ALFONZETTI ENGINEERING, P.C.

1100 Route 52, Carmel, N.Y. 10512

(845) 228-9800

Info@AlfonzettiEng.com

Adam R. Kaufman, AICP Director of Planning Planning Department Town of North Castle 17 Bedford Road Armonk, NY 10504

September 28, 2020

Re:

2 Tripp Lane/Saglimbeni Residence/Remediation Plan

Town of North Castle

Adam:

Please find enclosed the following:

- One (1) full size plan entitled "Remediation Plan, dated September 16, 2020, Saglimbeni Residence, 2 Tripp Lane, Town of North Castle, Westchester County, NY."
- One (1) copy of the exhibit entitled Property View.
- One (1) copy of the exhibit entitled Aerial View.
- One (1) copy of the Gross Land Coverage Worksheet, and backup exhibit.
- One (1) copy of Application for Site Development Plan Approval.
- Check No. 1804, made out to the Town of North Castle, for the amount \$50.00
- Check No. 1802, made out to the Town of North Castle, for the amount \$100.00
- Check No. 1803, made out to the Town of North Castle, for the amount \$75.00
- Check No. 1801, made out to the Town of North Castle, for the amount \$300.00
- One (1) Copy of approved Highway Department Permit & Bond refund letter.

We are requesting placement on the next planning Board agenda.

Please call if there are any questions.

Thank You,

Ralph Alfonzetti

ALFONZETTI NGINEERING, P.C.



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:		
Project Name on Plan: Saglimbeni Residence - Remediation Plan		
■Initial Submittal □Revised Preliminary		
Street Location: 2 Tripp Lane, Armonk, NY 10504		
Zoning District: R-2A Property Acreage: 2.16 Tax Map Parcel ID: 108.02-1-11		
Date:		
DEPARTMENTAL USE ONLY		
Date Filed: Staff Name:		
Preliminary Plan Completeness Review Checklist		
Items marked with a are complete, items left blank are incomplete and must be		
completed, "NA" means not applicable.		
1. Plan prepared by a registered architect or professional engineer		
2. Aerial photo (Google Earth) showing the applicant's entire property and adjacent		
properties and streets		
B. Map showing the applicant's entire property and adjacent properties and streets		
1. A locator map at a convenient scale		
The proposed location, use and design of all buildings and structures		
5. Existing topography and proposed grade elevations		
7. Location of drives		
3. Location of all existing and proposed site improvements, including drains, culverts, retaining walls and fences		

RPRC COMPLETENESS REVIEW FORM

Page 2

Ь	Description of the last of the	
L_,	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	
1.	Submission of a Zoning Conformance Table depicting the plan's compliance with the minimum requirements of the Zoning District	
2.	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.	
3.	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.	



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

The substitution of the substitution with this application
Section I- PROJECT ADDRESS: 2 Tripp Lane, Armonk, NY 10504 DATE: 9/28/2020
Section II- CONTACT INFORMATION: (Please print clearly. All information must be current.)
APPLICANT: Marta & Santo Saglimbeni
ADDRESS: 2 Tripp Lane, Armonk, NY 10504
PHONE: MOBILE: 914-450-4161 EMAIL: SSAGLIMB 2@ 9MAIL. COM
PROPERTY OWNER: SAME
ADDRESS:
PHONE:EMAIL: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.) Legalize terrace. Legalize tree removal.
Section IV- USE AND OCCUPANCY:
EXISTING/ CURRENT USE: Single family residence
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) \$
AFFIDAVIT OF CONSTRUCTION COST: This affidavit must be completed by the Design Professional if the estimated cost is \$20,000 or more.

Section V - (Continued)			
cation and am fully familia construction including all	e State of New York; (ii) ar with the proposed co labor, all materials, all) I have reviewed the plans, dr nstruction; (iii) based on my e professional fees and all assoc	ws: (i) I am the architect/engineer awings and specifications for this applixperience, I estimate the total cost of iated costs to be approximately that a false statement made knowingly is
Signature:		Date:	
			Sign and Affix Seal Here
Section VI- CONTACT	Γ INFORMATION: (P	lease print clearly. All information	n must be current)
ARCHITECT/ENG: Ra	alph Alfonzetti P.	.E.	
ADDRESS: 1100 Route	52, Carmel NY	10512	
PHONE: (845) 228 98	MOB	ILE:	
EMAIL: info@alfonze	ttieng.com		
CONTRACTOR: Ti	BD		
ADDRESS:			
PLUMBER: NA			
ELECTRICIAN: VA			
ADDRESS:			
PHONE:	MOBILE:	EMAIL:	
Section VII- APPLICA	NT CERTIFICATION	1	
granting of a permit does r regulating construction or	dinances covering this to not presume to give autl	type of work will be complied we hority to violate or cancel the pance of construction.	nd know the same to be true & correct. with whether specified herein or not. The provisions of any other state or local law

