



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 \$100. 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: 52 Stonewall Circle West Harrison, Ny 10604

Zoning District: R1A Property Acreage: .626 Tax Map Parcel ID: _____

Date: 9/17/20 -37 North Castle not sure -> see attached tax bill

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
- 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

Page 2

- 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.

More information about the items required herein can be obtained from the North Castle Planning Department. A copy of the Town Code can be obtained from Town Clerk or on the North Castle homepage: <http://www.northcastleny.com/townhall.html>

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



TOWN OF NORTH CASTLE
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 17 Bedford Road
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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: 52 STONEWALL CIRCLE Date: 9/18/2020

Tax Map Designation or Proposed Lot No.: _____

Gross Lot Coverage

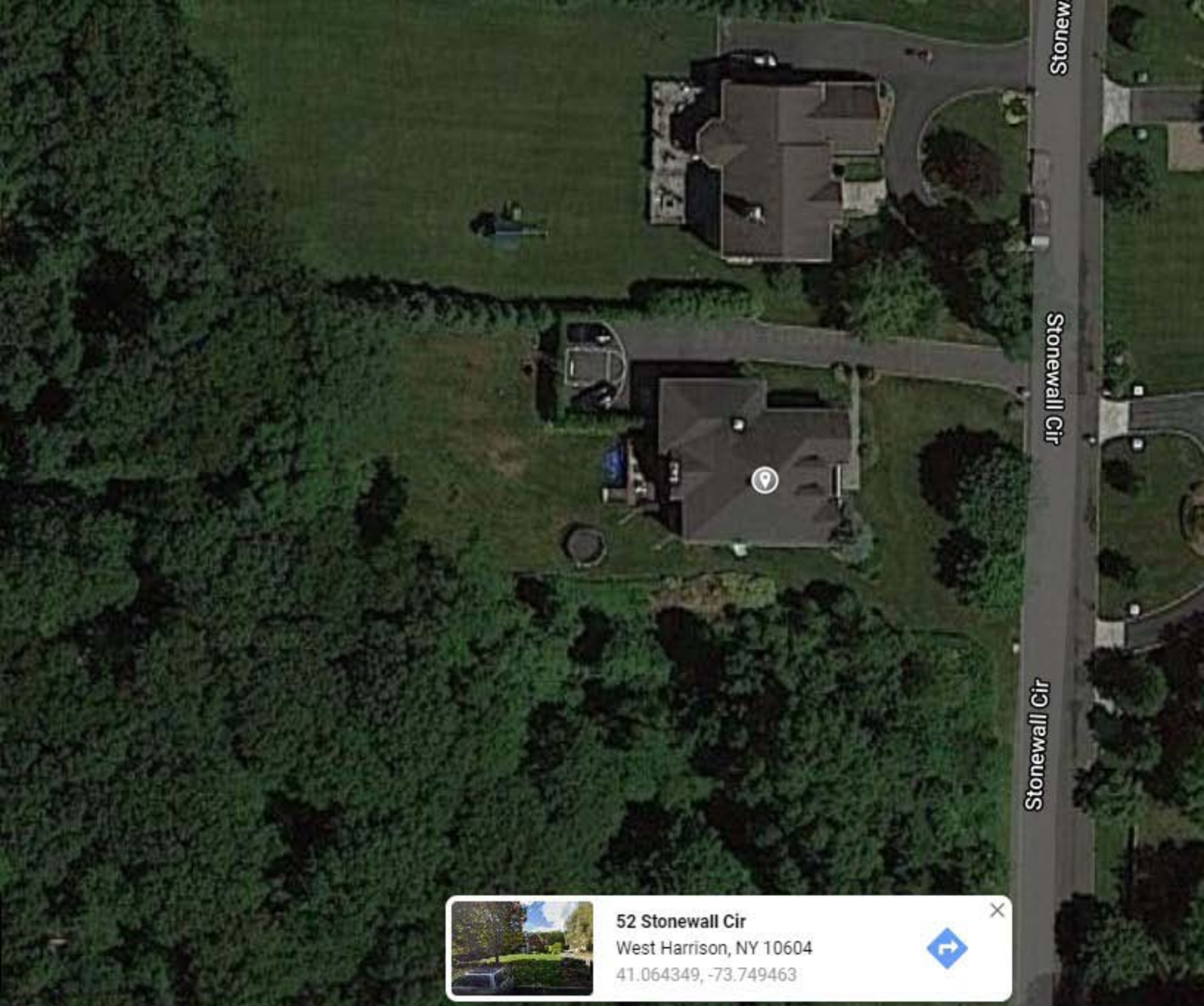
- 1. Total lot Area (Net Lot Area for Lots Created After 12/13/06): 27,277 SF
(TOWNS OF HARRISON & NORTH CASTLE)
- 2. **Maximum** permitted gross land coverage (per Section 355-26.C(1)(b)): 7,243 SF
- 3. **BONUS** maximum gross land cover (per Section 355-26.C(1)(b)):
 Distance principal home is beyond 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 + 240 proposed = 240 SF
- 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 Planning Board or Planning 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



