



HOCHERMAN TORTORELLA & WEKSTEIN, LLP  
CLIENT-CENTERED ♦ SOLUTION-ORIENTED

One North Broadway, Suite 701  
White Plains, New York 10601-2319  
P: (914) 421-1800 | F: (914) 421-1856  
www.htwlegal.com

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Geraldine N. Tortorella  
Adam L. Wekstein  
Noelle C. Wolfson

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Henry M. Hocherman, Retired

June 11, 2021

*Via Electronic Mail ([akaufman@northcastleny.com](mailto:akaufman@northcastleny.com); [vdesimone@northcastleny.com](mailto:vdesimone@northcastleny.com))*

Adam R. Kaufman, AICP, Chairman  
Residential Project Review Committee  
17 Bedford Road  
Armonk, New York 10504

*Via Federal Express and  
Electronic Mail ([building@northcastleny.com](mailto:building@northcastleny.com); [rmelillo@northcastleny.com](mailto:rmelillo@northcastleny.com))*

Mr. Robert Melillo, Building/Fire Inspector  
Town of North Castle  
17 Bedford Road  
Armonk, New York 10504

*Re: Applications for Residential Project Review Committee ("RPRC")  
And Building Department Approval of Fencing and Run-In Sheds  
Property: 44 Mead Road, Town of North Castle  
Tax Identification No.: Section 109.01, Block 1, Lot 13*

Dear Chairman Kaufman, Members of the Residential Project Review Committee and Mr. Melillo:

This firm is counsel to Wolf Teton LLC, owner of the property at 44 Mead Road in Conyers Farm (the "Property"). Together with Jay Fain & Associates, LLC, we make this submission for approval of existing paddock and deer exclusion fencing and two proposed run-in sheds on the Property. A portion of the wire mesh fencing is located in a wetland and wetland buffer, for which wetlands permit approval is also sought. The submission is made, in part, in response to a Notice of Violation/Order to Remedy issued on April 12, 2021 for the fencing, which requires that the Owner obtain the necessary permits for the fencing.

Enclosed for filing are electronic copies of the following documents in support of the RPRC and Building Permit applications for the fencing and run-in sheds:

1. RPRC Completeness Review Form and RPRC Application;
2. Gross Land Coverage Calculations Worksheets, stamped and sealed by Victoria Landau, RLA, dated June 9, 2021;
3. Floor Area Calculations Worksheets, stamped and sealed by Ms. Landau, dated June 9,

Hon. Adam R. Kaufman, Chairman  
and Members of the Residential Project Review Committee  
Mr. Robert Melillo, Building/Fire Inspector  
June 11, 2021  
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- 2021, and Assessor's Card;
4. Sheet Nos. FP.1 and FP.2, entitled "RPRC Fence Permit Application," prepared by Jay Fain & Associates, LLC, dated June 5, 2021;
  5. Aerial Photograph of 44 Mead Road, derived from Westchester County GIS Tax Parcel Maps;
  6. Property and Topographic Survey, prepared by Redniss & Mead, dated August 4, 2020;
  7. Short Environmental Assessment Form, dated June 7, 2021;
  8. Residential Building Permit Application for Fencing, dated June 9, 2021, together with the Contractor's (Classic Fence, Inc.) Certificates of Insurance for Disability and Paid Family Leave Benefits, Worker's Compensation and Liability Coverage and Westchester County Department of Consumer Protection Home Improvement License;
  9. Residential Building Permit Application for Two Run-In Sheds, dated June 9, 2021, together with the Contractor's (The Barn Yard Enterprises, Inc.) Certificates of Insurance for Disability and Paid Family Leave Benefits, Worker's Compensation and Liability Coverage and Westchester County Department of Consumer Protection Home Improvement License;
  10. Wetlands and Drainage Application and Administrative Wetland Permit Application, dated June 9, 2021 and Soils Mapping & Wetland/Watercourse Delineation for 44 Mead Road, prepared by Jay Fain & Associates, LLC and dated November 2, 2017 ("Wetland Permit Application Materials"); and
  11. Notice of Violation/Order to Remedy, dated April 12, 2021.

Two hard copy sets of the Residential Building Permit Applications for the Fencing and Run-In Sheds (items 8 and 9 above), the Property and Topographic Survey (item 6 above) and the Notice of Violation/Order to Remedy (item 11 above) and three hard copy sets of the Wetland Permit Application Materials (item 10 above) are being submitted to the Building Department.

The Owner's checks, in the amount of \$850.00 for the RPRC and Wetland Permit Application Fees and \$3,663 for the Building Permit Fees will be delivered to the Planning Department and Building Department under separate cover.<sup>1</sup> If we have miscalculated the fees, please let us know and the appropriate adjustments will be made.

While the location of and details regarding the fencing and run-in sheds are set forth in the applications and plans, we note the following items for your information:

1. The Owner may want to have more than two horses on the Property at some time in the future. Until such time as the requisite Special Permit for additional horses is issued by the Town Board, the Owner will not house more than two horses on the Property;
2. The Owner agrees to meet the Town's mitigation ratio of 2:1 for the fence installation work

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<sup>1</sup> We calculate \$3,208 for the existing fence permit fees and \$455 for the proposed run-in shed permit fees.

Hon. Adam R. Kaufman, Chairman  
and Members of the Residential Project Review Committee  
Mr. Robert Melillo, Building/Fire Inspector  
June 11, 2021  
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in the regulated wetland and wetland buffer. However, we are seeking guidance on whether the Committee has a preferred mitigation approach for the type of disturbance at issue, i.e. digging fence post holes; and

3. There will be no electric, water, sewage disposal or other utility service provided to the fencing or run-in sheds.

Kindly schedule this application for consideration at the RPRC's next available meeting. In the interim, please contact Jay Fain (203-581-5902) or me if you have any questions or require additional information.

Very truly yours,

Hocherman Tortorella & Wekstein, LLP

By:   
Geraldine N. Tortorella

GNT:hc  
Enclosures

cc: *(via electronic mail with enclosures)*  
Jay Fain, MS, PSS, CPESC, CERP



**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: RPRC Fence Permit Application, 44 Mead Road

Initial Submittal  Revised Preliminary

Street Location: 44 Mead Road

Zoning District: R-2A Property Acreage: 29.8590 acres Tax Map Parcel ID: 109.01-1-13

Date: 6.4.2021

**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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<input type="checkbox"/>	9. Description of method of water supply and sewage disposal and location of such facilities
<input type="checkbox"/>	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
<input type="checkbox"/>	11. Submission of a Zoning Conformance Table depicting the plan's compliance with the minimum requirements of the Zoning District
<input type="checkbox"/>	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.
<input type="checkbox"/>	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>

_____	On this date, all items necessary for a technical review of the proposed site plan have been submitted and constitute a COMPLETE APPLICATION.
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# 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: 44 Mead Road, Town of North Castle

### Section III- DESCRIPTION OF WORK:

Legalize (a) 5-Rail Conyers Farm-style white paddock fencing (6-ft. posts) and (b) wire mesh deer fencing in wooded interior of lot (8-ft. high steel hex web fence coated with black pvc, 2-inch black metal posts and black tension wire at the top and bottom); (c) two run-in sheds (12-ft. x 24-ft. cedar board and batten run-in sheds to weather grey with grey asphalt shingle roof).

### Section III- CONTACT INFORMATION:

APPLICANT: Wolf Teton LLC

c/o Hocherman Tortorella & Wekstein, LLP (Attn: Geraldine N. Tortorella, Esq.)  
ADDRESS: One North Broadway, Suite 701, White Plains, New York 10601

PHONE: (914)421-1800 MOBILE: (914)980-9595 EMAIL: g.tortorella@htwlegal.com

PROPERTY OWNER:

Same as Applicant

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROFESSIONAL.: Jay Fain & Associates, LLC

ADDRESS: 2000 Post Road, Suite 201, Fairfield, Connecticut 06824

PHONE: (203)254-3156 MOBILE: (203)581-5902

EMAIL: elmst@optonline.net

Attorney\*

### Section IV- PROPERTY INFORMATION:

Zone: R-2A Tax ID (lot designation) 109.01-1-13

\*Geraldine N. Tortorella, Esq.

Hocherman Tortorella & Wekstein, LLP

One North Broadway, Suite 701

White Plains, New York 10601 Phone: (914)421-1800 Mobile: (914)980-9595 Email: g.tortorella@htwlegal.com



TOWN OF NORTH CASTLE  
WESTCHESTER COUNTY  
17 Bedford Road  
Armonk, New York 10504-1898

PLANNING DEPARTMENT  
Adam R. Kaufman, AICP  
Director of Planning

Telephone: (914) 273-3542  
Fax: (914) 273-3554  
[www.northcastleny.com](http://www.northcastleny.com)

GROSS LAND COVERAGE CALCULATIONS WORKSHEET

Application Name or Identifying Title: RPRC Fence Permit Application Date: 06/09/21

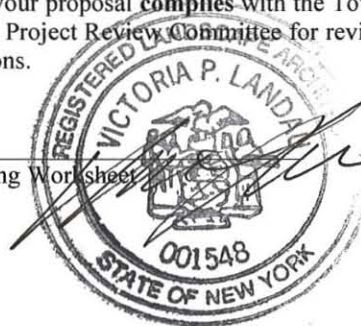
Tax Map Designation or Proposed Lot No.: 109.01-1-13

Gross Lot Coverage

- |     |   |                |
|-----|---|----------------|
| 1.  | Total lot Area (Net Lot Area for Lots Created After 12/13/06):  | 29.8590 AC     |
| 2.  | Maximum permitted gross land coverage (per Section 355-26.C(1)(a)):                                   | 104.285.353 SF |
| 3.  | BONUS maximum gross land cover (per Section 355-26.C(1)(b)):  |                |
|     | Distance principal home is beyond minimum front yard setback<br>_____ x 10 =                          | 11,000 SF      |
| 4.  | TOTAL Maximum Permitted gross land coverage = Sum of lines 2 and 3                                    | 115,285.353 SF |
| 5.  | Amount of lot area covered by principal building:<br>5,888 existing + 0 proposed =                    | 5,888          |
| 6.  | Amount of lot area covered by accessory buildings:<br>2,925 existing + 576 proposed =                 | 3,501          |
| 7.  | Amount of lot area covered by decks:<br>0 existing + 0 proposed =                                     | 0              |
| 8.  | Amount of lot area covered by porches:<br>506 existing + 0 proposed =                                 | 506            |
| 9.  | Amount of lot area covered by driveway, parking areas and walkways:<br>30,135 existing + 0 proposed = | 30,135         |
| 10. | Amount of lot area covered by terraces:<br>1,960 existing + 0 proposed =                              | 1,960          |
| 11. | Amount of lot area covered by tennis court, pool and mechanical equip:<br>850 existing + 0 proposed = | 850            |
| 12. | Amount of lot area covered by all other structures:<br>0 existing + 0 proposed =                      | 0              |
| 13. | Proposed gross land coverage: Total of Lines 5 – 12 =   | 42,840 SF      |

If Line 13 is less than or equal to Line 4, your proposal complies with the Town's maximum gross land coverage regulations and the project may proceed to the Residential Project Review Committee for review. If Line 13 is greater than Line 4 your proposal does not comply with the Town's regulations.