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:



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:	Saglimbeni Residence	Date: _	
Tax Ma	p Designation or Proposed Lot No.:	108.02-1-11		
Gross L	ot Coverage			
1.	Total lot Area (Net Lot Area for Lo	ts Created After 12/13/06):		2.16 AC
2.	Maximum permitted gross land cov	verage (per Section 355-26.C(1)(b)):		13,792.7 SQ.FT.
3.	BONUS maximum gross land cover	r (per Section 355-26.C(1)(b)):		
	Distance principal home is beyond to 0 x 10 =	minimum front yard setback		0
4.	TOTAL Maximum Permitted gro	ss land coverage = Sum of lines 2 ar	nd 3	13,792.7 SQ.FT.
5.	Amount of lot area covered by prin 2,180 existing + 0	cipal building: proposed =		2,180 SQ.FT.
6.	Amount of lot area covered by acce output existing + 0	ssory buildings: proposed =		0
7.	Amount of lot area covered by deck existing + 0	proposed =		0
8.	Amount of lot area covered by porc organization existing + 0	hes: proposed =		0
9.	Amount of lot area covered by drive 6,573 existing + 0	way, parking areas and walkways: proposed =		6,573 SQ.FT.
10.	Amount of lot area covered by terra 1,893 existing + 0	ces: proposed =		
.11.	Amount of lot area covered by tenni o existing + 0	s court, pool and mechanical equip proposed =	:	0
12.	Amount of lot area covered by all ot O existing + O	her structures: proposed =		0
13.	Proposed gross land coverage: Total			10,646 SQ.FT.
		proposal complies with the Town's ject Review Committee for review.	maximum gross lan	d coverage regulations and
12	And Soil of Place II		17 Line 13 is greater 128/2020 Date	than Line 4 your proposal

