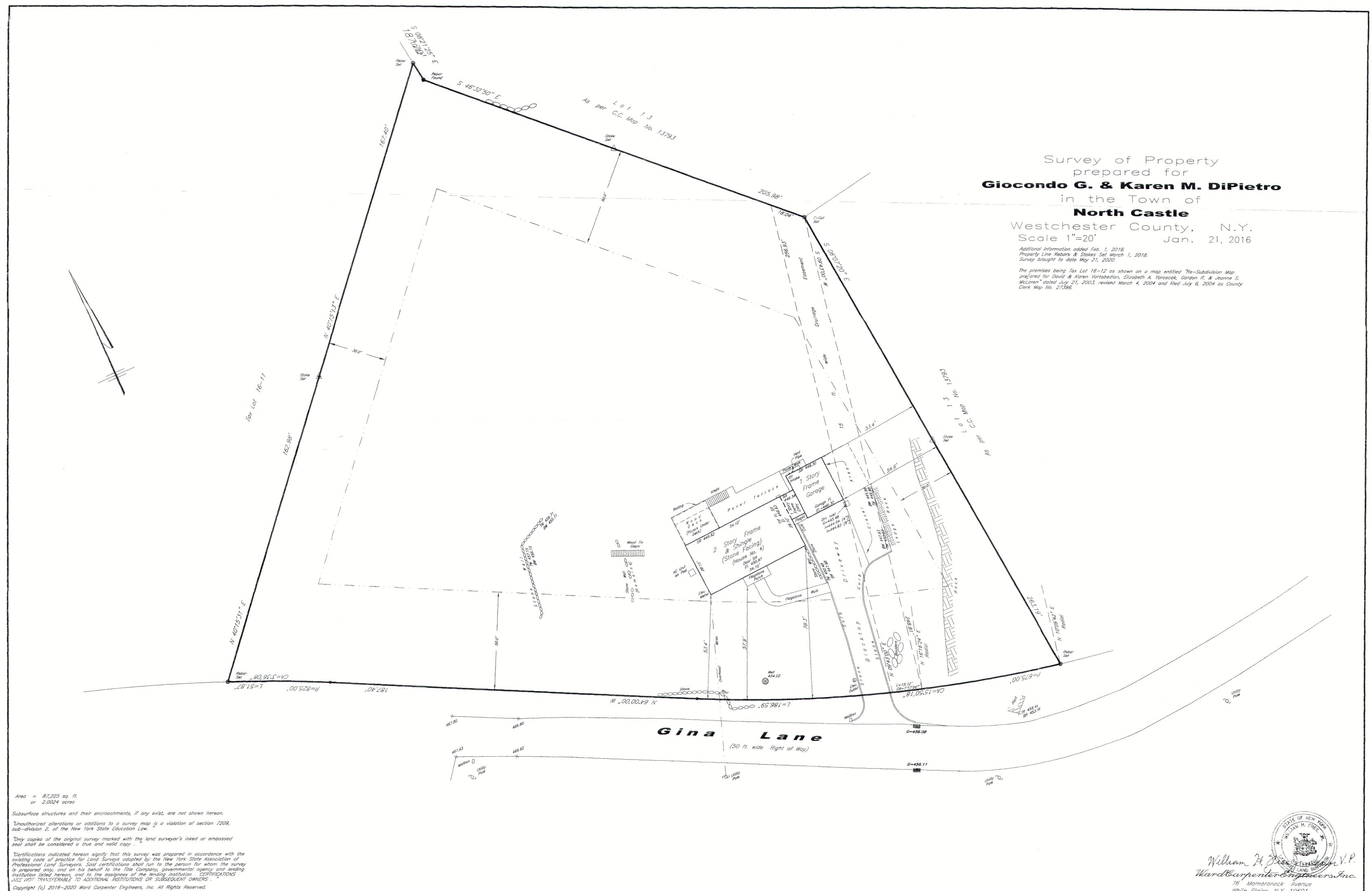
This was to the state of the stat



nuscannote structures and man and columnis, in any easy, are not snown nareau. Unauthorised afterations or additions to a survey map is a violation of section 7209, wab-division 2, of the New York State Education Law.

"Only copies of the original survey marked with the land surveyor's inked or embossed seal shall be considered a true and valid copy .

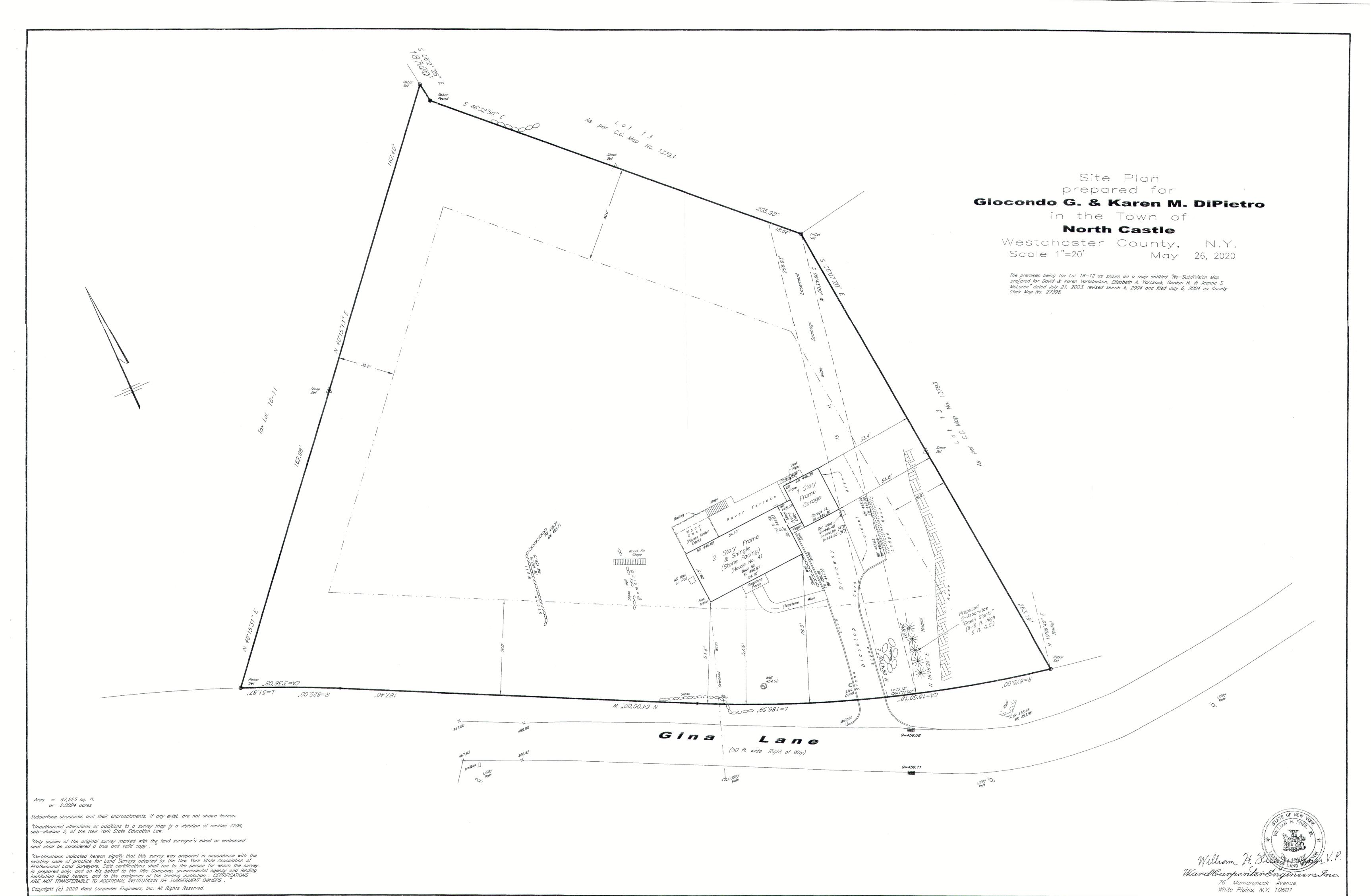
Certifications indicated hereon signify that this survey was prepared in accordance with the sisting code of practice for Land Surveys adopted by the New York State Association of offersional Land Surveyors. Soft certifications shall run to the person for whom the survey prepared only, and on his behalf to the fille Company, governmental agency and tending studion listed hereon, and to the assignment of the lending institution. CENTIFICATIONS RE NOT TRANSCEPOLICE TO ADDITIONAL INSTITUTIONS OF SUBSCIPCIO OWNERS. William H. D. Land Sty V. P.
Wardbarpenter Ingineers Inc.
16 Manaroneck Avenue
White Plains, NX, 10801