Signature and Seal of Professional Preparing Worksheet



06/09/21  
Date



TOWN OF NORTH CASTLE  
 WESTCHESTER COUNTY  
 17 Bedford Road  
 Armonk, New York 10504-1898

PLANNING DEPARTMENT  
 Adam R. Kaufman, AICP  
 Director of Planning

Telephone: (914) 273-3542  
 Fax: (914) 273-3554  
[www.northcastleny.com](http://www.northcastleny.com)

FLOOR AREA CALCULATIONS WORKSHEET

Application Name or Identifying Title: RPRC Fence Permit Application Date: 06/09/21

Tax Map Designation or Proposed Lot No.: 109.01-1-13

Floor Area

- |     |   |                    |
|-----|---|--------------------|
| 1.  | Total Lot Area (Net Lot Area for Lots Created After 12/13/06):  | <u>29,8590 ac*</u> |
| 2.  | <b>Maximum</b> permitted floor area (per Section 355-26.B(4)):  | <u>47,399.54</u>   |
| 3.  | Amount of floor area contained within first floor:<br><u>5,888</u> existing + _____ proposed =                        | <u>5,888</u>       |
| 4.  | Amount of floor area contained within second floor:<br>_____ existing + _____ proposed =                              | <u>incl. in #3</u> |
| 5.  | Amount of floor area contained within garage:<br>_____ existing + _____ proposed =                                    | <u>2,993</u>       |
| 6.  | Amount of floor area contained within porches capable of being enclosed:<br>_____ existing + _____ proposed =         | <u>0</u>           |
| 7.  | Amount of floor area contained within basement (if applicable – see definition):<br>_____ existing + _____ proposed = | <u>4,196</u>       |
| 8.  | Amount of floor area contained within attic (if applicable – see definition):<br>_____ existing + _____ proposed =    | <u>incl. in #7</u> |
| 9.  | Amount of floor area contained within all accessory buildings:<br><u>1,012</u> existing + <u>576</u> proposed =       | <u>1,588</u>       |
| 10. | Proposed <b>floor area</b> : Total of Lines 3 – 9 =   | <u>14,655</u>      |

If Line 10 is less than or equal to Line 2, your proposal **complies** with the Town's maximum floor area regulations and the project may proceed to the Residential Project Review Committee for review. If Line 10 is greater than Line 2 your proposal does not comply with the Town's regulations.

Signature and Seal of Professional Preparing Worksheet



06/09/21  
Date

\*NOTE: FAR proposed is not with 25% of permitted area, Existing areas taken from attached assessor's cards



REAL ESTATE RECORD  
NORTH CASTLE, N. Y.

229  
SIA  
FEB 3

109.01-1-13

STREET: # 44 Mead Rd / Cowdrey PK Dr  
OWNER: Wolf Teton LLC  
SEC. 1 BLOCK 11 LOT 11-23 MAP 6

FRONT	REAR	AV. DEPTH	FIGURE	UNIT PRICE	DEPTH %	PRICE	TOTAL	CORNER INFL.	DEPR.	SOUND VALUE	ASSESSOR'S VALUE	BOARD OF TAX REVIEW
			20.00	5000			100000					
			9.86	1500			14790					
							114790					
TOTAL VALUE LOT												
TOTAL VALUE ACRES										114790	88300	
TOTAL VALUE LAND												

BUILDINGS	TYPE	YEAR BUILT	REMOD.	CONDITION	REPLACEMENT COST	DEPR. PHYS. OTHER	SOUND VALUE	ASSESSOR'S VALUE	BOARD OF TAX REVIEW
240 S/L	6x15	10029			200900		200900		
1750	Pool	250		10-	8500		12675		
	Pool	1058		3-	3175		29630	Panel 2	
	STONE WALL	10010		5-	2000		3720	Panel 3	
1490	Garage + Tool Shed	23044		5	5060		5060		
							355,045		

MAIN BUILDING CONSTRUCTION			STY.	DIMENSIONS	SQ. FT.	UNIT	REPLACEMENT	TOTAL VALUE BUILDINGS	TOTAL VALUE LAND & BUILDINGS
ONE FAMILY	TYPE	ROOF SHAPE						85,000	103,300
FAMILY	<input checked="" type="checkbox"/>	GABLE			5500	2940	173,225		
NO. OF ROOMS		HIP							
BSMT.		FLAT							
1ST.		GAMBREL							
2ND.		MANSARD							
3RD.		SINGLE							
		DORMERS							
APARTMENT		FULL DORMER							
STORE		AS-RUB. TILE							
FACTORY		EXTERIOR WALLS							
HOTEL		CLAPBOARDS							
OFFICES		WD. SHINGLE							
WAREHOUSE		ASP. SHINGLE							
COMM. GARAGE		ASP. SHINGLE							
GAS STATION		WD. SIDING							
		ASP. SIDING							
FOUNDATION		ASS. SIDING							
CONCRETE		METAL SIDING							
CON.-CIND. BLK.		COM. BR. VEN.							
BRICK-STONE		FACE BR. VEN.							
POSTS		SOLID BRICK							
CELLAR AREA FULL		STONE ON T-BLK.							
PART CELLAR		STUCCO ON FR.							
NO CELLAR		STUCCO ON C. BLK.							
		STUCCO ON BR.-TILE							
ROOFING		CON.-CIND. BLK.							
ASPH. SHINGLES		INSUL.							
WOOD SHINGLES		INTERIOR FINISH							
ASBES. SHINGLES		PLASTER							
SLATE		WALLBOARD							
TILE		PANEL							
METAL		ATTIC ROOMS							
COMP.		BSMT. ROOMS							
BUILT UP		FIREPLACE							
INSUL.									
TOTAL REPLACEMENT COST							200900		
DATE									
INSPECTOR									
REMARKS									



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EAS100 (8/82)	NEW YORK STATE DIVISION OF EQUALIZATION AND ASSESSMENT BUREAU OF LOCAL ASSESSMENT SERVICES	AUDIT CONTROL CODES	SWIS/SBL/CD
RESIDENTIAL, FARM AND VACANT LAND PROPERTY RECORD CARD		ACTIVITY N = NONE M = MEASURED ONLY L = LISTED	ROUTE NUMBER (ROUTE)
PARCEL IDENTIFICATION SECTION 1/11/11-23		ENTRY (ENTRY) 1 = INTERIOR INSPECTION 2 = INTERIOR REFUSAL 3 = TOTAL REFUSAL 4 = ESTIMATE 5 = NO ENTRY	NEIGHBORHOOD CODE (NRHD)
SWIS TAX MAP NUMBER CO R-SEC OWNER DANZIGER PROP CLASS HC		SOURCE (INFSCS) 1 = OWNER 2 = RELATIVE 3 = TENANT 4 = OTHER	ZONING CODE (ZONING) D1 = NONE D4 = FARM D7 = MIXED D2 = SINGLE RES D5 = COMMERCIAL D8 = GOVERNMENT D3 = MULTI RES D6 = INDUSTRIAL
LOCATION NO. LOCATION COURAGEY PK DR. SCH-DIST (SBL) R.H.		SALES INFORMATION CODES	SITE INFORMATION SECTION
SALE PRICE SALE DATE VALID LOT SIZE		SALES TYPE (SALTY) 1 = LAND ONLY 2 = BLDG ONLY 3 = LAND & BLDG	NEIGHBORHOOD TYPE (NRHTYP) 1 = RURAL 2 = SUBURBAN 3 = URBAN 4 = COMMERCIAL
PARCEL IDENTIFICATION CORRECTION AREA		SOURCE (VERIFY) 1 = UNCONFIRMED 2 = BUYER 3 = SELLS 4 = STAMPS 5 = AGENT	ROAD TYPE (ROAD) 1 = NONE 2 = UNIMPROVED 3 = IMPROVED
AUDIT CONTROL SECTION		VALID (VALID) 1 = VALID SALE 2 = INVALID SALE	TRAFFIC (TRAF) 1 = HEAVY 2 = MEDIUM 3 = LIGHT 4 = LAND LOCKED
VISIT NO (VISITS) LISTER INFORMATION (LSTINF) TIME ACTIVITY ENTRY (ENTRY) SOURCE (INFSCS)		SALES INFORMATION SECTION	DRIVEWAY (DRWAY) 1 = NONE 2 = UNIMPROVED 3 = IMPROVED
QUALITY CONTROL (QCBY) CERTIFIED LETTER (CTFLET) DATE (MMDDYY)		SEWER (SEWER) 1 = NONE 2 = PRIVATE 3 = COMM/PUBLIC	SEWER (SEWER) 1 = NONE 2 = PRIVATE 3 = COMM/PUBLIC
SALES INFORMATION SECTION		WATER (WATER) 1 = NONE 2 = PRIVATE 3 = COMM/PUBLIC	OTHER UTILITIES (UTIL) 1 = NONE 2 = GAS 3 = ELECTRIC 4 = GAS AND ELECTRIC
OFFICE USE ONLY		SITE ELEVATION (ELEV) 1 = BELOW GRADE 2 = LEVEL 3 = ABOVE GRADE	SITE DESIRABILITY (SITDSR) 1 = INFERIOR 2 = TYPICAL 3 = SUPERIOR
DATE (SALDTE) YMMR PRICE (SALPRC) TYPE (SALTY) SOURCE (VERIFY) VALID (VALID) CHECK SOURCE2		SETBACK (SETBCK)	PHYSICAL CHANGE (PHYCHG) 1 = RES CONST 2 = IMP CONST 3 = RES DEMO 4 = IMP DEMO
LAND TYPE CODE (LNDTYP)		LAND BREAKDOWN SECTION	NOTES: GR 27x44 = 1188 4x4 = 56 16 7x9 = 77 1321 x 16.10 = 21270
EFFECTIVE CODE (EFFCD)		LAND TYPE (SBLDYS) EFF. CODE (SBLPCR) FRONT FEET (FRNTFT) DEPTH (DEPT) ACRES (ACRES) SQUARE FEET (SQFT) SOIL RATING (SBLRTE) WATERFRONTAGE (WTRFRNT) WATER FRONT TYPE (WTRFRNT) INFLUENCE CODE (INFLCD) INFLUENCE PERCENT (INFLPC)	SOIL RATING (RATING) P = POOR (05) 1-10 N = NORMAL (06) 1-10 G = GOOD (07) 1-4 (08) 1-4 (09) 1-4 (10) 1-10 (11) 1-10 (12) 1-10
1 = FRONT ONLY 2 = DEPTH ONLY 3 = FRONT AND DEPTH		WATERFRONT TYPE (WTRFRNT) 1 = POND 4 = CANAL 2 = RIVER 5 = OCEAN/BAY 3 = LAKE	INFLUENCE CODE (INFLCD) 1 = TOPOGRAPHY 5 = VIEW 2 = LOCATION 6 = WETNESS 3 = SHAPE 7 = OTHER 4 = RESTRICTED USE