17 Bedford Road

Armonk, New York 10504-1898

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

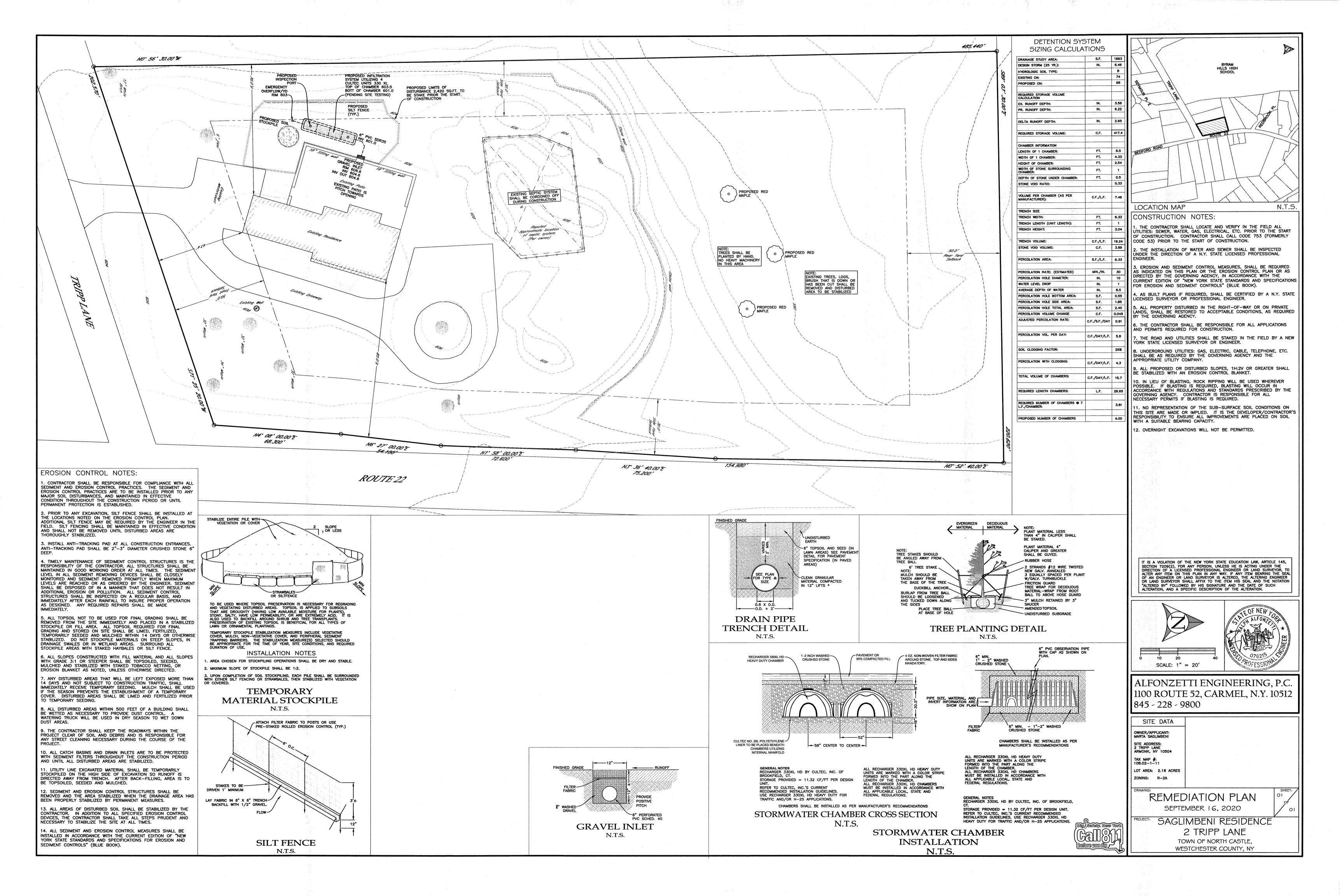
www.northcastleny.com

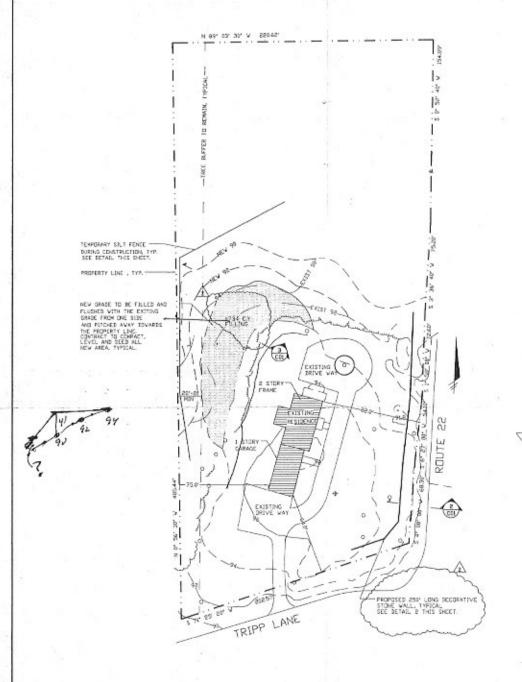
Administrative Wetland Permit Application

NOTE: TWO (3) SETS OF ALL REQUIRED DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION

Section I- PROJECT ADDRESS: 2 Tripp Lane, Armonk, NY 10504		
Section II- CONTACT INFORMATION: (Please print clearly. All information must be current.) APPLICANT: Marta & Santo Saglimbeni		
ADDRESS: 2 Tripp Lane, Armonk, NY 10504		
PHONE: MOBILE: 914-450-4161 EMAIL: SSAGLIMBZ@GMAIL.COM		
PROPERTY OWNER:		
ADDRESS:SAMC		
PHONE:MOBILE:EMAIL:		
Legalize tree removal.		
Section IV- Questioner:		
 Is the project located within the NYCDEP watershed? Yes What is the total area of proposed disturbance? 5,000 s.f. 1 acre 		
3. Total area of wetland:and/or wetland buffer disturbance:		
4. Total area of mitigation: Plantings Invasive species removed/ monitoring No-mow Zone Prohibition of pesticides/ herbicides Other		
6. Does the proposed action require any other permit/ approvals from other agencies/ Departments? (Check all that apply) Planning Board Town Board Zoning Board of appeals Flood Development Permit WCDH NYSDOT		
NYCDEP NYSDEC Wetland NYSDEC SWPPP/ NOI		