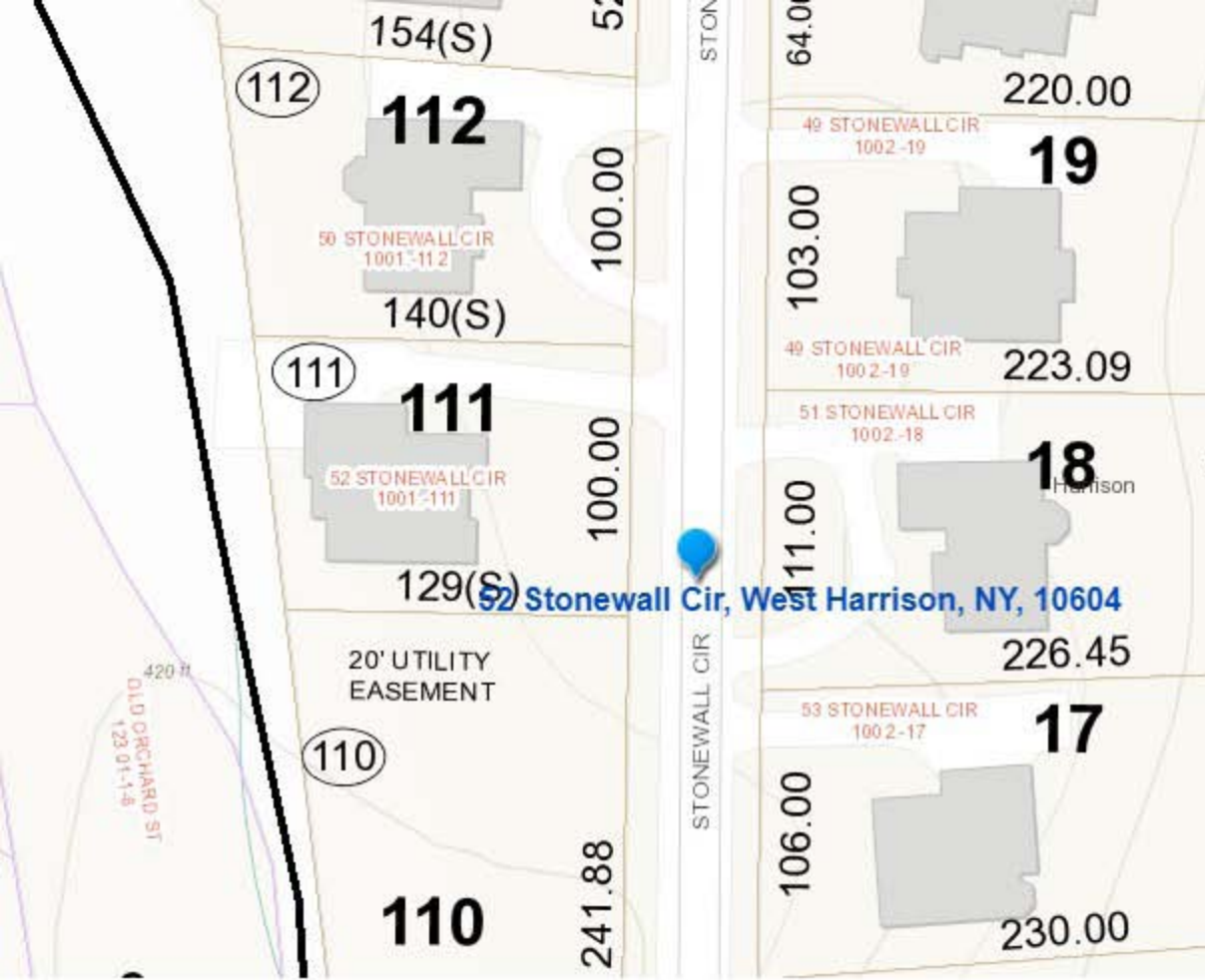
Date: 9/18/2020



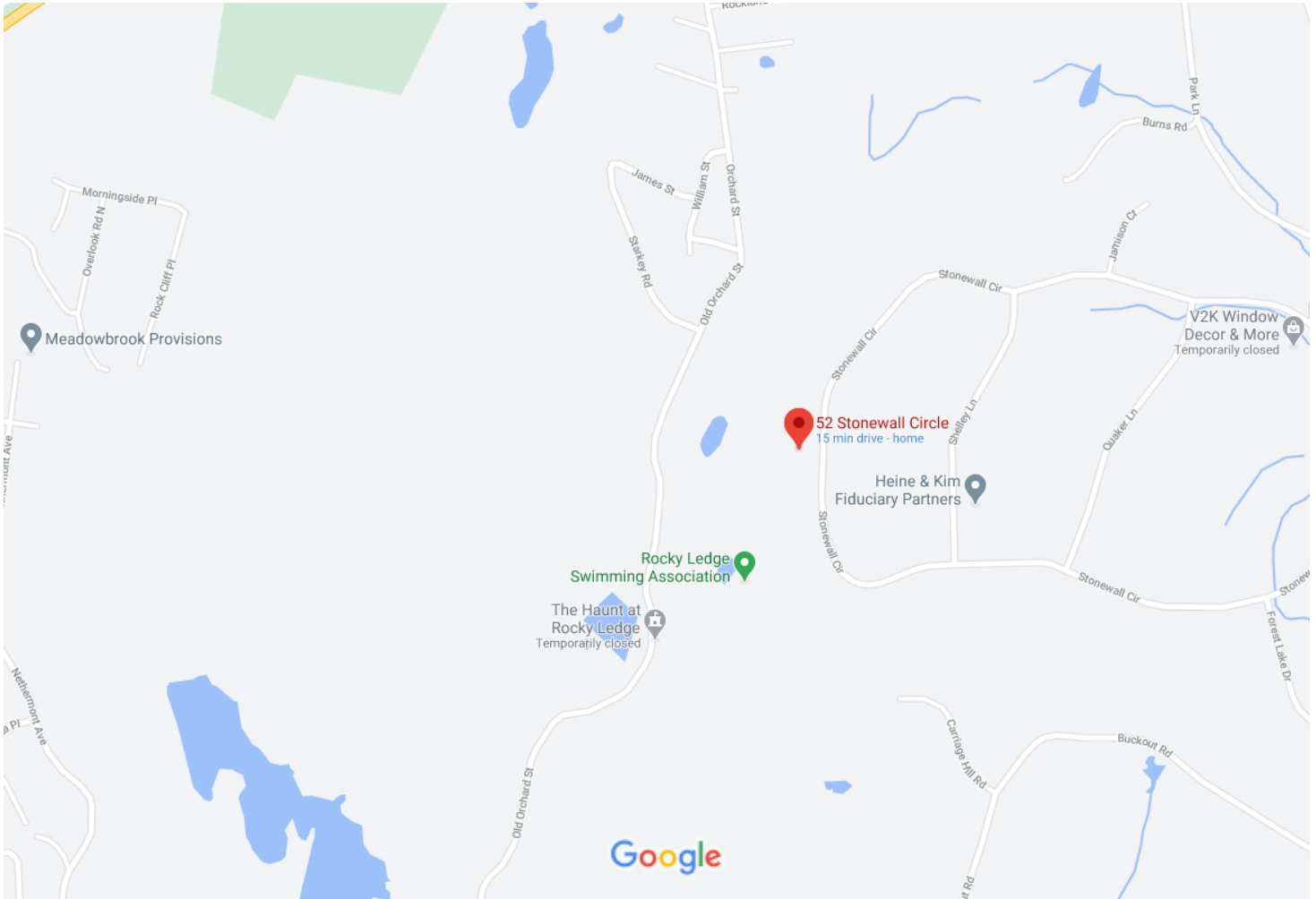
52 Stonewall Cir
West Harrison, NY 10604
41.064349, -73.749463







Google Maps 52 Stonewall Cir



Map data ©2020 500 ft



52 Stonewall Cir

West Harrison, NY 10604



Directions



Save



Nearby



Send to your phone



Share

SURVEY OF PROPERTY
 PREPARED FOR
EMPIRE HOMES CORP.