CARD NO 2 OF 3

1988

21270  
8360  
29630

7900

GR 38x44 = 1672 x 5 = 8360

PROPERTY OWNERSHIP RECORD

RECORD OF OWNER	EST. SALE PRICE	MTG.	REVENUE STAMPS	LIBER	PAGE	DATE	EXPLANATION		
<i>Conveyed to</i>							<i>RD</i>		LAND 12400 to 26600
<i>Richard Langley + Peggy</i>	<i>2,450,000</i>		<i>9800 - 8693</i>	<i>4</i>		<i>11/2/86</i>		<i>85</i>	BUILDINGS
									TOTAL
<i>to CS LIM LLC</i>	<i>9,188,350</i>			<i>57117</i>	<i>3567</i>	<i>5/4/17</i>	<i>RVL</i>		LAND + 11700 38 300
<i>to Wolf Teton LLC</i>	<i>8,002,800</i>			<i>59254</i>	<i>3497</i>	<i>9/19/19</i>	<i>Sell, 2000 2000 2000</i>	<i>88</i>	BUILDINGS 19400
								<i>89</i>	TOTAL 58100
									LAND
								<i>90</i>	BUILDINGS 63500
									TOTAL 121600
									LAND
								<i>91</i>	BUILDINGS + 11700
									TOTAL 1231300
									LAND
								<i>92</i>	BUILDINGS
									TOTAL
									LAND
								<i>93</i>	BUILDINGS
									TOTAL
									LAND
								<i>94</i>	BUILDINGS
									TOTAL
									LAND
								<i>95</i>	BUILDINGS
									TOTAL
									LAND
								<i>96</i>	BUILDINGS
									TOTAL
									LAND
								<i>97</i>	BUILDINGS
									TOTAL
									LAND
								<i>98</i>	BUILDINGS
									TOTAL
									LAND
								<i>99</i>	BUILDINGS
									TOTAL
									LAND
								<i>100</i>	BUILDINGS
									TOTAL

MISCELLANEOUS DETAIL

REAL ESTATE RECORD  
NORTH CASTLE, N. Y.

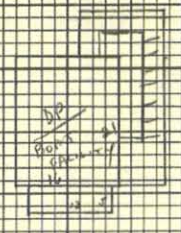
3 of 3

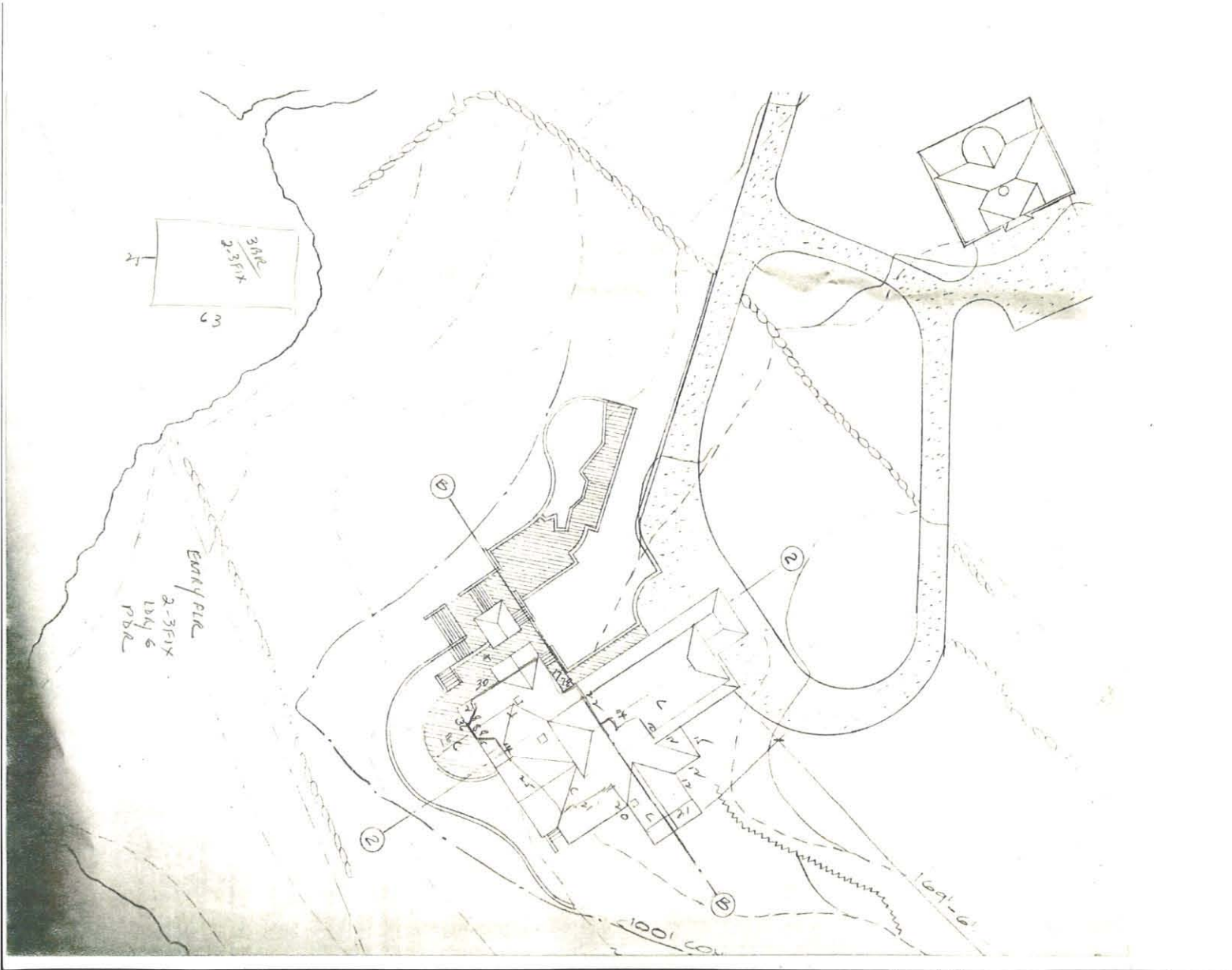
STREET, #	SEC.	BLOCK	LOT	MAP
	1	11	11-23	

FRONT	REAR	AV. DEPTH	FIGURE	UNIT PRICE	DEPTH %	PRICE	TOTAL	CORNER INFL.	DEPR.	SOUND VALUE	ASSESSOR'S VALUE	BOARD OF TAX REVIEW
TOTAL VALUE LOT												
TOTAL VALUE ACREAGE												
TOTAL VALUE LAND												

BUILDINGS				TYPE	YEAR BUILT	REMOD.	CONDITION	REPLACEMENT COST	DEPR. PHYS. OTHER	SOUND VALUE	ASSESSOR'S VALUE	BOARD OF TAX REVIEW
<i>Dock facility</i>												
OUT BLDG.	CONST.	ROOF	FLOOR	O.H.D. STY.	SIZE	AREA	UNIT					
			3x17	2	16x41	336	7-	2250				
				7x8	5x13	172	250	430				
								2780				

MAIN BUILDING CONSTRUCTION			STY.	DIMENSIONS	SQ. FT.	UNIT	REPLACEMENT	TOTAL VALUE BUILDINGS	TOTAL VALUE LAND & BUILDINGS
TYPE	ROOF SHAPE	FLOORS							
ONE FAMILY	GABLE	CEMENT CELLAR							
FAMILY	HIP	DIRT CELLAR							
NO. OF ROOMS	FLAT	HARDWOOD							
BSMT.	GAMBREL	PINE							
1ST.	MANSARD	SINGLE							
3RD.	DORMERS	CONCRETE							
APARTMENT	FULL DORMER	AS-RUB. TILE							
STORE									
FACTORY	EXTERIOR WALLS	HEATING							
HOTEL	CLAPBOARDS	RADIANT							
OFFICES	WD. SHINGLE	HOT WATER							
WAREHOUSE	ASP. SHINGLE	STEAM OR VAPOR							
COMM. GARAGE	ASB. SHINGLE	HOT AIR							
GAS STATION	WD. SIDING	FORCED HOT AIR							
	ASP. SIDING	ELECTRIC							
FOUNDATION	ASP. SIDING	UNIT HEATERS							
CONCRETE	METAL SIDING	AIR CONDIT.							
CON. CIND. BLK.	COM. BR. VEN.	O-G. BUR-STOKER							
BRICK-STONE	FACE BR. VEN.	NO HEAT							
POSTS	SOLID BRICK								
CELLAR AREA FULL	STONE ON T-BLK.	FLUMBING							
PART CELLAR	STUCCO ON FR.	BATH COMPL. 3 FIX.							
NO CELLAR	STUCCO ON C. BLK.	BATH TILED 3 FIX.							
	STUCCO ON BR-TILE	TOTLET RM. 2 FIX.							
	CON. CIND. BLK.	T.R. TILED 2 FIX.							
ROOFING	INSUL.	W.C.							
ASPH. SHINGLES		SINK							
WOOD SHINGLES		URINAL							
ASBES. SHINGLES	INTERIOR FINISH	BRADLEY							
SLATE	PLASTER	SHOWER							
TILE	WALLBOARD	NO PLUMBING							
METAL	PANEL	EXTRAS							
COMP.	ATTIC ROOMS	NO LIGHTING							
BUILY UP	BSMT. ROOMS	SPRINKLER							
INSUL.	FIREPLACE	ELEVATOR							
			TOTAL REPLACEMENT COST						
			DATE	INSPECTOR	REMARKS				





N/F  
GUY H. LEIBER  
LOT 82, MAP 21767 W.C.C.O.  
BK. 1085B, PG. 251 W.C.C.O.  
#25 COWDRAY PARK DRIVE

N/F  
FIFTH AVENUE PROPERTIES, LLC  
LIBER 5419B, PG. 3256 W.C.C.O.  
LOT 81, MAP 21767 W.C.C.O.  
19 COWDRAY PARK DRIVE

CONSERVATION  
BASINEMENT AREA  
MAPS 21767 &  
22761 W.C.C.O.

