



## 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](http://www.northcastleny.com)

### Tree Removal Application

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

**Section I-** PROJECT ADDRESS: 23 Evergreen Row, Armonk DATE: 1/8/21

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

APPLICANT: David William Miller

ADDRESS: 23 Evergreen Row, Armonk NY 10504

PHONE: \_\_\_\_\_ MOBILE: 914-548-8052 EMAIL: lauribmiller@gmail.com

PROPERTY OWNER: David William Miller

ADDRESS: 23 Evergreen Row, Armonk, NY 10504

PHONE: \_\_\_\_\_ MOBILE: 914-548-8052 EMAIL: lauribmiller@gmail.com

Tree Company: Roger Poehlsen Construction LLC

ADDRESS: P.O. Box 556 Mahwah N.J. 07430-0556

PHONE: \_\_\_\_\_ MOBILE: (201) 575-6770 EMAIL: roger-poehlsen@yahoo.com

**Section III-** REGULATED ACTIVITY: (Check all that apply)

Removal of a tree within a property's regulated setback zone or landscaped buffer zone.

Removal of a significant tree.

Removal of any tree in the wetlands, within clearing lines, or conservation easements.

Clearing/Thinning.

Removal of any tree within the right of way.

Removal in any calendar year of more than ten (10) trees on any lot.

**Section IV-** DESCRIPTION OF WORK: ( Please include how many trees will be removed)

Remove all dead trees + trees that are hanging over pool house

**Section V-** FUTURE PLANS:

Do you have any intention of tearing down the house to build a new house within the next six (6) months.

Yes

No

# Town of North Castle Building Department

## Section V- FUTURE PLANS: (Continued)

Do you have any intention to expand the house over 1500 square feet within the next six (6) months?  Yes  No

## Section VI- RESTRICTION:

Is there any conservation easements on your deed?  Yes  No

## Section VII- PERMIT FEES: (\$50 application fee and a \$25 Certificate of Compliance fee)

## Section VIII- 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: COVID 19 Date: 1/8/2021

## Section IX- AFFIDAVIT OF OWNER AUTHORIZATION: (To be notarized)

STATE OF NEW YORK }  
COUNTY OF WESTCHESTER } SS:

COVID 19 - please contact Joe 914224-7763 for payment

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\_\_\_\_\_

### OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Zone: \_\_\_\_\_ Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

### Building Department Checklist:

Does this permit require RPRC approval?  Yes  No

Has a plan delineating all improvements, site grading and disturbance proposed on the subject property.  Yes  No

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

Permit Fee \$75.00      Payment type:      Check #: \_\_\_\_\_      Cash

Name on check: \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Building Inspector Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions: \_\_\_\_\_





**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: Tree Removal 23 Evergreen Row Armonk  
 Initial Submittal  Revised Preliminary

Street Location: 23 Evergreen Row Armonk NY 10504

Zoning District: R-1A Property Acreage: 1.577 Tax Map Parcel ID: Sec 101.02

Date: 1/15/21 Block 2  
Lot 37

**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**

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

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>

1/15/21 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

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

Telephone: (914) 273-3000 x 43  
Fax: (914) 273-3554  
www.nortcastleny.com

RESIDENTIAL PROJECT  
REVIEW COMMITTEE  
Adam R. Kaufman AICP, Chair

## RESIDENTIAL PROJECT REVIEW COMMITTEE (RPRC) APPLICATION

### Section I- PROJECT

ADDRESS: 23 Evergreen Row Armonk NY

### Section III- DESCRIPTION OF WORK:

Tree Removal: 13 Trees  
Dead Trees  
Trees that are hanging over pool house

### Section III- CONTACT INFORMATION:

APPLICANT: David William Miller  
ADDRESS: 23 Evergreen Row Armonk NY  
PHONE: \_\_\_\_\_ MOBILE: 914 548 8052 EMAIL: lauribmiller@gmail.com

PROPERTY OWNER: David And LAURI Miller  
ADDRESS: 23 Evergreen Row Armonk N.Y.  
PHONE: \_\_\_\_\_ MOBILE: 914-548-8052 EMAIL: lauribmiller@gmail.com

PROFESSIONAL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### Section IV- PROPERTY INFORMATION:

Zone: R-1A Tax ID (lot designation) SEC 101.02 Blk 2 Lot 37



