

# 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: 14 Mianus River Road

#### Section III- DESCRIPTION OF WORK:

Tree removal in area under conservation easement. In total, 10 trees will be removed, 6 of which are in the conservation easement area. Easement is held by the Mianus River Gorge. Tree removal in the easement area is being undertaker in consultation with and with the permission of the Mianus River Gorge (Executive Director Rod Christie). Reason for removal (all trees): forest and understory management. See survey for locations of each tree.

- 1. Birch Birch (7") 6. Ash (dead, 9"
- 2. Birch (12") 7. Poplar Tulip (17")
- 3. Birch (9") 8. Maple (5")
- 4. Birch (8") 9. Maple (5")
- 5. Birch (13") 10. Hickory (10")

#### Section III- CONTACT INFORMATION:

APPLICANT:Leslie Needham R/T				
ADDRESS:	14 Mianus R	River Road		
_ PHONE:	917-664-7967	MOBILE: <u>Same</u>	EMAIL:jneedham@needhampartners.com	
	TY OWNER:	Same.		_
ADDRESS:				
PHONE:		MOBILE:	_EMAIL:	
PROFESS	IONAL::			
ADDRESS:				
PHONE:		MOBILE:		
EMAIL:				
Section	IV- PROPERT	Y INFORMATION:		
Zone:	4.	Tax ID (lot designation)	96.3-1-21.1	



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:	14 Mianus River Road Tree Permit_Initial
Submittal Revised Preliminary	
Street Location: _14 Mianus Rive	r Road

Zoning District: \_\_4\_\_\_ Property Acreage: \_\_\_22\_ Tax Map Parcel ID: \_\_96.3-1-21.1

Date: May 17, 2021

#### DEPARTMENTAL USE ONLY

Date F	Filed: Staff Name:				
Items	Preliminary Plan Completeness Review Checklist Items marked with a are complete, items left blank are incomplete and must be completed, "NA" means not applicable.				
<b>1</b> .	Plan prepared by a registered architect or professional engineer				
<u></u> 2.	Aerial photo (Google Earth) showing the applicant's entire property and adjacent properties and streets				
<b></b> ₿.	Map showing the applicant's entire property and adjacent properties and streets				
<b></b> ‡.	A locator map at a convenient scale				
<b></b> 5.	The proposed location, use and design of all buildings and structures				
6.	Existing topography and proposed grade elevations				
<b>7</b> .	Location of drives				
<b></b> .	Location of all existing and proposed site improvements, including drains, culverts, retaining walls and fences				

#### **RPRC COMPLETENESS REVIEW FORM**

Page 2

<b>.</b>	Description of method of water supply and sewage disposal and location of such facilities
<b>1</b> 0.	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
<b>1</b> .	Submission of a Zoning Conformance Table depicting the plan's compliance with the minimum requirements of the Zoning District
<b></b> 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.
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: <u>http://www.northcastleny.com/townhall.html</u>

\_\_\_\_ 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

#### PLANNING BOARD

**BUILDING DEPARTMENT** 

# Tree Removal Permit Application

Telephone: (914) 273-3542 – Planning (914) 273-8625 – Building Fax: (914) 273-3554 <u>www.northcastleny.com</u>

SUBMIT TO<br/>APPLICABLENorth Castle Planning Board or North Castle Building DepartmentDEPARTMENT:Town of North Castle, 17 Bedford Road, Armonk, New York 10504

Tracking # Date: /	For Office Use Only	Permit # Fee: \$ Date Issued://				
1.       IDENTIFICATION OF APPLICAN         Owner:       Leslie Needham R/T         Phone:       917-664-7967         Address:       14 Mianus River Road	Email: _jneedhar	- n@needhampartners.com_				
Applicant (if other than owner): Phone: Address:	Email:					
Company Removing Trees:V Phone:914-238-0069_ Address: _480A King Street, Chappaq	Email: westches Jua, NY 10514	tertreelife@aol.com				
Cost of Tree Removal \$\$1,500						
OWNER SIGNATURE: Leslie Needham (May 17, 2021 07:55 EDT)						
APPLICANT SIGNATURE:						