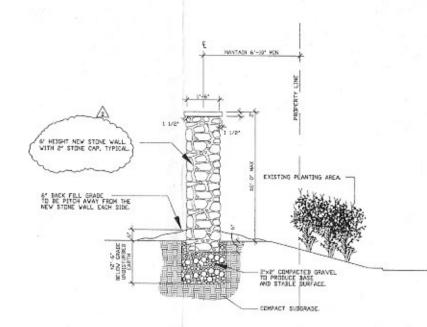
Section IV- Questioner: (Continued)
7. Requested waivers:
Section V- Fees: (Please see Master Fee Schedule on line)
Section VI- APPLICANT CERTIFICATION
Note: Initially, all applications shall be submitted with three sets of plans that illustrate the existing conditions (2' contours, well, SSDS, structures, etc.) and proposed improvements. Said plan must include a line which encircles the total area of proposed land disturbance and the a proximate area of disturbance must be calculated (square feet). Mitigation for proposed impacts within the regulated area must be provided The Town Wetland Consultant may require additional materials, information, reports and plans, as determined necessary, to review and evuate the proposed action. Application materials outlined under §209-6 of the Town Code must be submitted, unless waived. Pursuant to §2 6D, the applicant shall be responsible for the reimbursement of consultant services related to the issuance and review of Wetland Permit A plications.
I hereby certify that I have read the instructions & examined this application and know the same to be true & correct. All provisions of law ordinances covering this type of work will be complied with whether specified herein or not. The granting of a permit does not presume 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: Date: Date:
OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE
Permit Fee Payment: Check #: Cash Credit Card
Name on check:
Received By:
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:



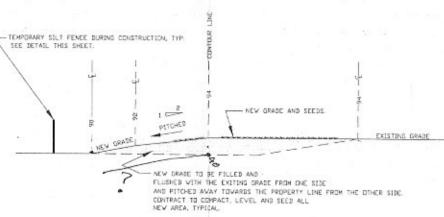


PROPOSED SITE PLAN

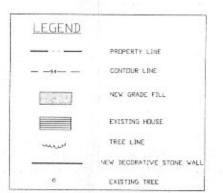
PROJECT



SECTION DETAIL SCALE: 1/2"=1'-0"



3 SECTION DETAIL



FOUNDATION AND EXCAVATION:

1) THE BUTTON OF ALL EXCAVATIONS SHALL BE INSPECTED BY THE ARCHITECT PRIOR TO PLACING CONCRETE OR GRANULAR FILL TO VERIFY THE PRESUMPTIVE BEARING STRATA AND BESIEN SUIL BEARING PRESSURE. ALL UNSUITABLE MATERIAL CRICK FRAGMENTS, ASPHALT, CONCRETE BOULDERS, ETC. VITHIN THE BUILDING AREA AND EXCAVATION SHALL BE REMOVED FROM THE SITE. SOLCOMPACTED GRANULAR FILL SHALL CONSIST OF BROKEN OR CRUSHED STONE STONE, OR BANK OR CRUSHED GRAVEL AND SHALL CONSIST OF SOUND, TOUGH DURABLE PARTICLES FREE FROM SOFT, THIN, ELONGATED OR LAMINATED PIECES AND FREE OF MUD, DIET, VEGETATIVE OR OTHER DELETERIOUS SUBSTANCES GRADED AS FOLLOWS:

SQUARE MESH SIZE	PERCENT PASSING BY WEIGH		
PASS 3-1/2'	100		
PASS 1-1/2'	55-100		
PASS 3/4'	40-65		
PASS 1/4'	25-60		
PASS #10	15-45		
PASS #10	15-45		
PASS #40	5-25		
PASS #200	0-5		

3) THE COMPACTION EFFORT, WHERE REQUIRED, SHALL BE INSPECTED BY THE OWNER'S GEDTECHNICAL ARCHITECT/ENGINEER, MATERIAL REQUIRING COMPACTION SHALL BE FLACED IN MAXIMUM S' LIFTS BEFORE COMPACTION, EACH LIFT SHALL BE COMPACTED WITH VIBRATORY COMPACTED REQUIRENT TO A MINIMUM DIS 95 MAXIMUM LENSITY AT OR NEAR OFTIMAL MOISTURE, THE ARCHITECT SHALL EXPECT THE COMPACTION EFFORT, NO LIFTS SHALL BE PLACED WHEN VEATHER CONDITIONS ARE SUCH THAT THE MISTURE CONTENT OF THE MATERIAL CANNOT BE PROBERLY CONTROLLES, IN PLACENS OR COMPACTION MATERIAL, DO NOT DAMAGE NOR DISPLACE CONCRETE WORK ALREADY IN PLACE BY CONTACT WITH COMPACTION MACHINERY.