PROPERTY BEING LOT P-6
 MAP ENTITLED
"PROPERTY OF HARRISON PARK LANE ASSOCIATES"
 TOWN AND VILLAGE OF HARRISON
 WESTCHESTER COUNTY, NEW YORK

JOHN MARANO

Land Surveyor
RICH FAZIO ASSOCIATE
 7 Toms Way
 Lagrangeville, New York 10540
 516-866-1744



SAID MAP FILED IN WESTCHESTER COUNTY CLERK'S OFFICE,
 DIVISION OF LAND RECORDS ON SEPT. 28, 1987
 AS MAP NO. 22533

SCALE - 1" = 30'

SURVEYED - Nov. 18, 2002
 DEDICANT TO DATE: JUNE 18, 2003

BY _____
 New York State Licensed Surveyor No. 36697

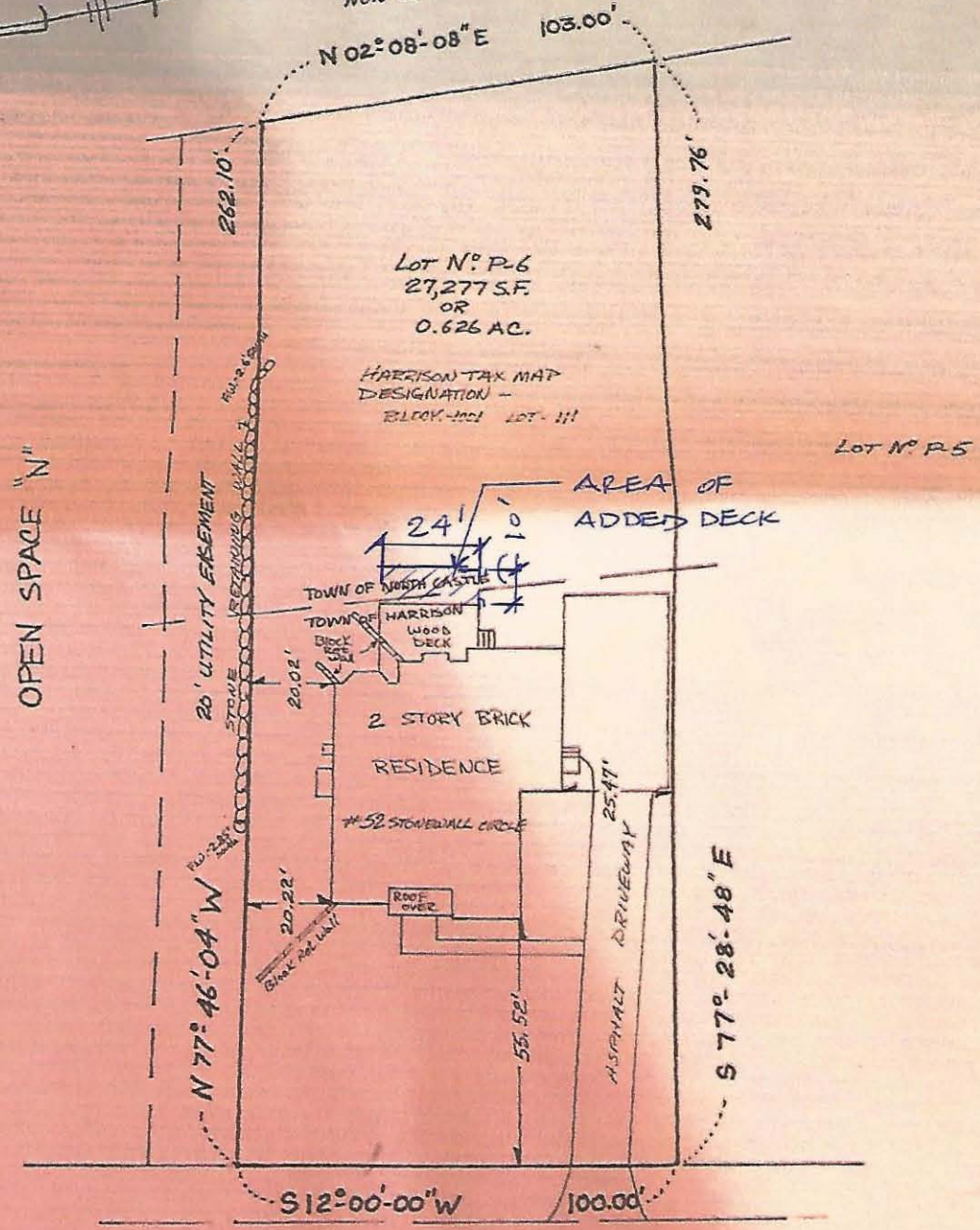
IN ACCORDANCE WITH THE SURVEYING AND TITLE SURVEYS OF
 THE STATE OF NEW YORK

CERTIFIED TO:

- 1-Adam S. Groothuis and Denise E. Groothuis
- 2-Wells Fargo Home Mortgage, Inc.
- 3-Titlepro Agency LLC. Title # W-TP037004
- Fidelity National Title Insurance Co. of New York



NOW OR FORMERLY QUAD



STONEWALL CIRCLE (500')



C

50 STONEWALL CIR
1001-112

140(S)

100

440

111

111

52 STONEWALL CIR
1001-111

100.00

Harris out 34

North Castle

432

428
129(S)

52 Stonewall Cir, West Har

420 ft

20' UTILITY
EASEMENT

NEWALL CIR

426

110

103.0

49 STO NEWALL CIR
1002-10

111.00

ison, NY, 10604



JOHN ANASTASIOU, AIA
320 Kelly Street, Hawthorne, New York 10532
(914) 262-3695
johnpanastasiou@gmail.com

September 18, 2020

Re: 52 Stonewall Circle
Harrison, NY

Zoning Conformance Table

Note: The property is located in both, the Towns of Harrison and North Castle. The existing house, driveway, and deck are in the Town of Harrison. The extension of the existing deck will be in the Town of North Castle. The proposed deck extension is 240 SF

Following are the applicable zoning requirements:
(R1A District) Total Lot Area (27, 277 SF)

Side yard – Minimum 25 FT – Provided 30 FT+/- South Side yard
(No change from existing deck)
Provided 48FT +/- North Side Yard
(No change from existing deck)

Rear Yard – Minimum 40 FT – Provided 125 FT +



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3. BONUS maximum gross land cover (per Section 355-26.C(1)(b)):
 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 + 240 proposed = 240 SF
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 9/18/2020