#### 2. <u>IDENTIFICATION OF SUBJECT PROPERTY</u>

Address: \_\_14 Mianus River Road\_\_\_\_\_

Abutting Street(s): \_\_\_East Middle Patent\_\_\_\_\_

Tax Map Designation – Section/Block/Lot: \_\_96.3-1-21.1

- 3. Type of Proposed Activity
- Removal of a tree within a property's regulated setback zone or landscape buffer zone
   X Removal of a Significant Tree
- X\_ 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
- \_\_\_\_\_ Removal of a dangerous/hazardous tree

#### 4. <u>SITE PLAN OR MAP SKETCH</u>

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 disturbance area.

Note: Copies of tax maps of the property are available in the Assessor's Office.

#### 5. <u>Tree Removal Description</u> (Include how many trees will be removed)

10 trees to be removed, 6 of which are in a conservation easement. Easement is held by the Mianus River Gorge. Tree removal in easement area is being done in consultation with and with the permission of the Mianus River Gorge (Executive Director Rod Christie)\_\_\_\_\_

#### 6. <u>INSURANCE & HOME IMPROVEMENT LICENSE</u>

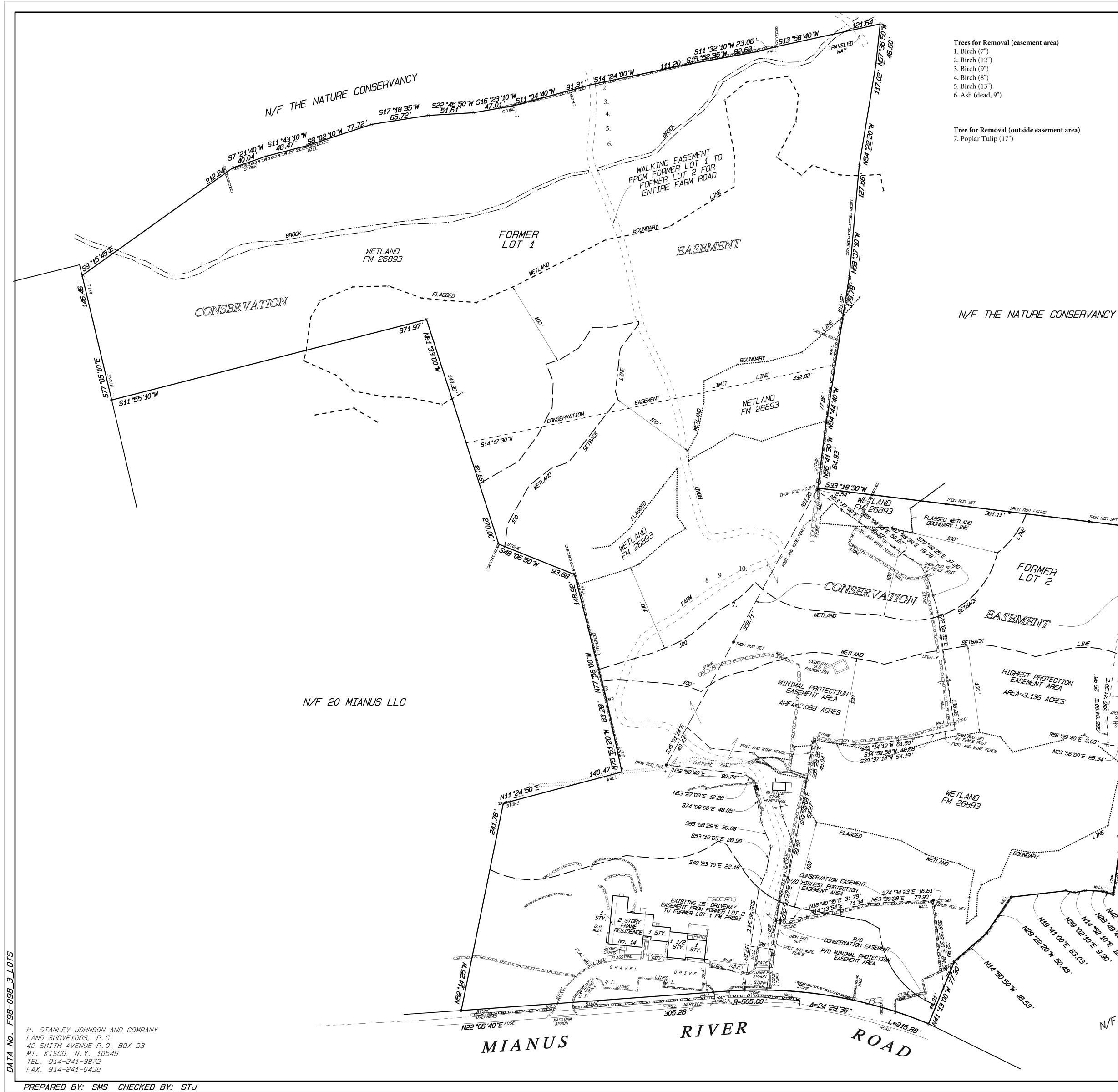
Worker's Comp 4/26/22 (*Exp. Date*)Liability\_4/26/22\_(*Exp. Date*)Waiver4/26/22(*Exp. Date*)(Please have the Town of North Castle listed as the certificate holder)Waiver4/26/22(*Exp. Date*)

