

134

7

S 08°41'31" E 92.49'

100 8-55

AREA 11,236 S.F. +/-

TWO STORY FRAME
F.F. = 81.30
S.F. = 84.80

101

8-56

N 88°08'27" W 131.42'

R-212.50' N01°31'40"E 83.65'

L=7.57'

Δ-02°02'28" MILLER CIRCLE

(25' R.O.W.)

LEGEND

- 8-55 TAX LOT NUMBER
- 100 SUBDIVISION LOT NUMBER

RECEIVED

DEC 22 1999

TOWN OF NORTH CASTLE, NY
BUILDING DEPARTMENT

12/22/99

DESCRIPTION:
BEING SHOWN AND DESIGNATED AS SUBDIVISION LOT 100, TAX LOT 85, BLOCK 11, AS IT APPEARS ON A MAP ENTITLED "FINAL SUBDIVISION PLAT PREPARED FOR WHIPPOORWILL HILLS", REVISED DATED 12/17/98, PREPARED BY CHASE H. SELLS, INC., AND FILED IN THE WESTCHESTER COUNTY CLERK'S OFFICE ON 3/20/97 AS MAP NO. 20863.

- NOTES:
1. UNAUTHORIZED ALTERATION OR ADDITION TO A SURVEY MAP BEARING A LICENSED LAND SURVEYOR'S SEAL IS A VIOLATION OF SECTION 7200, SUB-DIVISION 3 OF THE NEW YORK STATE EDUCATION LAW.
 2. THE LOCATION OF UNDERGROUND IMPROVEMENTS OR ENCROACHMENTS, IF ANY EXIST, ARE NOT COVERED.
 3. PROPERTY CORNER MARKERS TO BE SET UPON COMPLETION OF FINAL GRADING.

CERTIFICATIONS INDICATED HEREIN SHOW THAT THIS SURVEY WAS PREPARED IN ACCORDANCE WITH THE EXISTING CODE OF PRACTICE FOR LAND SURVEYS ADOPTED BY THE NEW YORK STATE ASSOCIATION OF PROFESSIONAL LAND SURVEYORS. SAID CERTIFICATION SHALL RUN ONLY TO THE PERSON FOR WHOM THE SURVEY IS PREPARED, AND IN NO EVENT TO THE TITLE COMPANY, GOVERNMENTAL AGENCY AND LENDING INSTITUTION LISTED ABOVE, AND TO THE ASSIGNEES OF THE LENDING INSTITUTION. CERTIFICATIONS ARE NOT TRANSFERABLE TO ADDITIONAL ACQUISITIONS OR SUBSEQUENT OWNERS.

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TOWN OF NORTH CASTLE
BUILDING DEPARTMENT
MAY 9 8 1999

SURVEY OF PROPERTY
SECTION 2 BLOCK 11 LOT 8-55
SUBDIVISION LOT 100
41 MILLER CIRCLE
WHIPPOORWILL HILLS
SITUATED IN
TOWN OF NORTH CASTLE, WESTCHESTER CO., N.Y.

Dana Parrish
DANA J. PARRISH
PROFESSIONAL LAND SURVEYOR
N.Y. LICENSE NO. 050130

E S E	EASTERN STATES ENGINEERING, INC.	
	ROCK PLAZA, 2004 ROUTE 31, UNIT J CLINTON, N.J. 08809 908-638-3270	
DESIGNED:	DRAWN: L.A.W.	CHECKED:
SCALE: 1"=30'	DATE: 12-15-99	DWG. NO.: 99-05

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TOWN OF NORTH CASTLE
BUILDING DEPARTMENT

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generator

Town of North Castle Building Department

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 approximate 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 evaluate the proposed action. Application materials outlined under §209-6 of the Town Code must be submitted, unless waived. Pursuant to §209-6D, the applicant shall be responsible for the reimbursement of consultant services related to the issuance and review of Wetland Permit Applications.

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: 6/29/2021

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: _____ Date: _____

Short Environmental Assessment Form

Part 1 - Project Information

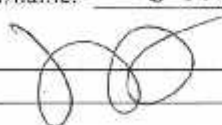
Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
Abritaire HVAC SERVICE INC			
Name of Action or Project: 41 Miller Circle			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action: install generator			
Name of Applicant or Sponsor: John Abril		Telephone: (914) 424-8951	
		E-Mail: abritairehvac@gmail.com	
Address: 21 Franklin Ave			
City/PO: Bedford Hill NY 10507	State: NY	Zip Code: 10507	
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		NO	YES
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:		NO	YES
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

	NO	YES	N/A
5. Is the proposed action, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO YES
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO YES
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO YES
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO YES
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO YES
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:		
<input type="checkbox"/> Shoreline	<input type="checkbox"/> Forest	<input checked="" type="checkbox"/> Agricultural/grasslands
<input type="checkbox"/> Wetland	<input type="checkbox"/> Urban	<input checked="" type="checkbox"/> Suburban
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe: _____ _____		
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor/name: <u>John Abril</u>	Date: <u>6/29/2021</u>	
Signature: 	Title: <u>6/26/2021</u>	



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

Administrative Wetland Permit Application

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

Section I- PROJECT ADDRESS: 41 Miller Creek DATE: 6/24/21

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

APPLICANT: John Abril Abrilaire HVAC Service Inc.

ADDRESS: 21 Franklin Ave Bedford Hills NY, 10504

PHONE: (914) 762-2805 MOBILE: 914 424 8951 EMAIL: abrilairehvac@gmail.com

PROPERTY OWNER: Arlene Bird.

ADDRESS: 41 Miller Creek Armonk

PHONE: (914) 275 5176 MOBILE: SAME EMAIL:

Section III- DESCRIPTION OF WORK: (Identify the improvements proposed within the wetland buffer.)

Install 22KW Generator w/ 200 AMP AUTOMATIC TRANSFER SWITCH ON RIGHT SIDE OF HOUSE

Section IV- Questioner:

- 1. Is the project located within the NYCDEP watershed? Yes No
2. What is the total area of proposed disturbance? < 5,000 s.f. 5,000 s.f. - < 1 acre. > 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 Building Department Highway Department Tree Removal Sediment & Erosion Control Flood Development Permit WCDH NYS DOT NYCDEP NYSDEC Wetland NYSDEC SWPPP/ NOI