Job # 51927-53341-54814

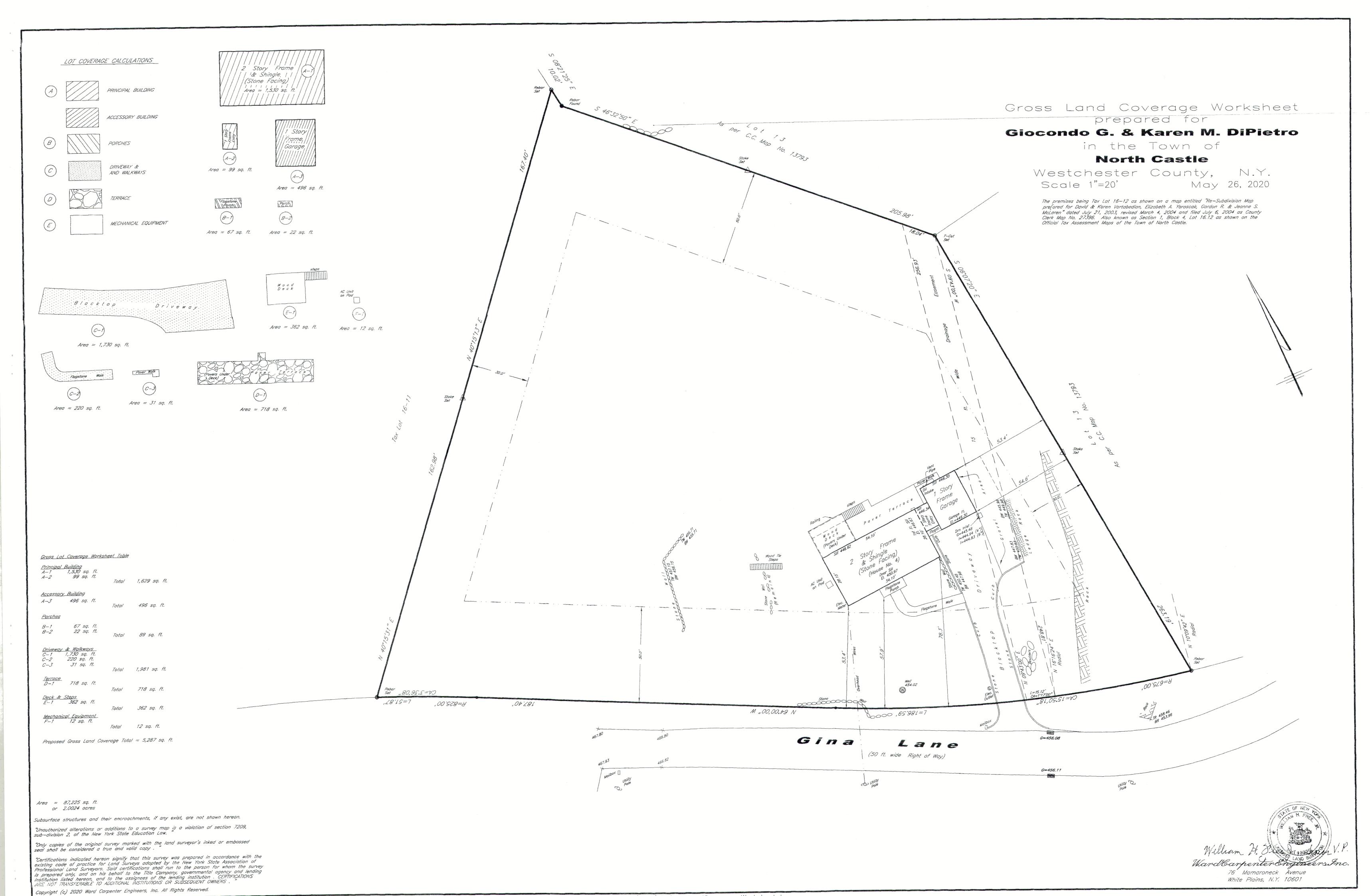
LDd 51927\dwg\54814-Survey.dwg

76 Mamaroneck Avenue White Plains, N.Y. 10601



Job # 54814

LDd 51927\dwg\54814—SitePlan.dwg



Job # 54814

LDd 51927\dwg\54814—LandCoverage—Worksheet.dwg

PROPOSED ALTERATION

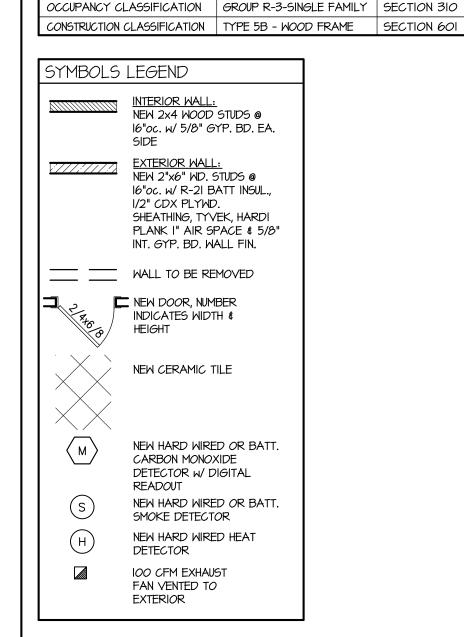
CLIMA	TIC A	ND GE	OGRAPHI	C DESIG	N CRIT	ERIA			
GROUND SNOW	WIND SPEED	SEISMIC DESIGN		SUBJECT T	O DAMAGE I	FROM	WINTER	ICE SHIELD UNDERLAYMENT	FLOOD HAZARDS
LOAD	SI EED	CATEGORY	WEATHERING	FROST LINE DEPTH	TERMITE	DECAY	TEMP	REQUIRED	HAZARDS
30 PSF	120	С	SEVERE	3'-6"	MODERATE	MODERATE TO SEVERE	7°	YES	NO

4 GINA LANE ARMONK, NY

CLIMA	TIC A	ND GE	OGRAPHI	C DESIG	N CRIT	ERIA				
GROUND SNOW	WIND SPEED	SEISMIC DESIGN		SUBJECT T	O DAMAGE F	ROM	WINTER	ICE SHIELD UNDERLAYMENT		
LOAD	OI EED	CATEGORY	WEATHERING	FROST LINE DEPTH	TERMITE	DECAY	TEMP	REQUIRED	11/12/11(00	
30 PSF	120	C	SEVERE	3'-6"	MODERATE TO HEAVY	MODERATE TO SEVERE	7*	YES	NO	

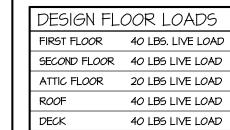
0005 11500144	TION		
CODE INFORMAT	ION		
TYPE	APPLICABLE CODES		
ARCHITECTURAL	2015 RESIDENTIAL IBC W/ NYS SUPPLEMENT		
MECHANICAL	2015 RESIDENTIAL IBC W/ NYS SUPPLEMENT		
PLUMBING	2015 RESIDENTIAL IBC W/ NYS SUPPLEMENT		
FIRE PROTECTION	2015 RESIDENTIAL IBC W/ NYS SUPPLEMENT		
ELECTRICAL	2015 RESIDENTIAL IBC W/ NYS SUPPLEMENT		
ENERGY	2015 RESIDENTIAL IBC W/ NYS SUPPLEMENT		

ALTERATION - LEVEL 2 SECTION 405



CATEGORY

CLASSIFICATION OF WORK



GENERAL NOTES

All work shall comply with the strictest requirements of the 2015 IBC and all applicable codes whether specifically stated or not.

All work shall conform with the strictest interpretation of State and Local codes, laws, rules and regulations of all authorities having jurisdiction over the project, whether specifically shown, or not. Where the contract, construction notes or drawings call for any work of a more stringent nature than

that required by code or any other department having jurisdiction over the work, the work of the more stringent nature called for by the contract, construction notes or drawings shall be furnished.

The Contractor shall vist the site prior to submitting a bid. The Contractor will be responsible for the verification of all dimensions and conditions. All discrepancies shall be brought to the attention of the

All drawings and notes are complimentary, and what is called for by either will be binding as if called for by all. Any work shown or referred to on any one set of drawlings shall be provided as though shown on all related drawinas.

The drawings are not to be scaled at any time. Only written dimensions and notes are to be used. All dimensions are given to finishes. All dimensional discrepancies shall be immediately brought to the attention of the Architect. All dimensions shall be verified before starting work by the respective Contractor, who shall be held responsible for his phase of the work.

All "Plus-Minus" dimensions are provided in situations where existing conditions exist. Such dimensions shall be verified in the field by the Contractor All work listed on the construction notes sheets and shown or implied on all drawings shall be supplied

and installed by the Contractor, unless otherwise noted. The Contractor shall notify the Architect in writing immediately if he cannot comply with all notes contained within the Contract Documents.

The Contractor shall notify the Architect in writing immediately of any discrepancies between the drawings, the notes and field conditions before commencing any work to request clarification.

The Contractor shall be responsible for all damage to existing property as a result of his work, his workmanship and subcontractors. The Contractor shall provide adequate protection for his work, and shall be responsible for the same. The Contractor shall restore to original condition and existing element damaged as a result of his work.

Where a product is specified by a particular manufacturer, the Contractor shall furnish and install the product in accordance with the strictest specifications set forth by the manufacturer's best standards.

The General Conditions of the contract for construction of Buildings, the Standard form of the American Institute of Architects (AIA), latest edition of Form A-201, inclusive as it pertains to this project, are part of these Contract Documents

Work included in this contract shall be all labor, material and equipment required to complete the proposed construction as shown or implied in the Contract Documents. Work included in this contract shall be according to the true intent of these drawings and shall be first class in all respects.