OTHER LANDS OF  
WOLF TETON LLC  
BK. 7562, PG. 155 G.L.R.  
PARCEL E, MAP 5970 G.L.R.

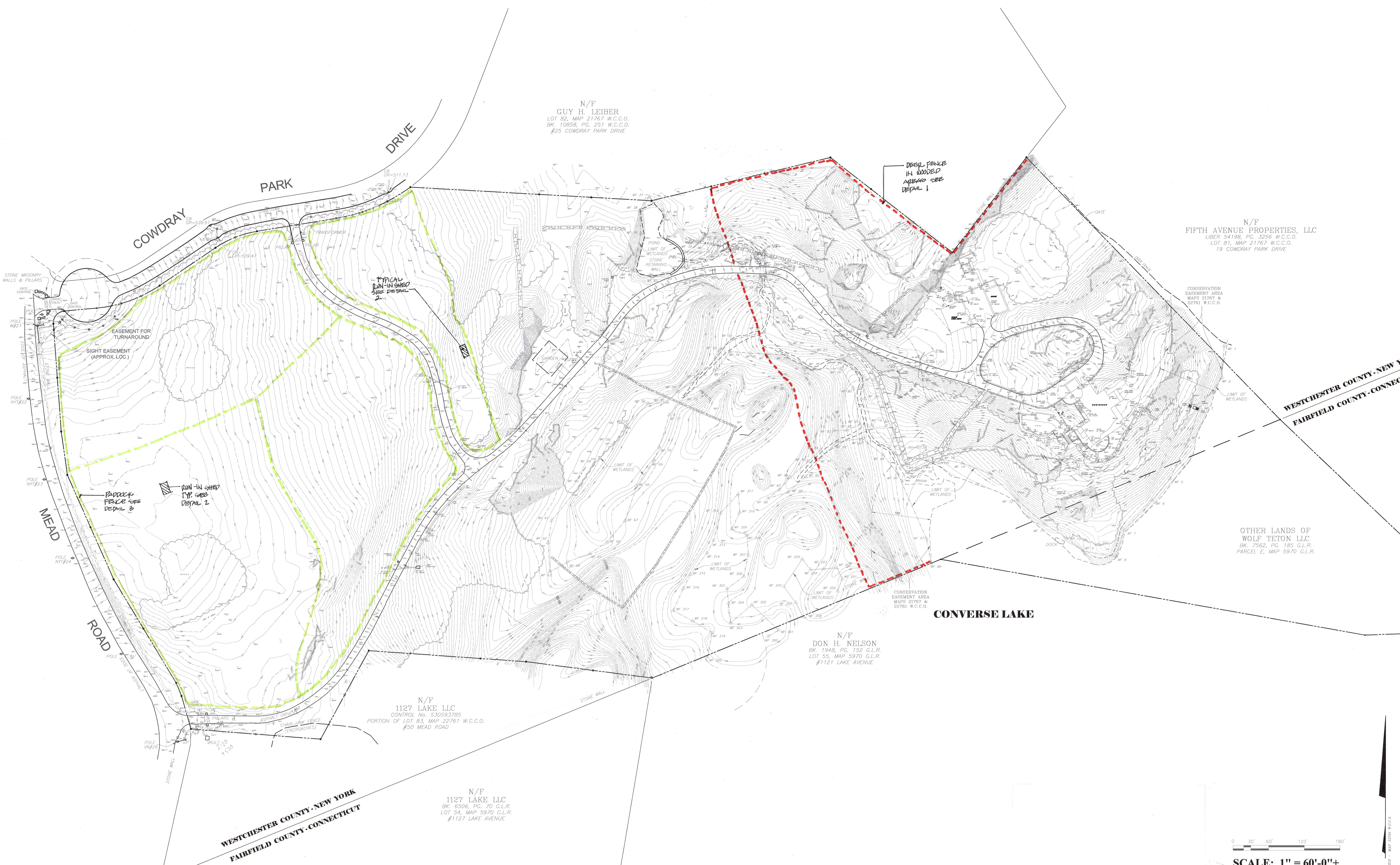
N/F  
DON H. NELSON  
BK. 194B, PG. 152 G.L.R.  
LOT 55, MAP 5970 G.L.R.  
#1121 LAKE AVENUE

N/F  
1127 LAKE LLC  
CONTROL No. S30093785  
PORTION OF LOT 83, MAP 22761 W.C.C.O.  
#50 MEAD ROAD

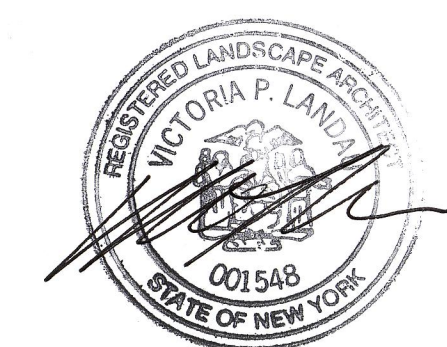
N/F  
1127 LAKE LLC  
BK. 6506, PG. 70 G.L.R.  
LOT 54, MAP 5970 G.L.R.  
#1127 LAKE AVENUE

WESTCHESTER COUNTY-NEW YORK  
FAIRFIELD COUNTY-CONNECTICUT

WESTCHESTER COUNTY-NEW YORK  
FAIRFIELD COUNTY-CONNECTICUT



0 30' 60' 120' 180'  
SCALE: 1" = 60'-0"±



RPRC FENCE PERMIT APPLICATION

**44 MEAD ROAD**  
(Lot 83, Map 22761 W.C.C.O.)  
North Castle, NY

Prepared for: **WOLF TETON LLC**

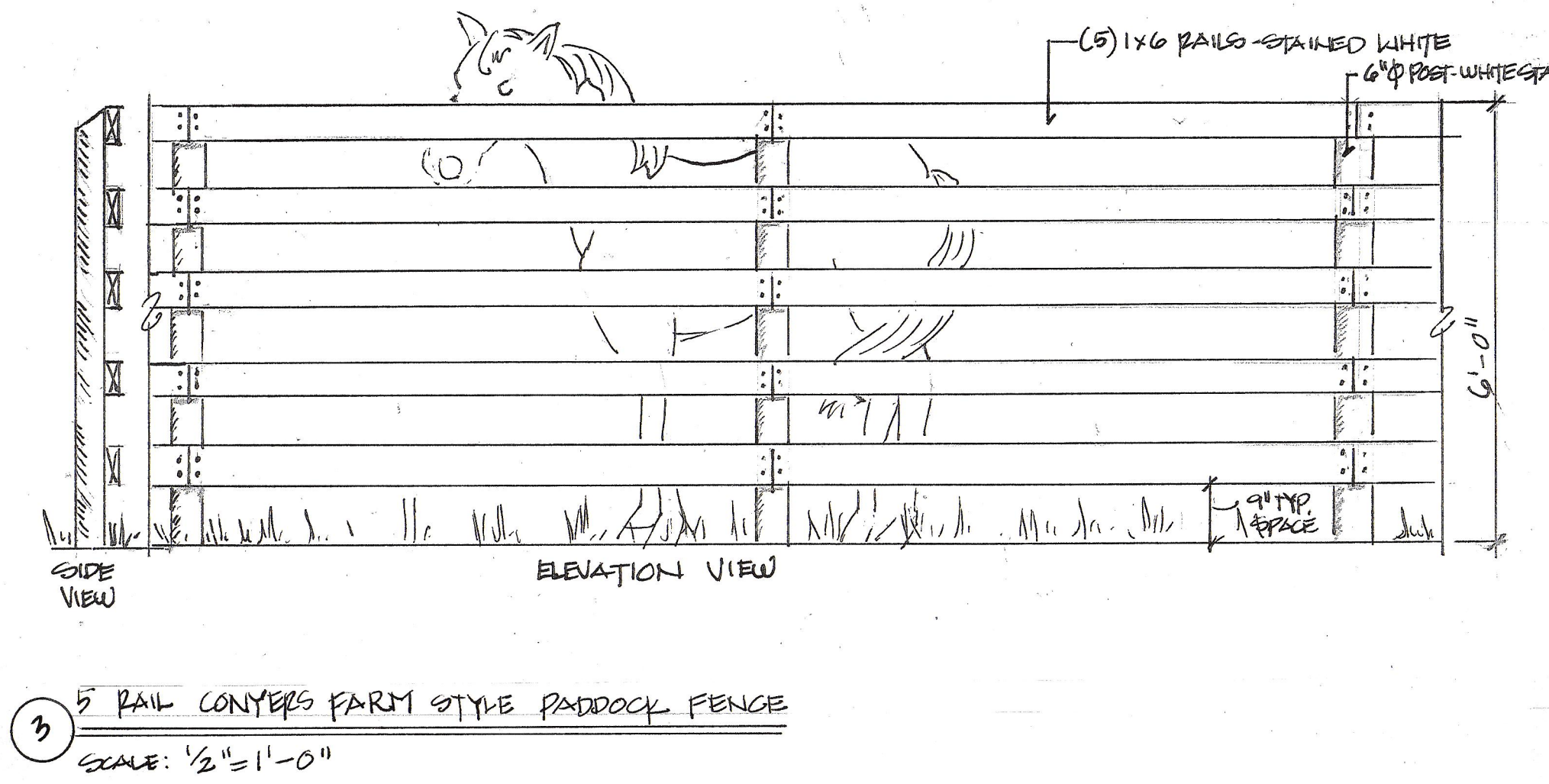
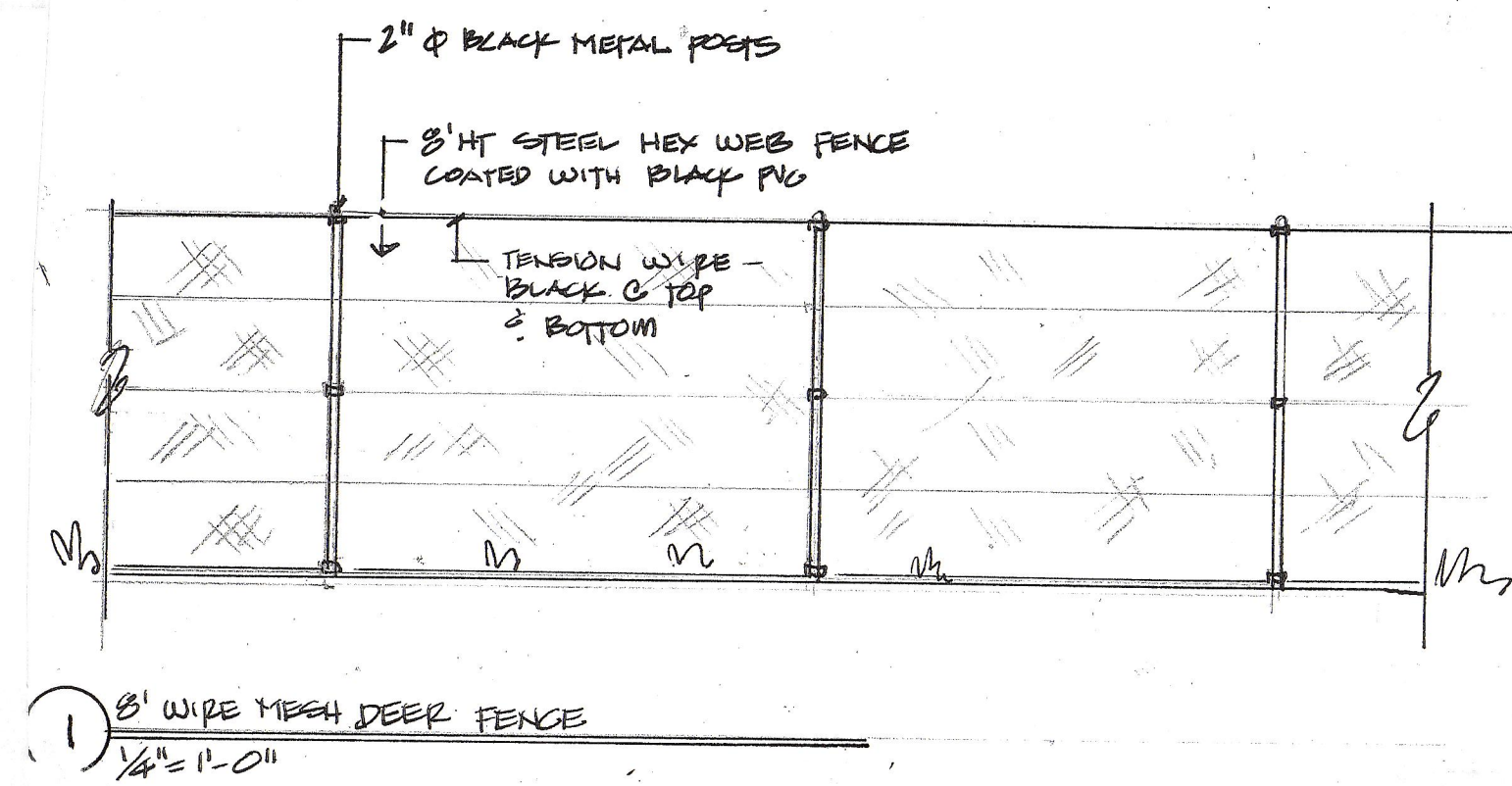
Date: **6.5.21**  
Sheet No.: **FP.1**

