



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: 5 Stony Brook Place Armonk

Section III- DESCRIPTION OF WORK:

Norway Spruce - diameter 11 inches
From bottom to almost halfway up tree trunk
all branches have died. Tree is located right
next to pool fence. If tree falls or snaps in two,
it will damage pool fence, pool + bring down utility wires

Section III- CONTACT INFORMATION:

APPLICANT: Barbara DiGiacinto
ADDRESS: 5 Stony Brook Place, Armonk
PHONE: 273-8019 MOBILE: _____ EMAIL: bwdigiacinto@gmail.com

PROPERTY OWNER: Barbara DiGiacinto
ADDRESS: Jane as above
PHONE: _____ MOBILE: _____ EMAIL: _____

PROFESSIONAL: Farias Construction
ADDRESS: P.O. Box 516, Armonk
PHONE: 845-279-6907 MOBILE: 914-469-0846
EMAIL: _____

Section IV- PROPERTY INFORMATION:

Zone: R1A Tax ID (lot designation) 553800 107.02 -3-24



Town of North Castle Building Department

17 Bedford Road

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Tree Removal Application

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

Section I- PROJECT ADDRESS: 5 Stony Brook Place DATE: 03/19/2001

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

APPLICANT: Barbara DiGiacinto

ADDRESS: 5 Stony Brook Place, Armonk

PHONE: (914) 273-8019 MOBILE: (914) 274-7146 EMAIL: BWDIGIACINTO@GMAIL.COM

PROPERTY OWNER: same as above

ADDRESS: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

Tree Company: Farias Construction

ADDRESS: P.O. Box 516, Armonk

PHONE: (845) 279-6907 MOBILE: (914) 469-0846 EMAIL: _____

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)

One tree (spruce)

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: Barbara DiGiacinto Date: 03/20/2021

Section IX- AFFIDAVIT OF OWNER AUTHORIZATION: (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_____

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: _____