The Contractor is responsible for dimensions to be confirmed and correlated at the job site and for information that pertains to the fabrication process, and/or to techniques for construction and coordination of the work of all trades.

The Architect shall be the sole judge as to the adequacy of any work performed. The Architect shall have the right to order the removal of defective work and material, and its replacement without any

All work to comply with governing State and Local Building Codes.

All plumbing to comply with governing State and Local Plumbing Codes. All Electrical work to comply with governing National and Local Electrical Codes.

The Contractor shall assume full responsibility for the confirmation of actual field dimensions as they pertain to the fabrication and installation of any materials and/or equipment requiring such.

The General Contractor shall excercise strict control over job cleaning to prevent any debris, dust or

dirt from leaving the job site and adjacent finished areas. The Contractor shall properly protect all adjoining property or work or work and any damage to the same caused by his work or workmen must be made good without delay. Patching and and replacing or

The Contractor shall provide all necessary protection for his work until it is turned over to the Owner. The Construction Drawings and/or notes are supplied to illustrate the design and general type of

damaged work shall be done by the Contractor who is responsible for the damage.

construction desired and are intended to imply the finest quality construction materials and craftsmanship throughout. The Contractor, upon acceptance of these drawings, assumes full responsibility for the construction, materials and workmanship of the of the work described in these notes and drawings, and he will be

expected to comply woth the spirit, as well as with the letter in which they were written and drawn. Controlled tests required by those having jurisdiction over the project shall be executed and paid for

The general contractor shall furnish all labor and materials as required to complete demolition and removal of all items indicated on the architectural drawings as required to perform all contract work, or as otherwise directed by architect, inc.

The contractor is to acquaint himself with actual conditions at locations where alterations occur at the existing building. When walls, partitions and other work exists, where new work is indicated, all such existing work shall be removed. verify all such conditions at the site.

otherwise affect or prevent the proper execution and completion of the work of this contract. The general contractor shall execute all work within the regulations of the building for demolition and removal of debris including overtime work required. The general contractor shall at all times protect the property of the building owner, including but

The contractor shall report to the architect any and all conditions which may interfere with or

not limited to windows, floor and ceiling tile, public tollets, elevators, doors, bucks, electrical, air-conditioning equipment, peripheral enclosures, etc. (a temporary filter shall be installed on the return air duct above hung ceiling during demolition phase.)

The general contractor shall erect all necessary temporary solid or drop cloth/ plastic partitions to protect finished areas while demolition and/or construction is in progress. care and attention shall be paid by the general contractor so as to insure that no damage takes place to the surrounding job site installations.

The general contractor shall survey all existing finished surfaces to include corner beads, stops, etc., for chips, cracks, holes, damaged surfaces, marble wainscote and plaster celling wherever door bucks have been removed, and any other defects causing an appearance different from a new first class finished installation. these defective surfaces shall be repaired or, if beyond repairing, then the general contractor shall remove all existing and install new surfaces to the satisfaction of the tenant and architect.

The general contractor shall inspect all existing surfaces and where, as a result of demolition, finished surfaces do not align, the existing finish shall be chopped away, new corner beads and stops installed and resurfaced smooth, flush, aligned surface.

All damaged existing areas to remain and existing areas affected by demolition or new construction work shown on drawings shall be patched as required to match immediate existing adjacent areas in material, fire rating, finish and color, unless otherwise noted.

All defective plaster and/or finished surfaces on columns and existing walls shall be chopped out and/or patched free of all irregularities and shall match adjacent walls in finish and thickness.

All work demolished shall be removed from the premises except items to be reused or returned

In all areas where demolition (removal of tile, carpeting, tackless, partitions, etc.) causes an unevenness in slab, the contractor shall patch to level the slab to receive new finished flooring. All exposed light fixtures, wiring, switches, and metal molding not being reused shall be removed and either stored or carted away by the general contractor.

The general contractor shall furnish a system of temporary power and lights throughout the space under construction and demolition as required.

switch boxes, plates, bridges, or any other telephone or electrical wiring or equipment. The general contractor shall carefully remove existing wall covering as shown on the architectural drawings. Finishing schedule and patch wall surface underneath as required to receive paint and/or new

wall covering. The architect and tenant shall inspect and approve all patched surfaces prior to application of finish paint and/or new wall covering.

The general contractor shall remove to the source all wall conduits left after wall demolition, including

All "existing to remain," existing relocated, or new items installed by the general contractor, in addition to being amply protected throughout the period of construction, be thoroughly cleaned to the satisfaction of the architect prior to being turned over to the tenant.

All defective baseboards shall be removed, provide new to match. Refer to drawings for removal and/or relocation if required of hvac ducts, sprinkler heads, diffusers,

Upon completion of demolition work, the general contractor shall provide that all areas be left broom

A hazardous materials report has been conducted by the owner and any and all asbestos removal procedures shall be adhered to according to all local and state regulations concerning such.

The general contractor shall check and verify all dimensions and conditions at the job site and notify the architect and tenant of any discrepancies between drawings and field conditions before commencing any work in order to clarify these conditions. Existing items on the job site (ie. light fixtures, furniture, etc.) not being reused shall be turned over to

the tenant or as otherwise directed by the architect. In all areas where demolition causes unevenness or voids in floor, the general contractor shall patch to

level floor with existing slab and/or required surface to receive new finished floor.

Patching and Cutting:

The General Contractor shall survey all existing finished surfaces to include corner beads, stops, existing construction to remain, etc. for chips, cracks, holes, damaged surfaces and any other surfaces and defects causing an appearance different from a new finished first-class installation. These defective surfaces shall be repaired, or if beyond repairing, then the General Contractor shall remove existing and install new surfaces to the satisfaction of the

Construction:

Unless otherwise specified in these documents, all openings in wall shall receive (2)2x12 wood headers. This includes, but is not limited to, all doors and windows. All walls and ceilings shall receive 1/2" thick, tapered edge gypsum wall board, except Bathrooms, which shall receive 1/2" thick moisture resistant wall board and/or 1/2" thick

Wonderboard", in accordance with finishes selected by the Owner. Such variations shall be

coordinated by the Contractor with the Owner. All interior surfaces shall be taped three (3) times and sanded smooth for paint.

All windows, doors and transition spaces (i.e. openings without doors) shall recieve a paint grade colonial wood trim as selected by the Owner, and approved by the Architect.

All interior walls and ceilings shall receive I coat of latex primer and two coats of latex flat finish house paint. Colors as selected by the Owner. Paint as manufactured by "Benjamin Moore",

All interior wood trim shall receive I coat of latex primer and 2 coats of latex semi-gloss flat finish trim paint. Colors as selected by the Owner. Paint as manufactured by "Benjamin Moore",

All exterior wood shall be painted. All surfaces shall receive I coat of exterior oil primer, and 2 coats of exterior oil house or trim paint. All surfaces shall receive a "White" finish. Paint as manufactured by "Benjamin Moore", or approved equal.

All existing exterior wood trim shall be painted. All surfaces shall receive I coat of exterior oil primer, and 2 coats of exterior oil house or trim paint. All surfaces shall receive a "White" finish. Paint as manufactured by "Benjamin Moore", or approved equal.

Windows shall be as manufactured by "Andersen Windows". Units as specified in the drawings. All new units shall be ordered with the appropriate grilles (as demonstrated in the drawings), insect screens, extension jambs and standard hardware.

opening for emergency egress use. The opening shall have a minimum clear opening area of no less than four (4) square feet, with no less than an eighteen (18) inch width clear opening. The bottom of the required openings shall be no higher than 3'-6" above the finished floor in all above grade stories, and no higher than 4'-6" above the finished floor, where required, in

All glazing on doors, fixed side panels adjoining doors, interior partitions, and where glazing extends to 18" or less of a floor level shall be tempered safety glass, and shall have window quards, if the unit is operable.

New asphalt roofing to shall match the existing in color in size. Contractor to summit sample to

Insulation as manufactured by Owens Corning. Thickness as specified in drawings. Unless otherwise noted, all dimensions for partitions are from finish material-to-finish material. All flashing shall be aluminum or copper, unless specified The new Construction depicted in these plans and specifications comply with the minimum standards

of the New York State Energy Conservation Code. JOSEPH # DCCO - ARCHITECT

<u>Asbestos Removal:</u>

The Architect shall not be responsible for the uncovering of, or identification thereof, any asbestos, asbestos-related materials, lead, lead-paint or any other pollutants of any kind. The Architect is not responsible for the perforamance of any services in connection with or related to such materials, and the Contractor shall retain an expert(s) to arrange for the prompt identification of, and the removal or treatment of such potentionally harmful materials, and indemnify and hold the Architect and its consultants harmless from any claims, injuries or expenses incurred by Architect in any manner related to the existance of such materials on the project.

Dropped ceilings below wood joists or attached directly to wood floor framing shall be draftstopped with 1/2" drywall or 3/8" plywood at 1000 sq.ft. intervals and parallel to framing

Firestopping consisting of 2" lumber, minimum 23/32" structural panel or approved non-combustible materials shall be provided at the ceiling line in concealed spaces of stud walls/partitions, including furred or studded-off spaces of concrete foundation walls and at soffits, dropped ceilings and similar spaces.