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 Insurance Agent of that Carrier

<p>1a. Legal Name & Address of Insured (use street address only) G L C. UNITED CONSTRUCTION INC</p> <p>15 LINDEN AVENUE OSSINING, NY 10562</p> <p><small>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</small></p>	<p>1b. Business Telephone Number of Insured 914-424-3488</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 463426810</p>
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<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) TOWN OF NORTH CASTLE BUILDING DEPARTMENT</p> <p>17 BEDFORD RD ARMONK, NY 10504</p>	<p>3a. Name of Insurance Carrier ShelterPoint Life Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box "1a" DBL540025</p> <p>3c. Policy effective period <u>09/05/2020</u> to <u>09/04/2021</u></p>
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4. Policy provides the following benefits:

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 Disability and Paid Family Leave Benefits Law.

B. Only the following class or classes of employer's employees:

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 NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 9/22/2020 By 
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 516-829-8100 Name and Title Richard White, Chief Executive Officer

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

**State of New York
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____
(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.**



CERTIFICATE OF WORKERS' COMPENSATION INSURANCE



SCAN TO VALIDATE
AND SUBSCRIBE

^ ^ ^ ^ ^ ^ ^ ^ 463426810
REY INSURANCE AGENCY INC
219 N BROADWAY
PO BOX 845
SLEEPY HOLLOW NY 10591

POLICYHOLDER G L C. UNITED CONSTRUCTION INC 15 LINDEN AVE OSSINING NY 10562		CERTIFICATE HOLDER TOWN OF NORTH CASTLE BUILDING DEPARTMENT 17 BEDFORD RD ARMONK NY 10504	
POLICY NUMBER W2453 300-2	CERTIFICATE NUMBER 550261	POLICY PERIOD 09/05/2020 TO 09/05/2021	DATE 9/22/2020

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2453 300-2, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS POLICY DOES NOT COVER CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE OFFICERS OF THE INSURED CORPORATION.