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

#### 7. <u>Future Plans</u>

Do you have any intention of doing any site work other than tree removal?

□ Yes □ X No



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N/F

New Tax Identification: Section 96.03 Block 1 Lot 21.1 Total Area = 20.689 Acres Deed Reference: Control No. 540583078 - 96.03-1-21.1 LOT 1 Control No. 423120506 - 96.03-1-21.2 LOT 2

In accordance with the existing Code of Practice for Land Surveys as adopted by The New York State Association of Professional Land Surveyors, Inc.

Unauthorized alteration or addition to a survey map bearing a Licen-sed Land Surveyor's seal is a violation of Section 7209, Subdivision 2 of the New York State Education Law.

All certifications are valid for this map and copies thereof only if said map or copies bear the impressed seal of the surveyor whose signature appears hereon.

The location of underground improvements or encroachments hereon, if any exist, are not certified or shown.

MAP REVISED: JUNE 18, 2020 MAP REVISED: JUNE 8, 2020 MAP PREPARED: OCTOBER 1, 2018



NEW YORK STATE LICENSED LAND SURVEYOR NO. 49749 STEPHEN T. JOHNSON, P.L.S.



Being Former Lots 1 & 2 as shown on a certain map entitled "Subdivision Of Property Prepared for William G. Foulke, Jr. and Wendy R. Foulke, Etc" Said map filed in the Westchester County Clerk's Office, Division of Land Records November 21, 2001 as Map No. 26893.

SITUATE IN THE TOWN OF NORTH CASTLE WESTCHESTER COUNTY, NEW YORK

*SCALE:* 1" = 50'

George Latimer Westchester County Executive



James Maisano Director, Consumer Protection

### Department of Consumer Protection Home Improvement License

WESTCHESTER TREE LIFE INCORPORATED 480-A KING STREET CHAPPAQUA,NY-10514

This license is issued in accordance with Article XVI of the Westchester County Consumer Protection Code and is valid only upon presence of the official department seal.