AC powered, U.L. listed smoke detectors with battery backup shall be placed throughout the dwelling unit. All detectors within the dwelling shall be interconnected and hard wired so that the activation of any alarm will sound all alarms throughout the house. Exception: Detector locations in existing areas shall not be required to be interconnected and hard wired where the alterations or repairs do not result in the removal of interior wall or celling finishes exposing the structure, unless there is an attic, crawl space, or basement available which could provide access for hard wiring and interconnection without the removal of interior

Smoke detectors shall be placed in the following locations: Floor levels with bedrooms: A smoke detector is required in each bedroom and one centrally located detector is required outside of a group of bedrooms in the hall way. Floor level without bedrooms: A smoke detector is required adjacent to the stair.

Carbon Monoxide Detectors A carbon monoxide alarm shall be installed in each of the following locations:

Within 10 ft. of any bedroom and shall have a digital readout. When more than one carbon monoxide alarm is required to be installed within an individual dwelling unit, the alarms shall be interconnected in such a manner that the actuation of one alarm will activate all of the alarms in the individual unit. The alarm shall be clearly audible in all sleeping areas over background noise levels with all intervening doors closed. (Exception: Interconnection is not required where carbon monoxide alarms are permitted to be battery operated in

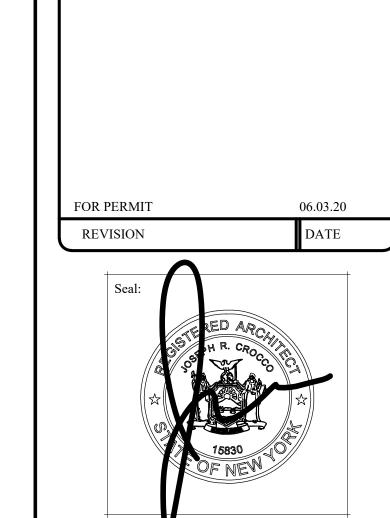
All carbon monoxide alarms shall be listed and labeled as complying with UL 2034 or CAN/C5A 6.19, and shall be installed in accordance with the manufacturer's installation instructions and New York State Code.

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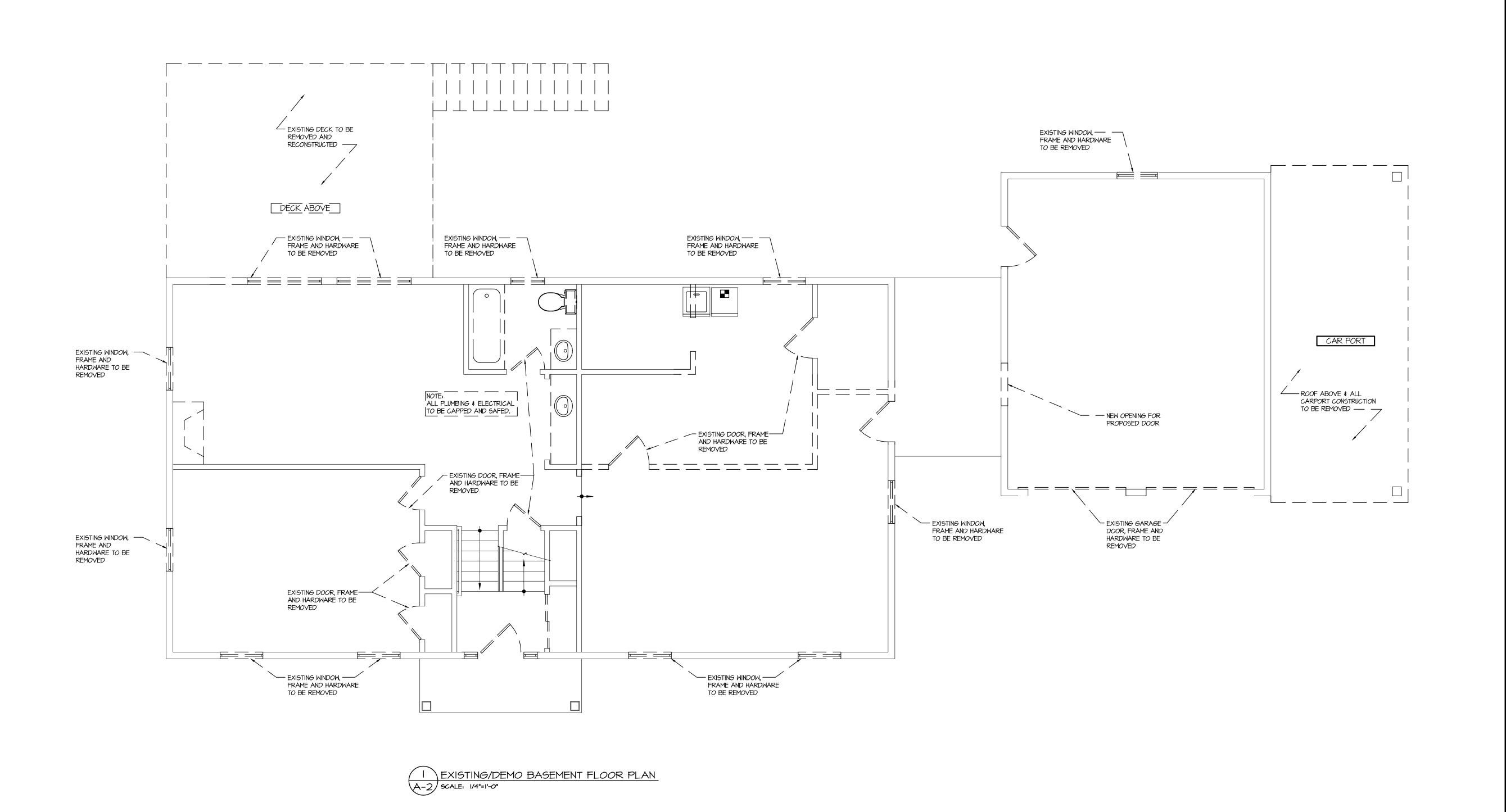




4 GINA LANE ARMONK, NY

TITLE SHEET

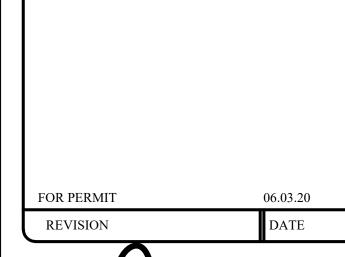




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Seal:

RED ARCHITECTOR

TO SEPH R. CROCCO

TO SEPH



PROPOSED ALTERATION

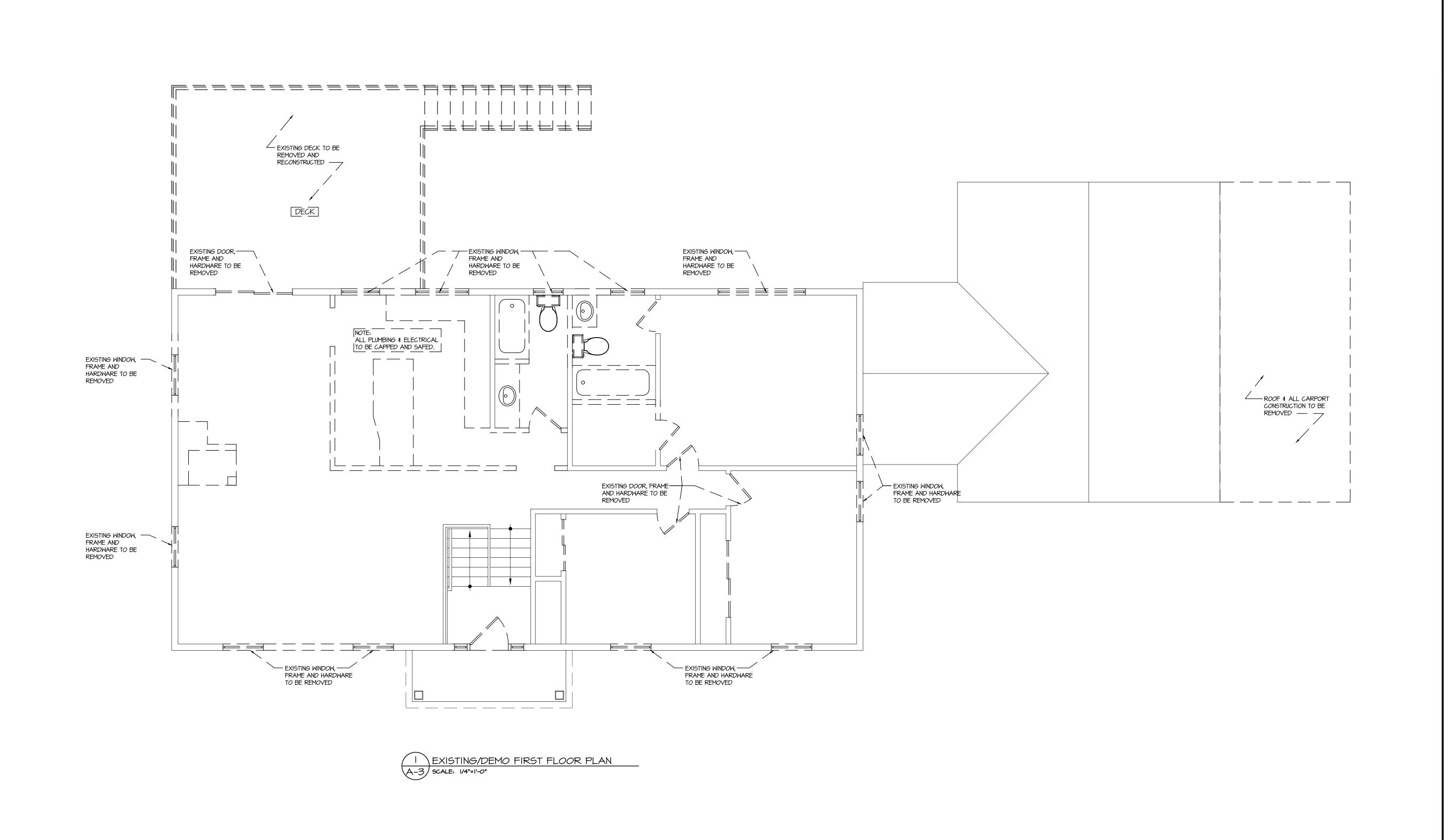
4 GINA LANE ARMONK, NY

Dwg. Name:

BASEMENT DEMO PLAN

Project No: 20014

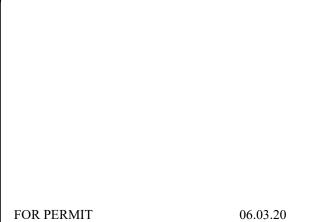
Date: MAY 22, 2020



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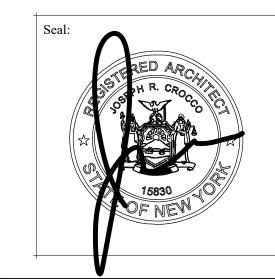
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DATE

REVISION

REVISION





PROPOSED ALTERATION

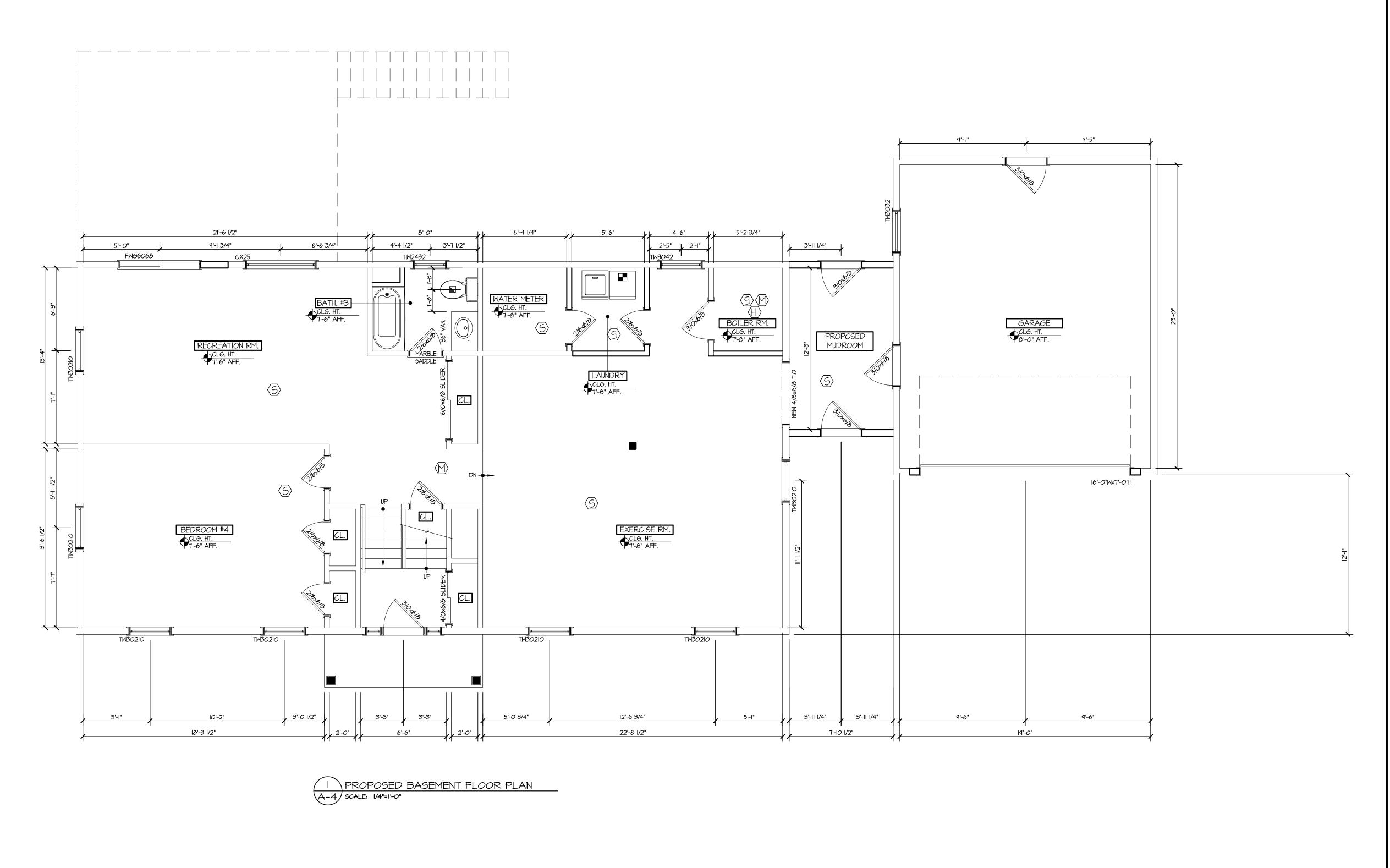
> 4 GINA LANE ARMONK, NY

FIRST FLOOR
DEMO PLAN

Project No: 20014

Date: MAY 22, 2020 Sheet Number:

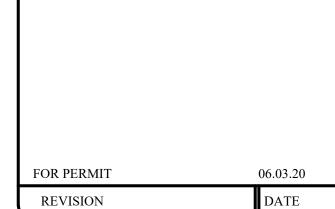
A-3

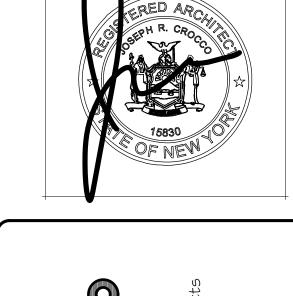


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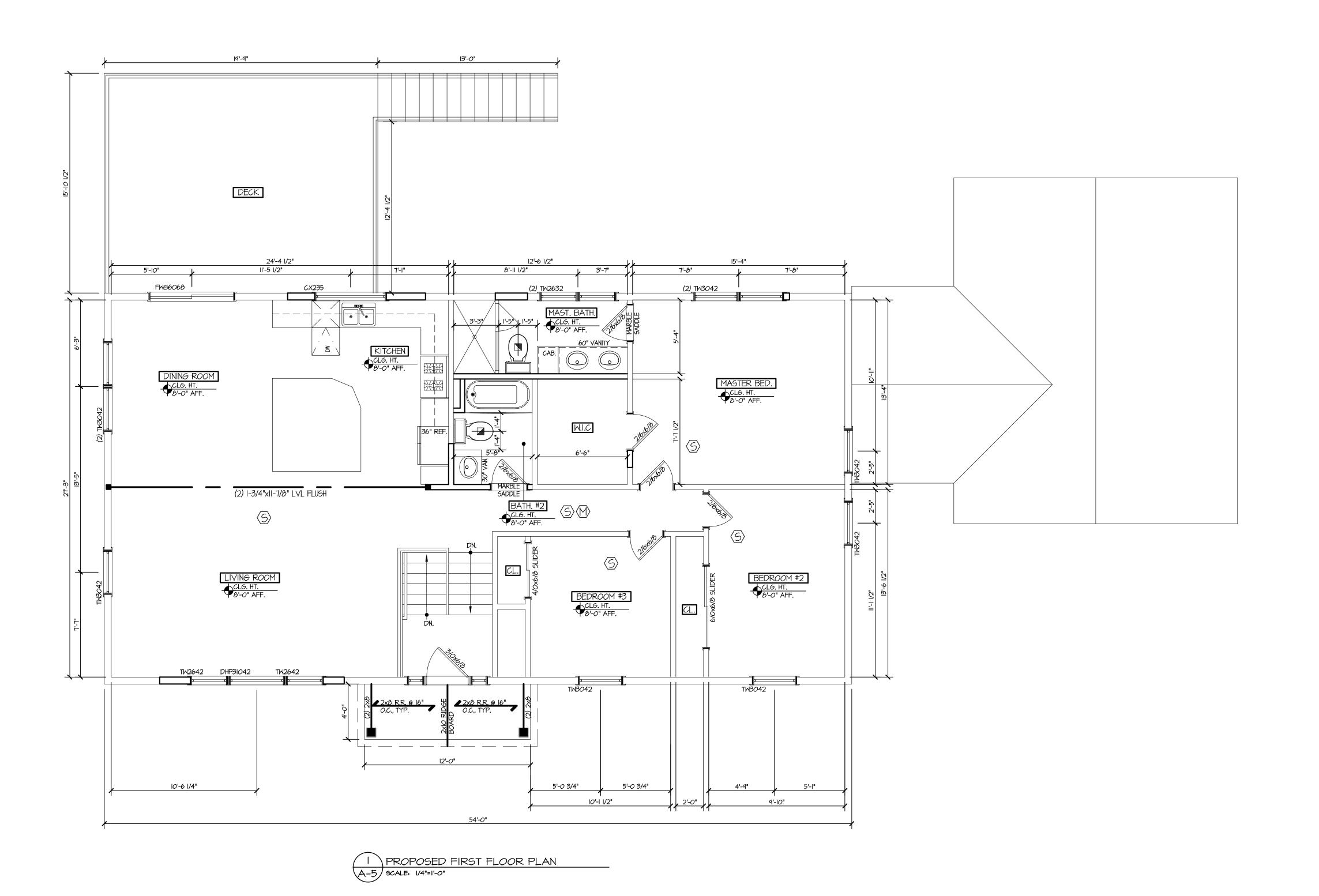