PRESIDENT
LUIS GALLEGGO
G L C. CONSTRUCTION INC
1 OF 1

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND



DIRECTOR,INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 900325525



Town of North Castle Building Department

17 Bedford Road

Armonk, New York 10504-1898

Telephone: (914) 273-3000 ext. 44 Fax: (914) 273-3554

www.northcastleny.com

Residential Building Permit Application

NOTE: TWO (2) SETS OF ALL REQUIRED DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION

Section I- PROJECT ADDRESS: 52 Stonewall Circle DATE: 9/22/20

West Harrison, NY 10604

Section II- CONTACT INFORMATION: (Please print clearly. All information must be current.)

APPLICANT: Denise Groothuis

ADDRESS: 52 Stonewall Circle West Harrison, NY 10604

PHONE: 914-945-1117 MOBILE: 917-439-1209 EMAIL: denisegroo@gmail.com

PROPERTY OWNER: Same as above

ADDRESS: _____

PHONE: _____

MOBILE: _____

EMAIL: _____

Section III- DESCRIPTION OF WORK: (Any work conducted outside of the house requires approval from the RPRC unless the proposed action is minor in nature and complies with 355-26 C (3) of the Town of North Castle code.)

Enlargement of existing deck, extending it by 240 square feet.

Section IV- USE AND OCCUPANCY:

EXISTING/ CURRENT USE: Residential

PROPOSED RESIDENTIAL:

- One Family Dwelling
- Two Family Dwelling
- Townhouse
- Detached Accessory Structure

Section V- PERMIT FEES: (\$100 app fee plus \$14 per \$1000, cost of construction and a \$75 CO fee.)

ESTIMATED COST OF CONSTRUCTION (Based on fair market value labor & material) \$ 15,000

AFFIDAVIT OF CONSTRUCTION COST: This affidavit must be completed by the Design Professional if the estimated cost is \$20,000 or more.

Town of North Castle Building Department

Section V- (Continued)

John Anastasiou

do hereby affirm and certify as follows: (i) I am the architect/engineer (circle one) licensed by the State of New York; (ii) I have reviewed the plans, drawings and specifications for this application and am fully familiar with the proposed construction; (iii) based on my experience, I estimate the total cost of construction including all labor, all materials, all professional fees and all associated costs to be approximately \$15,000.00, and (iv) pursuant to Penal Law 210.45, I acknowledge that a false statement made knowingly is a Class A misdemeanor.

Signature: [Handwritten Signature] Date: 9/18/2020



Section VI- CONTACT INFORMATION: (Please print clearly. All information must be current)

ARCHITECT/ ENG: John Anastasiou, AIA

ADDRESS: 320 Kelly Street, Hawthorne, New York 10532

PHONE: _____ MOBILE: 914-262-3695

EMAIL: JohnPAnastasiou@gmail.com

CONTRACTOR: GLC United Construction

ADDRESS: 15 Linden Avenue, Ossining, Ny 10562

PHONE: 914-424-3488 MOBILE: - EMAIL: lgallrigo94@yahoo.com

PLUMBER: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

ELECTRICIAN: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

Section VII- APPLICANT CERTIFICATION

I hereby certify that I have read the instructions & examined this application and know the same to be true & correct. All provisions of laws & ordinances covering this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or land use or the performance of construction.

Signature: [Handwritten Signature] Date: 9/21/20

Town of North Castle Building Department

N/A

Section VIII- AFFIDAVIT OF OWNER AUTHORIZATION IF APPLICABLE: (To be notarized)

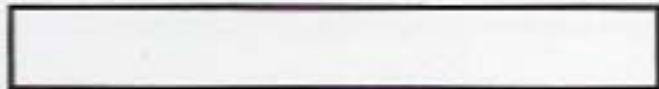
STATE OF NEW YORK }
COUNTY OF WESTCHESTER } SS:

The applicant _____ has proper consent from said owner to make this application as submitted and said owner agrees to all terms and conditions placed upon same.