**JAY FAIN & ASSOCIATES, LLC**  
Environmental Consulting Services, LLC  
134 Round Hill Road, Fairfield, CT 06824  
203-254-3156 • fax: 203-254-3167

DATE	SHEET REVISION NOTES

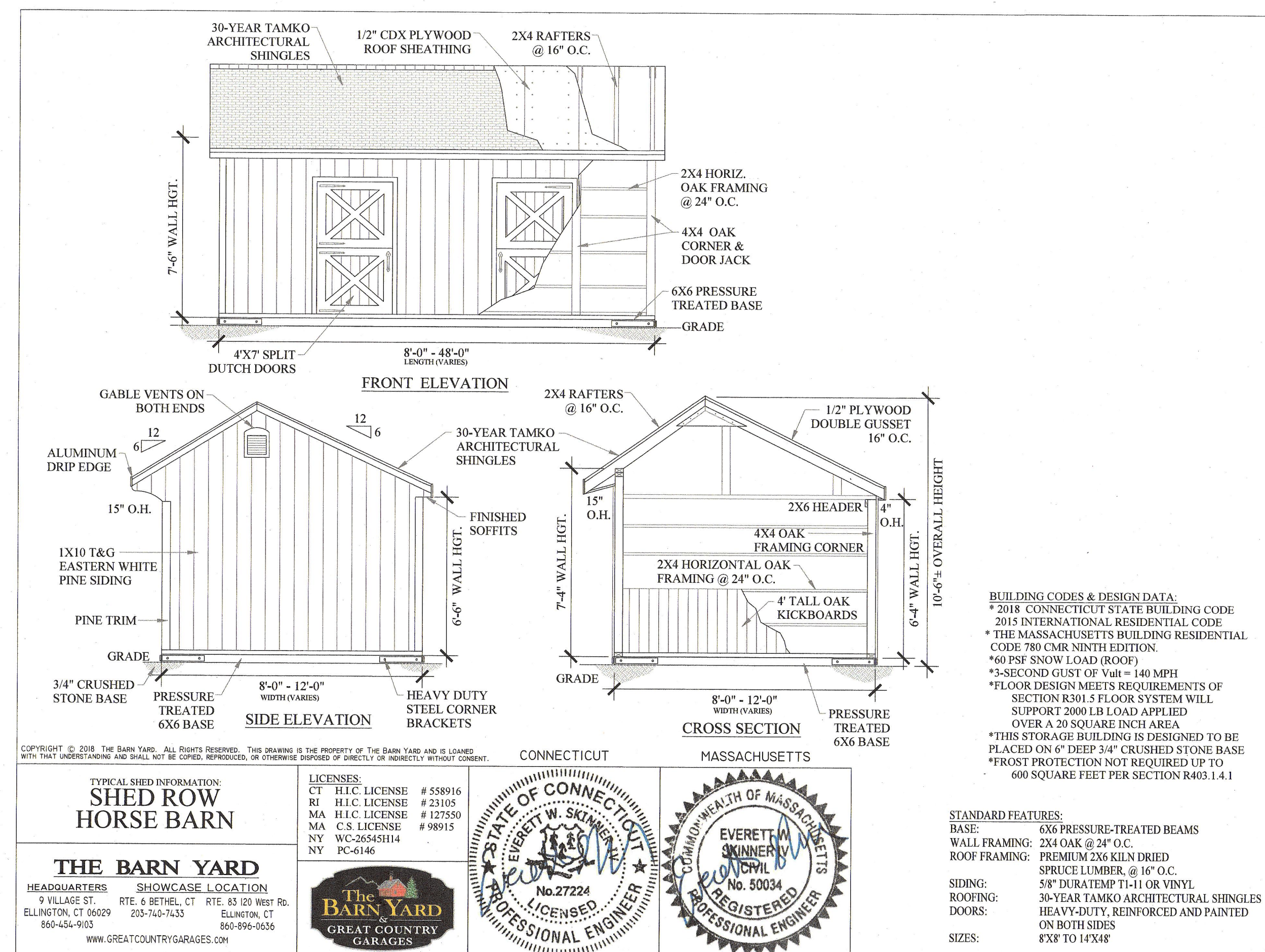
**GENERAL NOTES:**

1. Topographic information, boundary information and existing conditions survey by Redniss and Mead, Professional Engineers and Land Surveyors, P.C. dated 8/4/2020 titled "Property and Topographic Survey depicting #44 Mead Road (lot 83, Map 22761 W.C.C.O.) North Castle, NY prepared for Wolf Teton L.L.C.
2. Parcel is 29.8590 Acres in a R-2A zone.
3. Run in Shed design and framing and construction by The Barn Yard of Bethel CT. Sheds are prebuilt and delivered to site. No footings are required. See sheet 2 for additional shed information and details.
4. Contractor is responsible for location and protection of underground utilities and shall contact Dig Safely New York, 1-800-962-7962 & [www.call811.com](http://www.call811.com). Prior to any excavation and fence post installation.

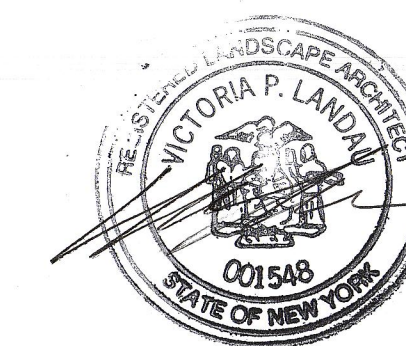


**MITIGATION TABLE**

Table of Proposed Mitigation Areas		
Total area of Mitigation required for buffer disturbance = 0 SF		
Total Area of Mitigation for Buffer Disturbance = 0 SF		
Area	Description	Square Ft.
Wetland	N/A	0
Buffer	N/A	0
<b>TOTAL OF MITIGATION AREA ( disturbance doubled) =</b>		<b>0 SF</b>