PROPOSED **ALTERATION**

4 GINA LANE ARMONK, NY

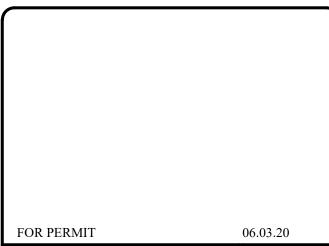
Dwg. Name:
PROPOSED BASEMENT
FLOOR PLAN



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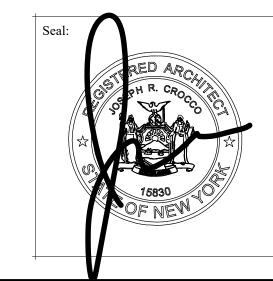
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DATE

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PROPOSED **ALTERATION**

4 GINA LANE ARMONK, NY

PROPOSED FIRST FLOOR PLAN



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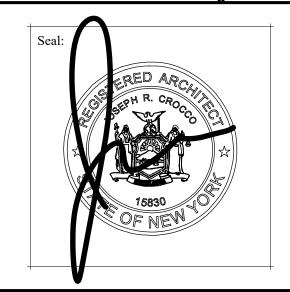
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REVISIONS DUE TO COMMENTS 07.16.20 FOR PERMIT 06.03.20

DATE

REVISION

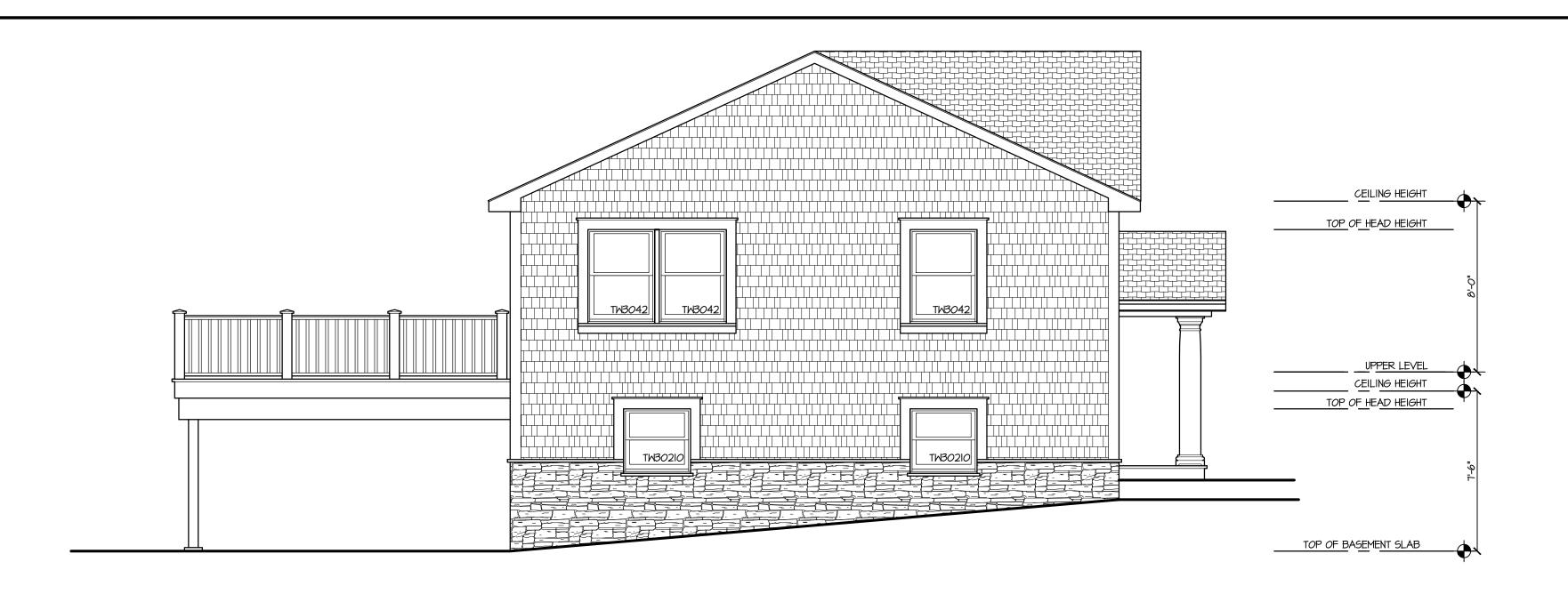


joseph

PROPOSED ALTERATION

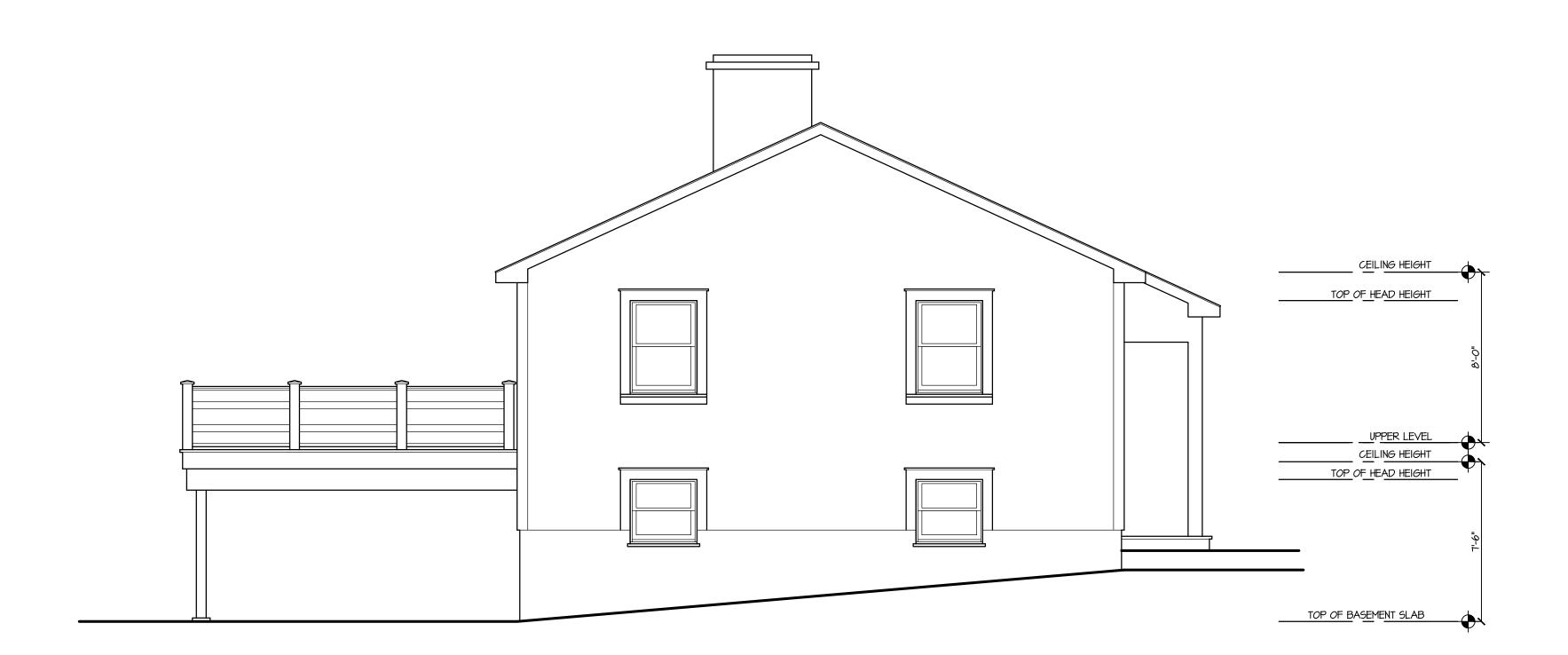
4 GINA LANE ARMONK, NY

Dwg. Name:
FRONT ELEVATION



PROPOSED LEFT SIDE ELEVATION

A-7 SCALE: 1/4"=1'-0"