CONCRETE:

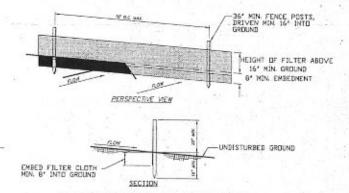
1) ALL CONCRETE CONSTRUCTION SHALL CONFORM TO THE AMERICAN CONCRETE INSTITUTE'S (ACD 'BUILDING CODE REQUIREMENTS FOR STRUCTURAL CONCRETE, ACI318-95'

83 ALL CONCRETE SHALL BE NORMAL VEIGHT AND HAVE A MINIMUM COMPRESSIVE STRENGTH OF 3000 PSI AT 28 DAYS. SLUMP SHALL BE 4' (± 1' TOLERANCE) AIR ENTRAINMENT SHALL BE 8

ALL GROUT SHALL SHALL BE OF NON-SHRINKAGE TYPE VITH A MINIMUM COMPRESSIVE STRENGTH OF 7,500 AT 88 DAYS.

SITE NOTE:

NO VETLAND OR WATERCOURSES WITHIN 100' OF PROPOSED WORK.



CONSTRUCTION NOTES FOR FABRICATED SILT FENCE

- 1. FILTER CLOTH TO BE FASTENED SECURELY TO POSTS AT TOP AND MID SECTION.
 2. WHEN TWO SECTIONS OF FILTER CLOTH ADJOIN EACH OTHER THEY SHALL BE DVERLAPPED BY SIX INCHES AND FOLDED.
 3. MAINTENANCE SHALL BE PERFORMED AS NEEDED AND MATERIAL SECURIORS OF PERFORMED AND MATERIAL SECURIORS.
- AND MATERIAL REMOVED WHEN 'BULGES'

POSTS: STEEL EITHER T OR U TYPE DR 2' HARDWOOD FILTER CLOTH FILTER X, MIRAFI 100X, STABILINKA T140N, OR APPROVED EQUAL

PREFABRICATED UNIT: GEOFAB. ENVIROFENCE, OR APPROVED

SILT FENCE DETAIL

PROPERTY INFORMATION

LECATION: TOWN OF MORTH CASTLE 2 TRIPP LANE , ARMINK, NY

SECTION BLOCK)

LBTi 13,000 ZONING DISTRICT: R-2A

JUL 1 5,2003

NOTEPROFERTY INFORMATION IS TAKEN FROM SURVEY DON BY 1- RICHARD J. DOMATD- DATED JULY 31, 1995 PHONE: (914) 667-0565

1- CAMPBELL ENGINEERING, CIVIL & SURVEYORS- BATED JAN 7, 1999 COUNT OF NO. CASTLE, No. PHONE: (914) 238-3555

08/28/00 UNE26, 2003 00000 AS NOTED C.1 SHEET I OF I

WW.

GROUP

CIMA

1 07/07/03 BSUED FOR 07/15/03 DEPARTMENT BULDING DEPARTMENT

ED SITE PLAN, AND NOTES

PROPOSED DETAILS AN

PROPOSED SITE PLAN FOR SANTO& MARTA SAGLIMBENI TOWN OF NORTH CASTLE WESTCHESTER COUNTY, NY

HIGHWAY DEPARTMENT

TOWN OF NORTH CASTLE No. 1819

PERMIT FOR WORK ON TOWN HIGHWAY OR SIDEWALK

To the Town Superintendent of Highways Armonk, New York

Purpose of application ...

Application is hereby made for permission under the "Street Opening" ordinance of the Town of North Castle adopted May 27th, 1937 to enter upon, construct in or under or to place in or upon, a town highway or a sidewalk within the said Town of North Castle, as follows?

1. Applicant

2. Address

3. Sidewalk or Town Highway—Location

4. Size of excavation—length

5. Work to be commenced

6. Is pavement or sidewalk to be disturbed?

Dated:

Applicant

Adj.

=



TOWN OF NORTH CASTLE

Highway Department 15 Bedford Road Armonk, New York 10504

Craig Useted General Foreman Telephone: 273-3323

273-3561

September 9, 1999

Mr. Santo Saglimbeni 2 Tripp Lane Armonk, N.Y. 10504

Dear Mr. Saglimbeni:

The North Castle Town Board at its September 8, 1999 meeting granted permission to refund your highway bond of \$750, Permit 1819, for a driveway at 2 Tripp Lane.

Enclosed please find our check in the amount of \$750.

Cordially yours,

CRAIG UŠETED General Foreman