License Number

WC-05532-H93



Date of Expiration

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#### CERTIFICATE OF LIABILITY INSURANCE

JBRUNO

	)
5/14/2021	

WESTTRE-01

C B	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.											
lf	IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).											
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		ہ iirst Associates, I	LTD						57 4200	FAX	(014)	457 4200
520	Whit	e Plains Road					(A/C, No,	Ext): (914) 4	157-4200	(A/C, No):	914)	457-4200
	Floo	or /n, NY 10591					ADDRES	<sub>s:</sub> into@iev	vittfuirst.co	m		1
1.0.1	,									RDING COVERAGE		NAIC #
									asualty Co			42552
INSU	JRED						INSUREF	RB:New Yo	ork State Ins	surance Fund		36102
		Westchester	r Tree Life Inc.				INSURE	<u>a c : Shelter</u>	Point			81434
		480-A King S					INSURER D :					
		Chappaqua,	NY 10514				INSURE	RE:				
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со	VER	AGES	CER	TIFIC		E NUMBER:				<b>REVISION NUMBER:</b>		-
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INSR LTR		TYPE OF INSU	RANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A		COMMERCIAL GENER	X OCCUR			ARBML1000009306		4/26/2021	4/26/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 300,000
										MED EXP (Any one person)	\$	5,000
										PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT	APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- JECT OTHER:	LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
Α		OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO				ARBML1000009306		4/26/2021	4/26/2022	BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
		HIRED AUTOS ONLY X								PROPERTY DAMAGE (Per accident)	\$	
A	x	UMBRELLA LIAB	X OCCUR								\$	5,000,000
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_		, describe under CRIPTION OF OPERATI	IONS below						4 0 10 4 10 0 00	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
C		ability				DBL399628		1/1/2021		Statutory Limits		
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DES Lesi Tow	CRIPTI ie and n of I	ION OF OPERATIONS / d John Needham ' North Castle - is i	LOCATIONS / VEHIC 14 Mianus River ncluded as Addi	LES (/ Road tiona	ACORE Bedi I Insu	D 101, Additional Remarks Schedu ford, NY 10506 ured for covered operations	lle, may be	attached if mor	e space is requir red	red)		
CE	RTIF	ICATE HOLDER					CANC	ELLATION				
	Town of North Castle 17 Bedford Road 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.							
						Thenthe here						
							1.000					
AC	ORD	25 (2016/03)						© 19	88-2015 AC	ORD CORPORATION.	All rig	hts reserved.

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WESTCHESTER ONE, 44 SOUTH BROADWAY, 10TH FLOOR, WHITE PLAINS, NY 10601-4411 | nysif.com

#### **CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

^ ^ ^ ^ ^ 133467594

LEVITT FUIRST ASSOCIATES LTD 520 WHITE PLAINS RD 2ND FLR TARRYTOWN NY 10591



SCAN TO VALIDATE AND SUBSCRIBE

POLICYHOLDER WESTCHESTER TREE 480-A KING STREET CHAPPAQUA NY 10514		CERTIFICATE HOLDER TOWN OF NORTH CASTLE 17 BEDFORD ROAD ARMONK NY 10504	
POLICY NUMBER	CERTIFICATE NUMBER	POLICY PERIOD	DATE
W 823 778-6	521953	04/26/2021 TO 04/26/202	2 5/14/2021

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 823 778-6, 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.

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. 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.