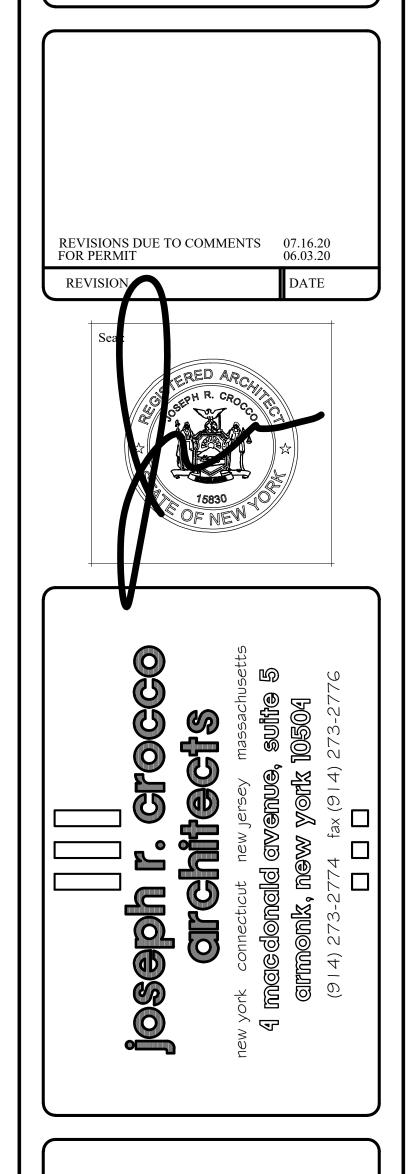


2 EXISTING LEFT SIDE ELEVATION A-7 SCALE: 1/4"=1'-0" ALL DRAWINGS & WRITTEN MAT'L. APPEARING HEREIN CONSTITUTE ORIGINAL & UNPUBLISHED WORK OF THE ARCHITECT & MAY NOT BE DUPLICATED, USED OR DISCLOSED WOUT WRITTEN CONSENT OF THE ARCHITECT. THEREFORE, ALL DWGS. HEREIN ARE FOR THE EXPRESS USE OF THE JOB CALLED OUT IN THE TITLE BLOCK & MAY NOT BE DUPLICATED FOR THE USE OF SIMILAR JOBS.

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PROPOSED ALTERATION

4 GINA LANE ARMONK, NY

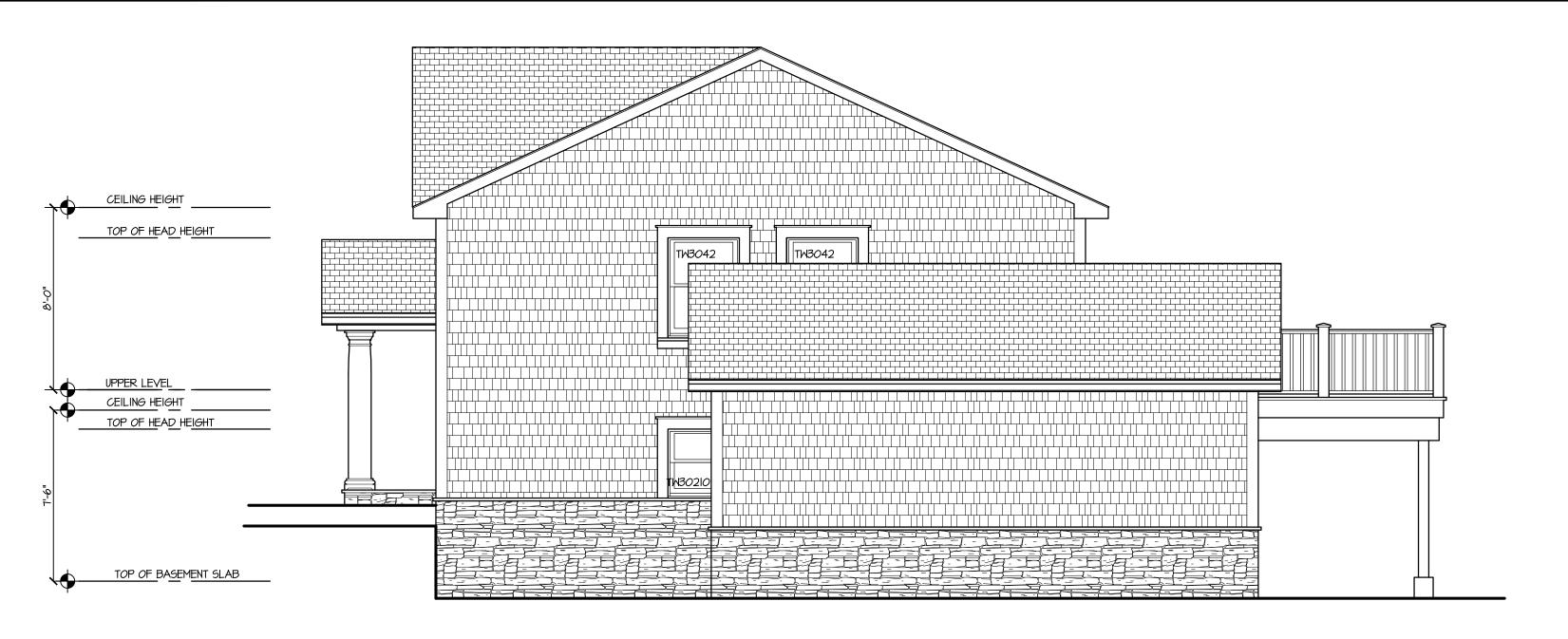
Dwg. Nam

LEFT SIDE ELEVATION

Project No: 20014

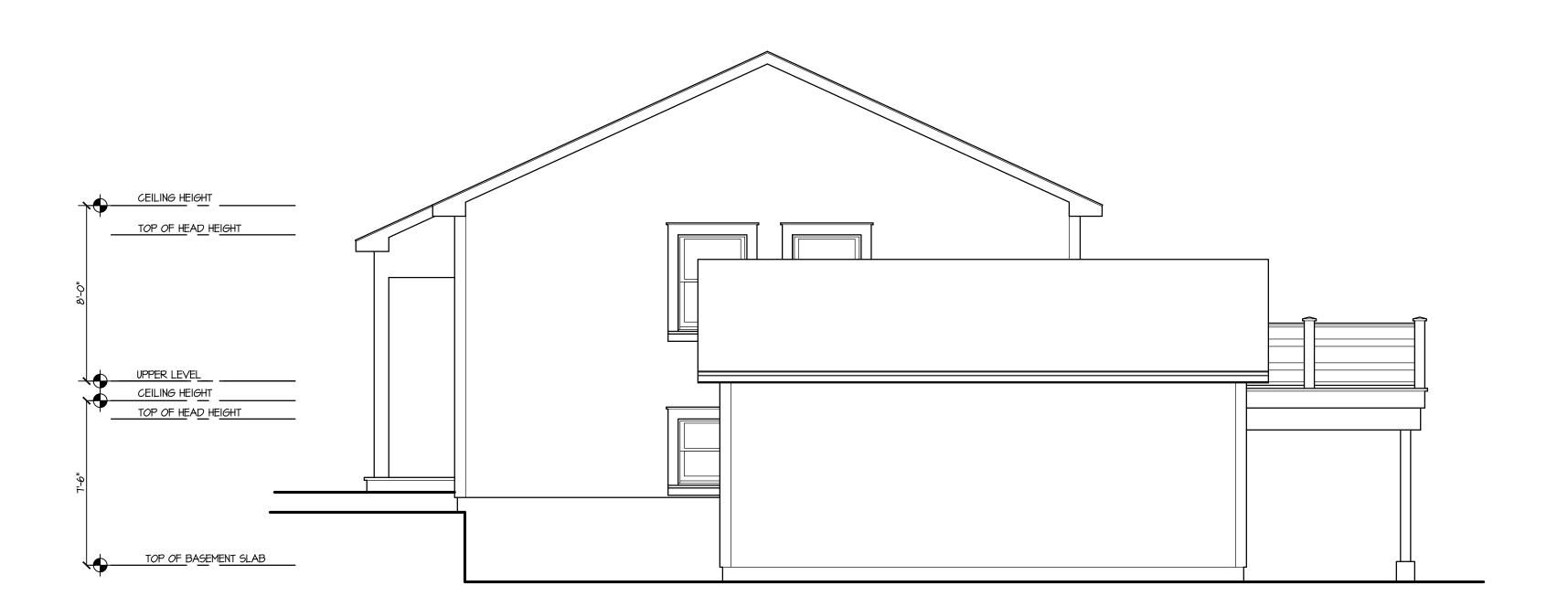
Date:
MAY 22, 2020

Sheet Number:



PROPOSED RIGHT SIDE ELEVATION

A-8 SCALE: 1/4"=1'-0"