2 RUN IN SHED



DATE	SHEET REVISION NOTES

**RPCF FENCE PERMIT APPLICATION**

**44 MEAD ROAD**  
(Lot 83, Map 22761 W.C.C.O.)  
North Castle, NY

Prepared for: **WOLF TETON LLC**

**JAY FAIN & ASSOCIATES** LLC  
*Environmental Consulting Services*

134 Round Hill Road, Fairfield, CT 06824  
203-254-3156 - fax: 203-254-3167

Date: **6.5.21**  
Sheet No.: **FP.2**

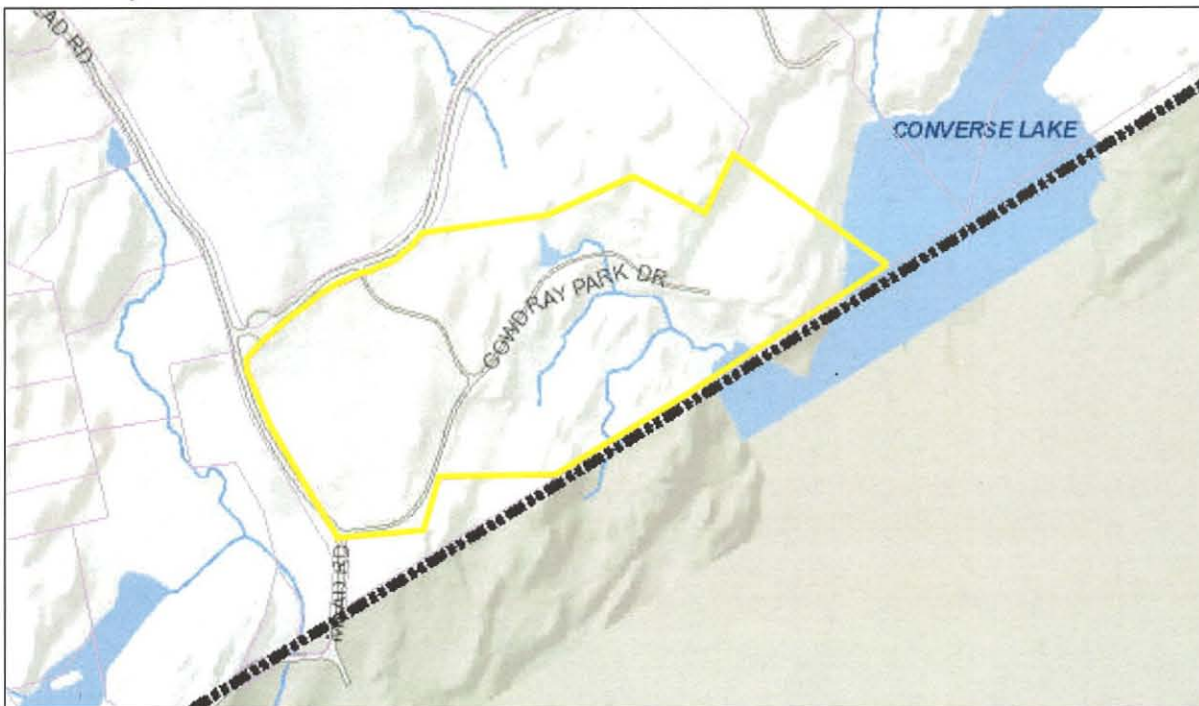


# Tax Parcel Maps

Address: 44 MEAD RD

Print Key: 109.01-1-13

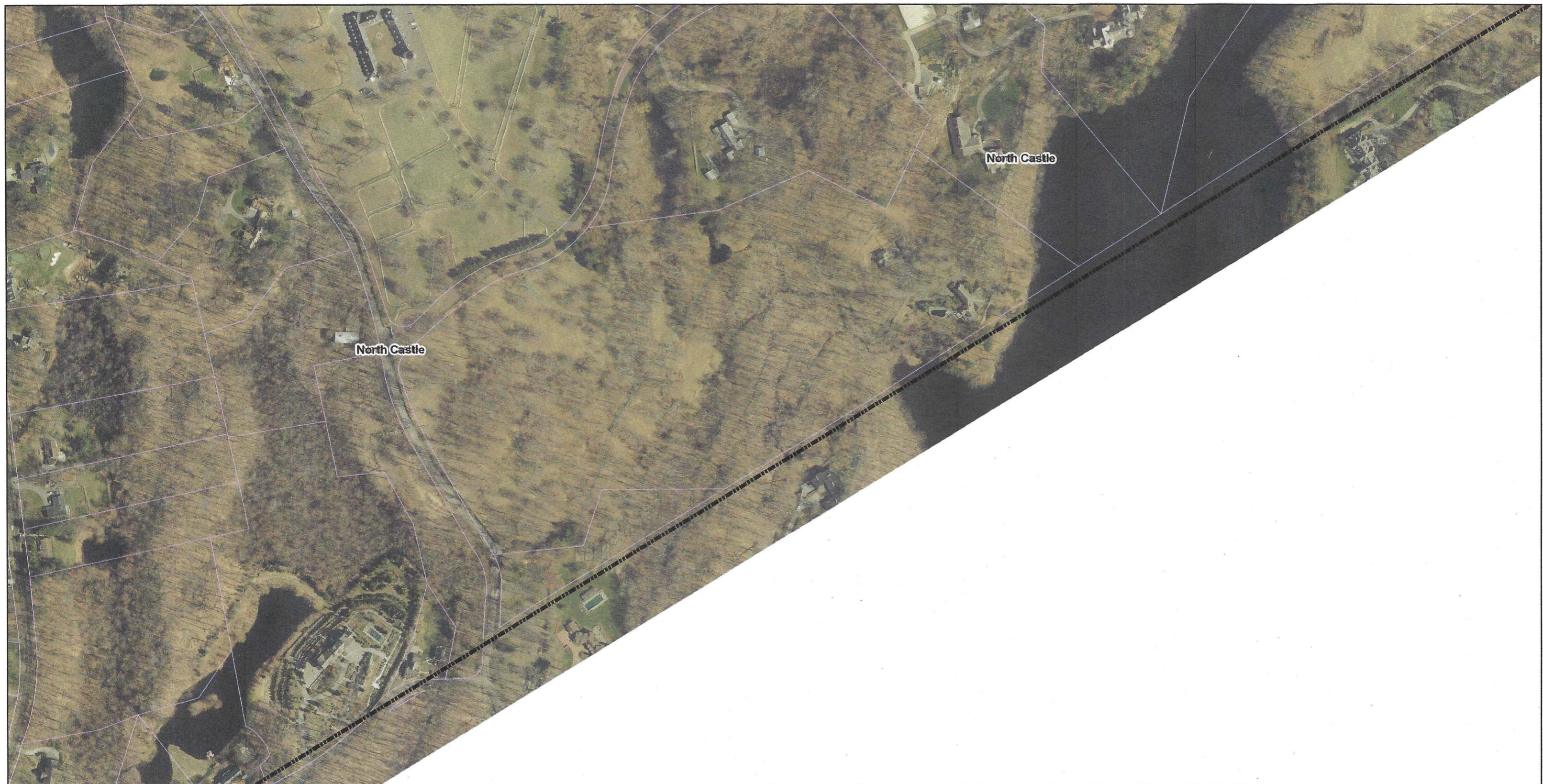
SBL: 10900100010130000000



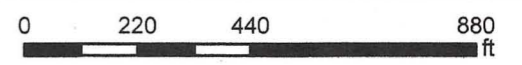
**Disclaimer:**

This tax parcel map is provided as a public service to Westchester County residents for general information and planning purposes only, and should not be relied upon as a sole informational source. The County of Westchester hereby disclaims any liability from the use of this GIS mapping system by any person or entity. Tax parcel boundaries represent approximate property line location and should **NOT** be interpreted as or used in lieu of a survey or property boundary description. Property descriptions must be obtained from surveys or deeds. For more information please contact the assessor's office of the municipality.

# Mapping Westchester County



District Boundaries  
Municipal Boundaries



1:4,514      June 8, 2021



GIS  
<http://giswww.westchestergov.com>  
Michaelian Office Building  
148 Martine Avenue Rm 214  
White Plains, New York 10601

**NOTES:**

1. This map has been prepared as a Property and Topographic Survey, intended to depict property boundaries, locations and elevations of improvements and topographic features. Locations of perimeter improvements were located by this office; interior and topographic features were transcribed from mapping prepared by S.E. Minor & Co.
2. Area of the Surveyed Parcel = 29,8590 Acres (Lot 83, Map 22761 W.C.C.O.) (Parcel E, Map 5970 G.L.R. (CT) = 3.7328 Acres)
3. Reference is hereby made to the Deeds of Record found in Control No. 525243497 of the Westchester County Clerk's Office (NY); and Book 7562 on Page 185 of the Greenwich Land Records (CT).
4. Reference is made to instruments of records as labeled hereon.
5. Reference is hereby made to Lot 83, Map 21767 & 22761 of the Westchester County Clerk's Office (NY); and to Parcel E, Map 5970 and map 6019 of the Greenwich Land Records (CT).
6. Reference is made to an unrecorded map titled "Property Survey of Richard Danziger, North Castle, New York and Greenwich, CONN" prepared by S.E. Minor.
7. Reference is made to an unrecorded map titled "Property & Topographic Survey depicting A Portion of #44 Mead Road (Parcel E, Map 5970 G.L.R.) Greenwich, CT prepared for Wolf Teton LLC" dated 7/15/2020 and prepared by this office.
8. Elevations Depicted Hereon are based on the National Geodetic Vertical Datum of 1929 (NGVD-29).
9. Property lies partially within FEMA Flood Hazard Zone A (no BFE) and Zone X as depicted on FEMA-Flood Insurance Rate Map Community-Panel No. 09001C2344F, Map Effective Date June 18, 2010 (CT); and FEMA-Flood Insurance Rate Map Community-Panel No. 3619C0159F, Map Effective Date September 28, 2007 (NY). Limit of Flood Hazard Zone A runs along the shore line of Converse Lake.
10. Subsurface utility, structure and facility locations depicted hereon have been compiled, in part, from municipal records and field measurements. These locations must be considered as approximate, may not be complete and other such features may exist on the site. The size, location and existence of all such features must be verified by the appropriate authorities prior to construction.
11. Limits of wetlands depicted hereon were field identified and flagged by Joy Gan & Associates in November, 2017 and field located by Redniss & Mead Inc. in December, 2017.
12. Owner of Record: Wolf Teton LLC

N/F  
 GUY H. LEIBER  
 LOT 82, MAP 21767 W.C.C.O.  
 BK. 10658, PG. 221 W.C.C.O.  
 #25 COWDRAY PARK DRIVE

N/F  
 FIFTH AVENUE PROPERTIES, LLC  
 LIBER 54158, PG. 3256 W.C.C.O.  
 LOT 81, MAP 21767 W.C.C.O.  
 19 COWDRAY PARK DRIVE

N/F  
 STEPHEN R. NICHOLS  
 BK. 1566, PG. 193 G.L.R.  
 LOT 43, MAP 5970 G.L.R.  
 #22 HURLINGHAM DRIVE

OTHER LANDS OF  
 WOLF TETON LLC  
 BK. 7262, PG. 185 G.L.R.  
 PARCEL E, MAP 5970 G.L.R.

N/F  
 DON H. NELSON  
 BK. 1948, PG. 152 G.L.R.  
 LOT 55, MAP 5970 G.L.R.  
 #1121 LAKE AVENUE

N/F  
 RORI CORPORATION, N.V.  
 BK. 1432, PG. 224 G.L.R.  
 LOT 59, MAP 5970 G.L.R.  
 #1093 LAKE AVENUE

N/F  
 1127 LAKE LLC  
 CONTROL No. 530593785  
 PORTION OF LOT 83, MAP 22761 W.C.C.O.  
 #50 MEAD ROAD

N/F  
 1127 LAKE LLC  
 BK. 6506, PG. 70 G.L.R.  
 LOT 24, MAP 5970 G.L.R.  
 #1127 LAKE AVENUE

I, Jorge P. Pereira, the surveyor who made this map, do hereby certify that this map was completed on August 4, 2020.

