



WILLIAM GILLESPIE
2-13-14-22

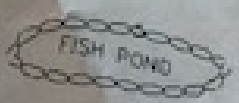
N 20°00'31" E

50.52'

N 61°45'24" W

CHAIN LINK FENCE

2



FILED

MAP DECK

N 61°43'16" W

CALVIN HENDRICK

MARY ANN HENDRICK

2-13-14-20-A
0.11 ACRES

WHITE PINE

1-3/4 STY.
FRAME GARAGE
W/2d FL. APT.

PROPOSED
PARKING
SPACE

REMOVE EXISTING FENCE
ACROSS NEW PARKING
SPACE

RELOCATE
STONE CURBING

ASPHAL

100.17'

0.5' OVER
PROP. LINE

CYPRESS

ARBORVITAE

50.49'

EXIST. I. PIN

VINYL FENCE

S 19°45'23" W

0.85' OVER
PROP. LINE

EDGE PAVEMENT





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

RESIDENTIAL PROJECT REVIEW COMMITTEE (RPRC) APPLICATION

Section I- PROJECT

ADDRESS: BLONDALE AVE

Section III- DESCRIPTION OF WORK:

- LEGALIZING FENCE + REMOVAL OF TREES
- ① 24" DIAMETER WHITE PINE - HAZARD TO NEIGHBOR
 - ② ARBORVITAE UNDER 8"
 - ③ CYPRESS UNDER 8"
 - ④ 4' FENCE (VINYL) 216' CHAIN LINK FENCE 100'

Section III- CONTACT INFORMATION:

APPLICANT: CALVIN HENDRICK

ADDRESS: 1 BLONDALE AVE

PHONE: 914 330 7058 MOBILE: _____ EMAIL: hendrickmery55@gmail.com

PROPERTY OWNER: SAME

ADDRESS: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

PROFESSIONAL: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____

EMAIL: _____

Section IV- PROPERTY INFORMATION:

Zone: R-5 Tax ID (lot designation) ~~55~~ 108.01-5-58



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

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MAR 19 2021

TOWN OF NORTH CASTLE
BUILDING DEPARTMENT

Residential Building Permit Application

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

Section I- PROJECT ADDRESS: Glendale Ave, Armonk, NY 10504 **DATE:** 3.14.21

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

APPLICANT: Calvin Hendrick

ADDRESS: 1 Glendale Avenue, Armonk, NY 10504

PHONE: x **MOBILE:** 914.330.7058 **EMAIL:** hendrickmary55@gmail.com

PROPERTY OWNER: Calvin + Mary Ann Hendrick

ADDRESS: 1 Glendale Avenue, Armonk, NY 10504

PHONE: x **MOBILE:** 914.330.7058 **EMAIL:** hendrickmary55@gmail.com

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.)

Replacing existing fence

Line of fence changed per towns orders for parking spot

Section IV- USE AND OCCUPANCY:

EXISTING/ CURRENT USE: _____

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) \$ 5000

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

2021-0223

Town of North Castle Building Department

Section V- (Continued)

I _____ 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 \$ _____, and (iv) pursuant to Penal Law 210.45, I acknowledge that a false statement made knowingly is a Class A misdemeanor.

Signature: _____ Date: _____

Sign and Affix Seal Here

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

ARCHITECT/ ENG: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____

EMAIL: _____

CONTRACTOR: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

PLUMBER: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

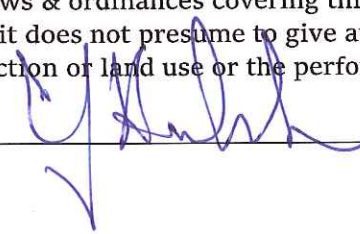
ELECTRICIAN: _____

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:  _____ Date: 3/14/21

Town of North Castle Building Department

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 245 Payment: Check #: 110 Cash Credit Card

Name on check: Mary Ann Hendrick

Received By: KC 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 BOARD
Peg Michelman, Chair

BUILDING DEPARTMENT
Richard Fon, Building Inspector

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

Date 3-14-2021

I. IDENTIFICATION OF APPLICANT

Owner: Calvin Hendrick

Phone: 914-330-7058

Address: 1 Glendale Ave.

Armonk, NY 10504

Applicant (if other than owner): _____

Phone: _____

Address: _____

Professional preparing site plan: _____

Phone: _____

Address: _____

OWNER SIGNATURE: _____

APPLICANT SIGNATURE: _____

2. IDENTIFICATION OF SUBJECT PROPERTY

Address: 1 Glendale Avenue, Armonk, NY 10504

Abutting Street(s): School Street

Tax Map Designation - Section: 108.01 Block: 5 Lot: 58 Zoning District: R5

3. TYPE OF PROPOSED ACTIVITY

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

4. SITE PLAN OR MAP SKETCH

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

5. TREE REMOVAL PURPOSE

Arborvitae < 8" Caliber - very old and replaced by green giant arborvitae
white pine posed danger to neighbor's house

6. INSURANCE & HOME IMPROVEMENT LICENSE

Worker's Comp _____ (Exp. Date) Liability _____ (Exp. Date) Waiver _____ (Exp. Date)
(Please have the Town of North Castle listed as the certificate holder)

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

7. FUTURE PLANS

Do you have any intention of tearing down a house to build a new house within the next SIX (6) months?
 Yes No

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