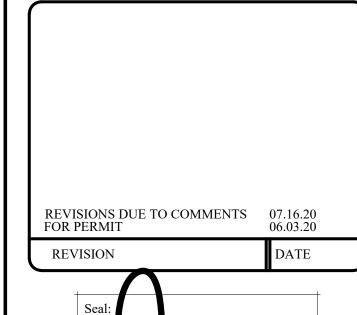


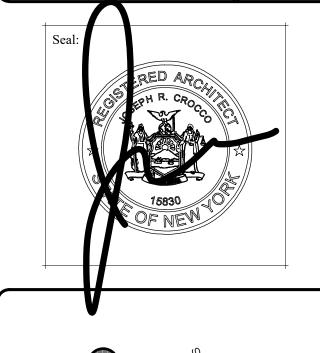
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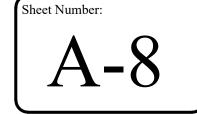
4 GINA LANE ARMONK, NY

Dwg. Nam

RIGHT SIDE ELEVATION

Project No: 20014

Date: MAY 22, 2020





2 EXISTING REAR ELEVATION A-9 SCALE: 1/4"=1'-0"

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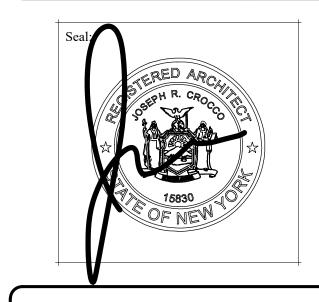
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REVISION



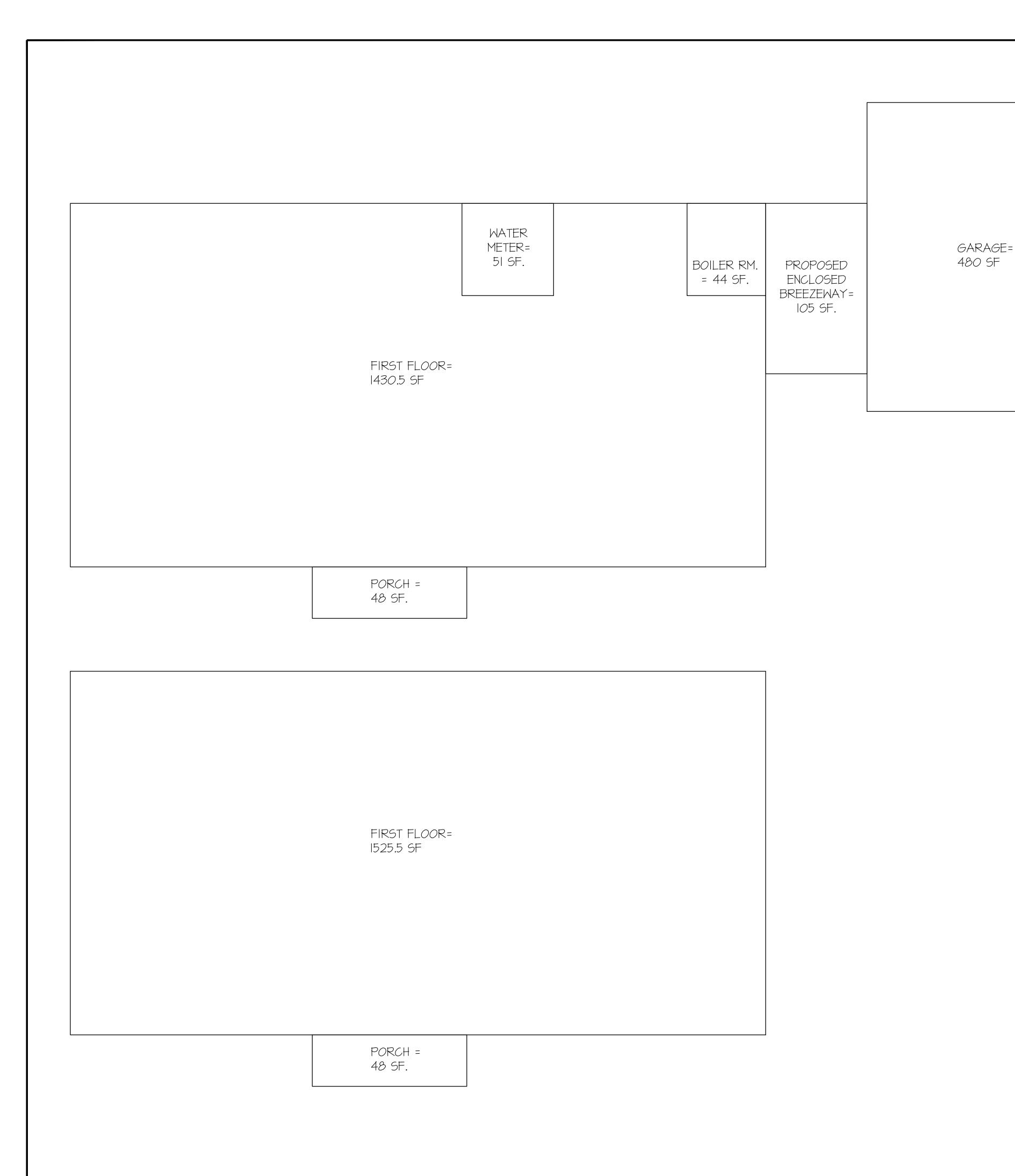


PROPOSED **ALTERATION**

4 GINA LANE ARMONK, NY

Dwg. Name:
REAR ELEVATION

TOP OF BASEMENT SLAB



TOWN OF NORTH CASTLE WESTCHESTER COUNTY 17 Bedford Road Armonk, New York 10504-1898 PLANNING DEPARTMENT Telephone: (914) 273-3542 Adam R. Kaufman, AICP Fax: (914) 273-3554 Director of Planning www.northcastleny.com FLOOR AREA CALCULATIONS WORKSHEET Application Name or Identifying Title: 4 GINA LANE Date: 06/03/20 Tax Map Designation or Proposed Lot No.: Floor Area 1. Total Lot Area (Net Lot Area for Lots Created After 12/13/06): 87,225 SF. 2. Maximum permitted floor area (per Section 213-22.2B): 10,126 SF. Amount of floor area contained within first floor: <u>1,525.5 SF.</u> existing + <u>O SF.</u> proposed = __1,525.5 SF.___ 4. Amount of floor area contained within second floor: <u>O SF.</u> existing + <u>O SF.</u> proposed = __0.5F.____ 5. Amount of floor area contained within garage: 480 SF. existing + 0 SF. proposed = __480 SF.___ 6. Amount of floor area contained within porches capable of being enclosed: __48 SF.____ <u>48 SF.</u> existing + <u>O SF.</u> proposed = Amount of floor area contained within basement (if applicable - see definition): <u>1430.5 SF.</u> existing + <u>105 SF.</u> proposed = __1,535.5 SF. 8. Amount of floor area contained within attic (if applicable – see definition): O SF. existing + O SF. proposed = __ 0 SF.____ 9. Amount of floor area contained within all accessory buildings: <u>O SF.</u> existing + <u>O SF.</u> proposed = __0 SF.____ 10. Proposed floor area: Total of Lines 3-9=3,589 SF. If Line 0 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. ire and Seal of Professional Preparing Worksheet

ALL DRAWINGS & WRITTEN MAT'L. APPEARING
HEREIN CONSTITUTE ORIGINAL & UNPUBLISHED
WORK OF THE ARCHITECT & MAY NOT BE
DUPLICATED, USED OR DISCLOSED WOUT WRITTEN
CONSENT OF THE ARCHITECT. THEREFORE, ALL
DWGS. HEREIN ARE FOR THE EXPRESS USE OF THE
JOB CALLED OUT IN THE TITLE BLOCK & MAY NOT
BE DUPLICATED FOR THE USE OF SIMILAR JOBS.

DO NOT SCALE DWGS, USE GIVEN DIMENSIONS ONLY. IF NOT SHOWN, VERIFY CORRECT DIMENSIONS WITH THE ARCHITECT. THE CONTRACTOR SHALL CHECK & VERIFY ALL DIMENSIONS & CONDITIONS AT THE SITE. PLEASE NOTIFY ARCHITECT OF ANY DISCREPANCIES.

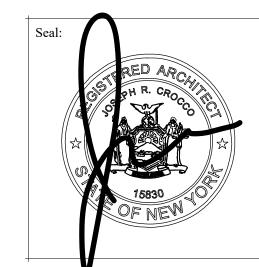
UNAUTHORIZED ADDITION OR ALTERATION OF THIS PLAN IS A VIOLATION OF SECTION 1209(2) OF THE NEW YORK STATE EDUCATION LAW.

THE ARCHITECT WAIVES ANY AND ALL RESPONSIBILITY AND LIABILITY FOR PROBLEMS WHICH ARISE FROM FAILURE TO FOLLOW THESE PLANS AND THE DESIGN INTENT THEY CONVEY, OR FOR PROBLEMS WHICH ARISE FROM OTHER'S FAILURE TO OBTAIN AND/OR FOLLOW THE ARCHITECT'S GUIDANCE WITH RESPECT TO ANY ERRORS, OMISSIONS INCONSISTENCIES, AMBIGUITIES OR CONFLICTS WHICH ARE ALLEGED.

FOR PERMIT 06.03.20

FOR PERMIT
REVISION

06.03.20 DATE



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PROPOSED ALTERATION

4 GINA LANE ARMONK, NY

g. Name: FLO

FLOOR AREA WORKSHEET

Project No: 20014

Date: MAY 22, 2020 A-10