WILLIAM R DAVIES - PRESIDENT REMINGTON ARNOLD - VICE PRESIDENT OF WESTCHESTER TREE LIFE INC

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



#### CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be c	completed by Disability and	Paid Family Leave	Benefits Carrier or Licensed I	nsurance A	Agent of that Carrier	
1a. Legal Name & WESTCHESTER	Address of Insured (use street a TREE LIFE INC	ddress only)	1b. Business Telephone Number 914-238-0069	of Insured		
480-A KING ST CHAPPAQUA, N	Y 10514		1c. Federal Employer Identification Number of Insured or Social Security Number			
	nsured (Only required if coverage is lew York State, i.e., Wrap-Up Policy)	specifically limited to	133467594			
	ess of Entity Requesting Proof o sted as the Certificate Holder)	f Coverage	3a. Name of Insurance Carrier ShelterPoint Life Insurance Company			
Town of Nor	th Castle				•	
17 Bedford Ro	ad		3b. Policy Number of Entity Listed in Box "1a"			
Armonk, NY 10	0504		DBL399628			
			3c. Policy effective period			
			01/01/2020	to	12/31/2021	
C. Paid fai 5. Policy covers: A. All of th B. Only the Under penalty of p insured has NYS I Date Signed Telephone Numbe IMPORTANT:	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 name insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above. Date Signed 10/7/2020 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				e Agent of that insurance carrier) icer d representative or NYS certificate holder. 220, Subd. 8 of the NYS ers' Compensation	
PARI 2. TO DE	completed by the NYS W	orkers' Compensati	on 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	E	Зу	Signature of Authorized NYS Workers' Comp			
Telephone Numbe	۲	Name and Title	aid family loave benefits insurance			

**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.** 



# RPRC Final Tree 14 Mianus River Application 5 17 21

Final Audit Report

2021-05-17

Created:	2021-05-17
Ву:	John Needham (jneedham@needhampartners.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAlbTVdVM6Bz545VhtRlgbViWROnwVOYYg

# "RPRC Final Tree 14 Mianus River Application 5 17 21" History

- Document created by John Needham (jneedham@needhampartners.com) 2021-05-17 - 11:50:09 AM GMT- IP address: 50.228.51.242
- Document emailed to Leslie Needham (leslie@leslieneedhamdesign.com) for signature 2021-05-17 11:51:23 AM GMT
- Email viewed by Leslie Needham (leslie@leslieneedhamdesign.com) 2021-05-17 - 11:55:07 AM GMT- IP address: 50.228.51.242
- Document e-signed by Leslie Needham (leslie@leslieneedhamdesign.com) Signature Date: 2021-05-17 - 11:55:33 AM GMT - Time Source: server- IP address: 50.228.51.242
- Agreement completed. 2021-05-17 - 11:55:33 AM GMT

#### John & Leslie Needham 14 Mianus River Road

#### <u>COVER LETTER TO RPRC HEARING APPLICATION, JUNE 1, 2021</u> Submitted May 17, 2021

To the Committee:

Thank you for including our application in the June 1 meeting agenda. We seek permission to remove 10 trees as part of our forest and understory management efforts on our property.

Our application covers tree removal in two parts of the property: 6 trees in the conservation easement area on the eastern end of the property, and 4 trees along a farm road that leads down to the easement area.

The easement is held by the Mianus River Gorge. We walked the site earlier this month with the Gorge's Executive Director Rod Christie and Preserve Manager Budd Ververka. After reviewing the plans, they provided their permission and endorsement of removing the 6 trees.

In the other area, along the farm road, the removal of 4 trees will be beneficial to the health of adjacent trees and will encourage the growth of understory by opening up more sunlight.

We recognize that 10 trees is not a small number, but this is a considered plan arrived at after careful review. It's worth noting that the property is large (15.5 acres) and the work is being done in the context of a significant amount of new tree planting that we've undertaken.

In recent years, we've planted more than 100 trees on the property including more than 60 hornbeam trees, 8 apple trees, 2 plum trees, 1 mulberry tree, 1 pear tree, 2 native smokebush trees, 2 elm trees, 3 oak trees, 5 magnolia trees, 8 dogwoods, 3 red buds, 4 American holly trees, 3 tupelo trees, 5 pawpaw trees, and 1 arbor vitae.

It's also worth noting that none of the trees we hope to remove are visible from the road, nor are they visible from any neighboring homes except 20 Mianus River Road, which we also own.

We look forward to joining the hearing to answer any questions that you might have. We appreciate your consideration.

Sincerely,

for 1. nute

John & Leslie Needham