Owner's Name (PRINT) _____ Owner's Signature _____

Sworn to before me this _____ day of _____, 20 _____

Notary Signature _____



Notary Stamp Here

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Zone: _____ Section: _____ Block: _____ Lot: _____

Building Department Checklist:

Does this permit require RPRC approval? [] Yes [] No

[] GC License [] Work. Comp. [] Liability. Ins. [] Disability [] Two sets of documents

[] Permit Fee _____ Payment: [] Check #: _____ [] Cash [] Credit Card

Name on check: _____

Received By: _____ Application No.: _____

BUILDING INSPECTOR APPROVAL

Has all the conditions of the RPRC been met? [] Yes [] NA

Is a Flood Development permit required? [] Yes [] No

Reviewed By: _____ Date: _____

Building Inspector Approval: _____ Date: _____

Conditions: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/22/2020

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).

PRODUCER Rey Insurance Agency Inc 219 North Broadway PO Box 845 Sleepy Hollow NY 10591-0845	CONTACT NAME: Marcus de Almeida PHONE (A/C No. Ext): (914) 631-7628 E-MAIL ADDRESS: marcus@reyinsurance.com	FAX (A/C No): (914) 631-7409
	INSURER(S) AFFORDING COVERAGE	
INSURED G L C United Construction Inc 15 Linden Ave Ossining NY 10562	INSURER A: Utica First Insurance	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL2091713655

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		ART511920502	8/29/2020	8/29/2021	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 50,000	
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Classification - Carpentry, Painting, Masonry/

Town of North Castle Building Department, 17 Bedford Rd, Armonk, NY 10504 is listed ad additional insured/

CERTIFICATE HOLDER**CANCELLATION**

Town of North Castle Building Department 17 Bedford Rd Armonk, NY 10504	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE L Rey Iannarelli/CSR 
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ACORD 25 (2014/01)

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INS025 (201401)

TOWN OF NORTH CASTLE 2020 - 2021 SCHOOL TAX BILL

Bill No: 000740

*For Fiscal Year 07/01/2020-06/30/2021 * Warrant Date 8/26/2020

MAKE CHECKS PAYABLE AND MAIL TO:

PATRICIA ANN COLOMBO, RECEIVER OF TAXES
 17 BEDFORD ROAD
 ARMONK, NY 10504-1898
 914-273-6620

GROOTHUIS ADAM S
 GROOTHUIS DENISE E
 52 STONEWALL CIR
 W HARRISON, NY 10604



PROPERTY ADDRESS & LEGAL DESCRIPTION

SWIS: 553800 S/B/L 123.1-1-5
 Address: OLD ORCHARD ST
 Town of: NORTH CASTLE
 School: 553405 - VALHALLA CSD
 NYS Tax & Finance School District Code: 654
 Property Class: 311 - Res Vacant Landroll Sect. 1
 Parcel Dimensions: Acreage - 0.37
 Bank Code:
 Est State Aid: SCHL \$4,992,912
 Mrkt val: 43,478
 Assesd val: 1,000

Exemption	Value	TaxPurpose	Full Value Estimate	Exemption	Value	TaxPurpose	Full Value Estimate
-----------	-------	------------	---------------------	-----------	-------	------------	---------------------

SCHOOL TAXES

Levy Description	Total Tax Levy	% Change From Prior Year	Taxable Assessed Value (Before Star)	Tax Rate Per \$1000	Tax Amount
VALHALLA CSD	44,421,540	0.99	1,000	879.210000	879.21

TOTAL TAX: \$879.21

First Half Due by: 09/30/2020

Second Half Due by: 01/31/2021

\$439.61

\$439.60

THIS IS THE ONLY BILL YOU WILL RECEIVE

THERE WILL BE NO DUPLICATE BILL SENT FOR THE SECOND HALF DUE IN JANUARY
 WHEN PAYING IN PERSON PLEASE BRING THE ENTIRE BILL WITH YOU

REGISTER FOR E-BILLS, RECEIPTS & REMINDERS via EMAIL - visit northcastlenny.com - RECEIVER OF TAXES
 WHEN PAYING BY MAIL PLEASE DETACH AND REMIT BOTTOM PORTION WITH PAYMENT