Certifications indicated hereon signify 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 certifications shall run only to the owners for whom the survey is prepared, and are not transferable to subsequent owners.

ON 8/4/2020 BY [Signature] REG. NO. 050780

NOTE: The word "certify" is understood to be an expression of professional opinion by the land surveyor which is based on his best knowledge, information and belief. As such it constitutes neither a warranty or warranty.

"Unauthorized alteration or addition to a survey map bearing a licensed land surveyor's seal is a violation of section 7209, sub-division 2, of the New York State Education Law."

"Only copies from the original of this survey marked with an original of the land surveyor's embossed seal shall be considered to be valid true copies."

**PROPERTY & TOPOGRAPHIC SURVEY**  
 DEPICTING  
**#44 MEAD ROAD**  
 (LOT 83, MAP 22761 W.C.C.O.)  
 NORTH CASTLE, NY  
 PREPARED FOR  
**WOLF TETON LLC**

Scale: 1"=80'  
 0 60 120  
 Drawn By: JPP Checked By: Date: 8/4/2020

**REDNISS & MEAD**  
 PROFESSIONAL ENGINEERS  
 AND LAND SURVEYORS, P.C.

23 Red Street | Stamford, CT 06905  
 Tel: 203.370.0100 | Fax: 203.370.1118  
 www.rednissandmead.com

SHEET No.  
**PSTS**  
 Conn. No. 989A-1

## Short Environmental Assessment Form

### Part 1 - Project Information

#### Instructions for Completing

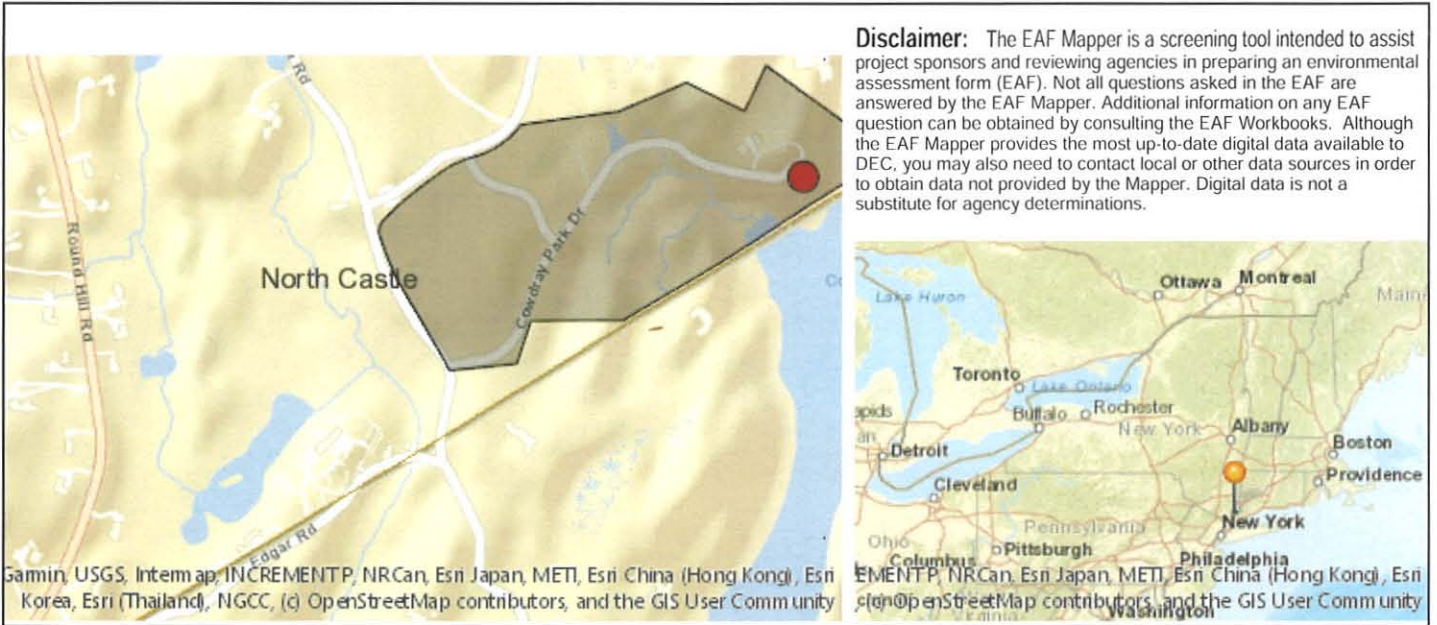
**Part 1 – Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. 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.

<b>Part 1 – Project and Sponsor Information</b>				
Name of Action or Project: Application for Fence Permit & to Place Two Pre-Fabricated Run-In Sheds on 44 Mead Road				
Project Location (describe, and attach a location map): 44 Mead Road, Town of North Castle				
Brief Description of Proposed Action: Install 5-board wooden fence for horse paddocks, Install 8-foot tall black wire mesh fence for deer exclusion, place two pre-fabricated run-in sheds				
Name of Applicant or Sponsor: Wolf Teton LLC C/O Geraldine N. Tortorella, Esq.		Telephone: 9144211800 Ext. 11 E-Mail: g.tortorella@htwlegal.com		
Address: One North Broadway, Suite 701				
City/PO: White Plains		State: NY	Zip Code: 10601	
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 <input type="checkbox"/>	YES <input checked="" 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: Building Department (building permit(s))			NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ 29.859 acres b. Total acreage to be physically disturbed? _____ 0 acres c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ 29.859 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 checked="" type="checkbox"/> Residential (suburban) <input checked="" type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input checked="" type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify): <input type="checkbox"/> Parkland				

5. Is the proposed action, a. A permitted use under the zoning regulations?  b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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?	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: _____ _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?  If No, describe method for providing potable water: _____ No water supply is being provided to fences or run-in sheds. Existing potable water well services existing structures _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?  If No, describe method for providing wastewater treatment: _____ No water supply is being provided to fences or run-in sheds. Existing SSDS services existing structures _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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?	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: _____ On-site local wetlands - approximately 75 linear feet of vegetation will be disturbed to install deer exclusion fence. _____ _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/> Shoreline <input checked="" type="checkbox"/> Forest <input checked="" type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b> Applicant/sponsor/name: <u>Jay Pain</u> Date: <u>June 7, 2021</u> Signature:  Title: <u>Professional Environmental Consultant</u>		



Part 1 / Question 7 [Critical Environmental Area]	No
Part 1 / Question 12a [National or State Register of Historic Places or State Eligible Sites]	No
Part 1 / Question 12b [Archeological Sites]	Yes
Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies]	Yes - Digital mapping information on local and federal wetlands and waterbodies is known to be incomplete. Refer to EAF Workbook.
Part 1 / Question 15 [Threatened or Endangered Animal]	No
Part 1 / Question 16 [100 Year Flood Plain]	Yes
Part 1 / Question 20 [Remediation Site]	No



**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)

**Residential Building Permit Application**

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

**Section I-** PROJECT ADDRESS: 44 Mead Road DATE: 06/09/2021

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

APPLICANT: Wolf Teton LLC c/o Gustavo Pires

ADDRESS: 44 Mead Road

PHONE: \_\_\_\_\_ MOBILE: 203-814-4751 EMAIL: Gustavo@Groupclark.com

PROPERTY OWNER: Wolf Teton LLC c/o Gustavo Pires

ADDRESS: 44 Mead Road, North Castle, NY

PHONE: \_\_\_\_\_ MOBILE: 2038144751 EMAIL: Gustavo@Groupclark.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.)

Install 5-board wooden paddock fence, install 8 foot tall woven wire deer exclusion fence.

**Section IV-** USE AND OCCUPANCY:

EXISTING/ CURRENT USE: Single-Family Residential - RA-2

**Section V-** INSURANCES THAT ARE REQUIRED TO BE SUBMITTED: (All applications being submitted are required to be on NYS approved insurance forms. Check box.)

- Liability Insurance (Acord form. **Pease note: ACORD forms are NOT acceptable proof of NYS workers Compensation coverage.**)
- Workers Compensation (CE-200, C-105.2 or SI-12 form)
- Disability Insurance (CE-200, DB-120.1 or DB-155 form)

**Section VI-** 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) \$ 209,500

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



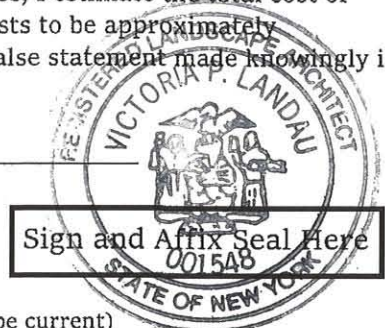
Town of North Castle Building Department

Section VI- (Continued)

Victoria Landau

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 \$ 209,500, and (iv) pursuant to Penal Law 210.45, I acknowledge that a false statement made knowingly is a Class A misdemeanor.

Signature: [Handwritten Signature] Date: 6-9-21



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

ARCHITECT/ ENG: Victoria Landau, ASLA c/o Jay Fain & Assoc.

ADDRESS: 2000 Post Road Suite 201

PHONE: 203-254-3156 MOBILE: 203-913-5797

EMAIL: vplandau@optonline.net

CONTRACTOR: Classic Fence, Inc.

ADDRESS: Po Box 484 Pawling, NY 12564

PHONE: 845-290-3345 MOBILE: EMAIL:

PLUMBER:

ADDRESS:

PHONE: MOBILE: EMAIL:

ELECTRICIAN:

ADDRESS:

PHONE: MOBILE: EMAIL:

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: [Handwritten Signature] Date: 6/09/2021

Town of North Castle Building Department

Section X- AFFIDAVIT OF OWNER AUTHORIZATION IF APPLICABLE: (To be notarized)

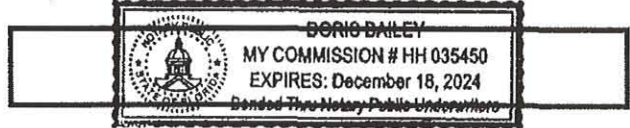
STATE OF NEW YORK }
COUNTY OF WESTCHESTER } SS:

The applicant Wolf Teton LLC 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) 44 Wolf Teton LLC Owner's Signature [Signature]

Sworn to before me this 9th day of June, 2021

Notary Signature [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 Payment: Check #: Cash Credit Card
Name on check:

Received By: 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:



CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only) CLASSIC FENCE INC 14 MOUNTAIN VIEW LANE WINGDALE NY 12594 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy) 1b. Business Telephone Number of Insured (845) 290-3314 1c. Federal Employer Identification Number of Insured or Social Security Number 47-1638671

2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) WOLF TETON 44 MEAD ROAD ARMONK, NY 10504 3a. Name of Insurance Carrier Standard Security Life Insurance Company of New York 3b. Policy Number of Entity Listed in Box "1a" L90687-000 3c. Policy effective period 10/16/2020 to 6/7/2022

4. Policy provides the following benefits: [X] A. Both disability and paid family leave benefits. [ ] B. Disability benefits only. [ ] C. Paid family leave benefits only. 5. Policy covers: [X] 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 named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 6/8/2021 By [Signature] (Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier) Telephone Number (212) 355-4141 Name and Title Bebi Ishmail, Supervisor-DBL/Policy Services

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder. If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation 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 \_\_\_\_\_ By \_\_\_\_\_ (Signature of Authorized NYS Workers' Compensation Board Employee) Telephone Number \_\_\_\_\_ Name and Title \_\_\_\_\_

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.



## Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in box "1a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

**Please Note: Upon the cancellation of the disability and/or paid family leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.**

### DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

#### §220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD

**CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p><b>1a. Legal Name &amp; Address of Insured (Use street address only)</b> Classic Fence Inc P.O. Box 484 Pawling NY 12564</p> <p><b>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</b></p>	<p><b>1b. Business Telephone Number of Insured</b> (845)290-3314</p> <p><b>1c. NYS Unemployment Insurance Employer Registration Number of Insured</b></p> <p><b>1d. Federal Employer Identification Number of Insured or Social Security Number</b> 47-1638671</p>
<p><b>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</b></p> <p>Wolf Teton 44 Mead Rd Armonk NY 10504</p>	<p><b>3a. Name of Insurance Carrier</b> Travelers Property Casualty Company of America</p> <p><b>3b. Policy Number of entity listed in box "1a"</b> UB-2L504165-19</p> <p><b>3c. Policy effective period</b> 08/08/2020 to 08/08/2021</p> <p><b>3d. The Proprietor, Partners or Executive Officers are included.</b> (Only check box if all partners/officers included) <b>all excluded or certain partners/officers excluded.</b></p>

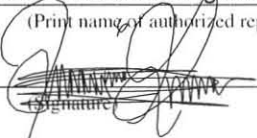
This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

*The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.*

**Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.**

**Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.**

Approved by: Smartchoice Insurance Agents of NC  
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:  04/19/2021  
(Date)

Title: Retail Producer

Telephone Number of authorized representative or licensed agent of insurance carrier: (845) 282-5607

**Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.**

## Workers' Compensation Law

### **Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.**

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/19/2021

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.

**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).

<b>PRODUCER</b>  SMARTCHOICE INSURANCE AGENTS OF NC 4121 BEECHWOOD DR GREENSBORO, NC 27410 (888) 661-3938	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (888) 661-3938		FAX (A/C, No): (877) 872-7604
	<b>E-MAIL ADDRESS:</b> service.center@travelers.com		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A :</b> TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA			
<b>INSURER B :</b> TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA			
<b>INSURER C :</b>			
<b>INSURER D :</b>			
<b>INSURER E :</b>			
<b>INSURER F :</b>			

**COVERAGES**                      **CERTIFICATE NUMBER:** 903242652251952                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		680-9K254204-19	05/23/2020	05/23/2021	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
								\$
	<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		UB-2L504165-19	08/08/2020	08/08/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$1,000,000
							E.L. DISEASE - POLICY LIMIT	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate holder(s) are named as additional insured as respects to the general liability Policy, written contract and/or permits. Certificate holder is hereby added as an additional insured as respects to the job location listed below. General Liability policy excludes contractual Liability broad enough to cover injury to employees of the insured. Wolf Teton (44 Mead Rd Armonk NY 10504), are automatically named as additional insured(s) on per occurrence basis and/or per blanket endorsements as respects work performed by the insured.

<b>CERTIFICATE HOLDER</b>  WOLF TETON 44 MEAD RD ARMONK NY 10504	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Mary Kuckelmann</i>
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George Latimer  
Westchester County Executive

Westchester  
gov.com

James Maisano  
Director, Consumer Protection

Department of Consumer Protection  
Home Improvement License

CLASSIC FENCE, INC.  
PO BOX 484  
PAWLING, NY-12564

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. Proof of citizenship or immigration status is not required for issuance of this license.  
NOT FOR FEDERAL PURPOSES

License Number

WC-31558-H19



Date of Expiration

03/12/2023





## 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)

## Residential Building Permit Application

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

**Section I-** PROJECT ADDRESS: 44 Mead Road DATE: 06/09/2021

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

APPLICANT: Wolf Teton LLC c/o Gustavo Pires

ADDRESS: 44 Mead Road

PHONE: \_\_\_\_\_ MOBILE: 203-814-4751 EMAIL: Gustavo@Groupclark.com

PROPERTY OWNER: Wolf Teton LLC c/o Gustavo Pires

ADDRESS: 44 Mead Road, North Castle, NY

PHONE: \_\_\_\_\_ MOBILE: 2038144751 EMAIL: Gustavo@Groupclark.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.)

Place two pre-fabricated, 12 x 24 foot wood run-in sheds by the Barn Yard.

**Section IV-** USE AND OCCUPANCY:

EXISTING/ CURRENT USE: Single-Family Residential - RA-2

**Section V-** INSURANCES THAT ARE REQUIRED TO BE SUBMITTED: (All applications being submitted are required to be on NYS approved insurance forms. Check box.)

Liability Insurance (Acord form. **Pease note: ACORD forms are NOT acceptable proof of NYS workers Compensation coverage.**)

Workers Compensation (CE-200, C-105.2 or SI-12 form)

Disability Insurance (CE-200, DB-120.1 or DB-155 form)

**Section VI-** 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) \$ 20,000

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

Town of North Castle Building Department

Section VI- (Continued)

Victoria Landau

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 \$ 20,000, and (iv) pursuant to Penal Law 210.45, I acknowledge that a false statement made knowingly is a Class A misdemeanor.

Signature: [Handwritten Signature] Date: 6.9.2021



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

ARCHITECT/ ENG: Victoria Landau, ASLA c/o Jay Fain & Assoc.

ADDRESS: 2000 Post Road Suite 201

PHONE: 203-254-3156 MOBILE: 203-913-5797

EMAIL: vplandau@optonline.net

CONTRACTOR: The Barn Yard

ADDRESS: 84 Stony Hill Road Bethel, CT 06801

PHONE: 203-740-7433 MOBILE: 203-456-0208 EMAIL: keithw@greatcountrygarages.com

PLUMBER:

ADDRESS:

PHONE: MOBILE: EMAIL:

ELECTRICIAN:

ADDRESS:

PHONE: MOBILE: EMAIL:

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: [Handwritten Signature] Date: 6/09/2021

**Town of North Castle Building Department**

**Section X- AFFIDAVIT OF OWNER AUTHORIZATION IF APPLICABLE: (To be notarized)**

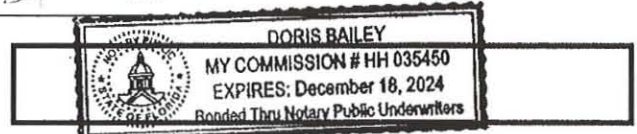
STATE OF NEW YORK }  
COUNTY OF WESTCHESTER } SS:

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) 44 Wolf Teton LLC Owner's Signature \_\_\_\_\_

Sworn to before me this 9TH day of JUNE, 2021

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 \_\_\_\_\_    Payment:  Check #: \_\_\_\_\_     Cash     Credit Card

Name on check: \_\_\_\_\_

Received By: \_\_\_\_\_ Application No.: \_\_\_\_\_

**BUILDING INSPECTOR APPROVAL**

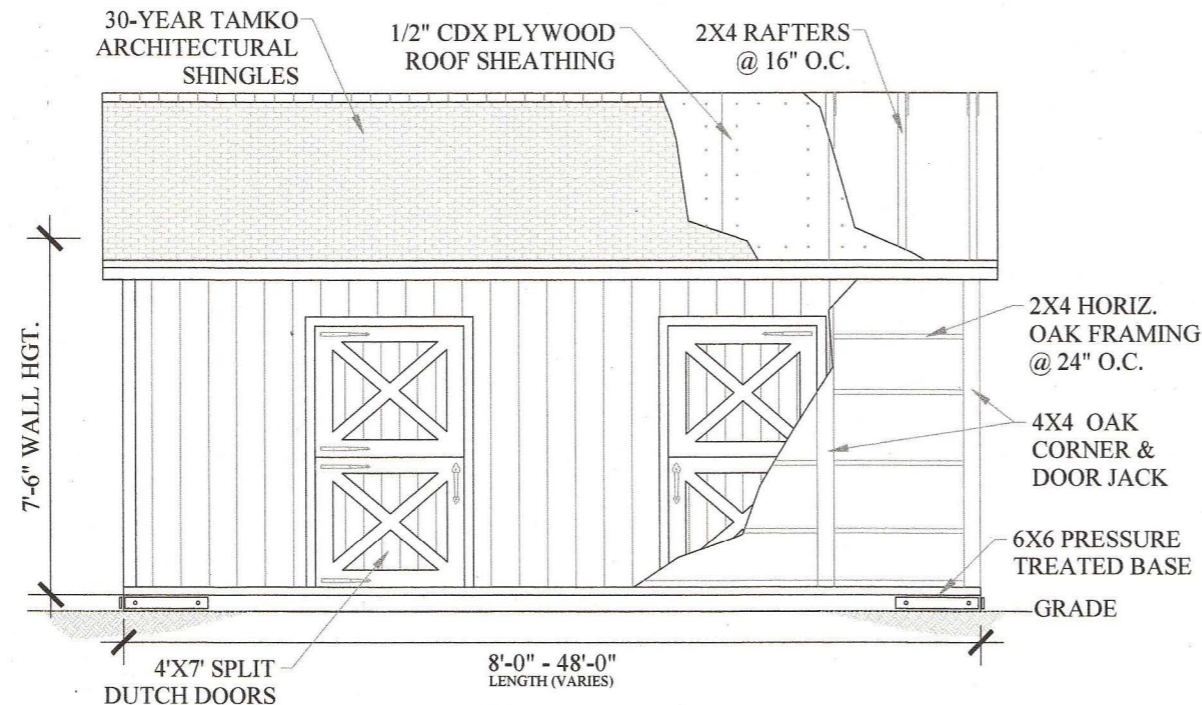
- Has all the conditions of the RPRC been met?  Yes  NA
- Is a Flood Development permit required?  Yes  No

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

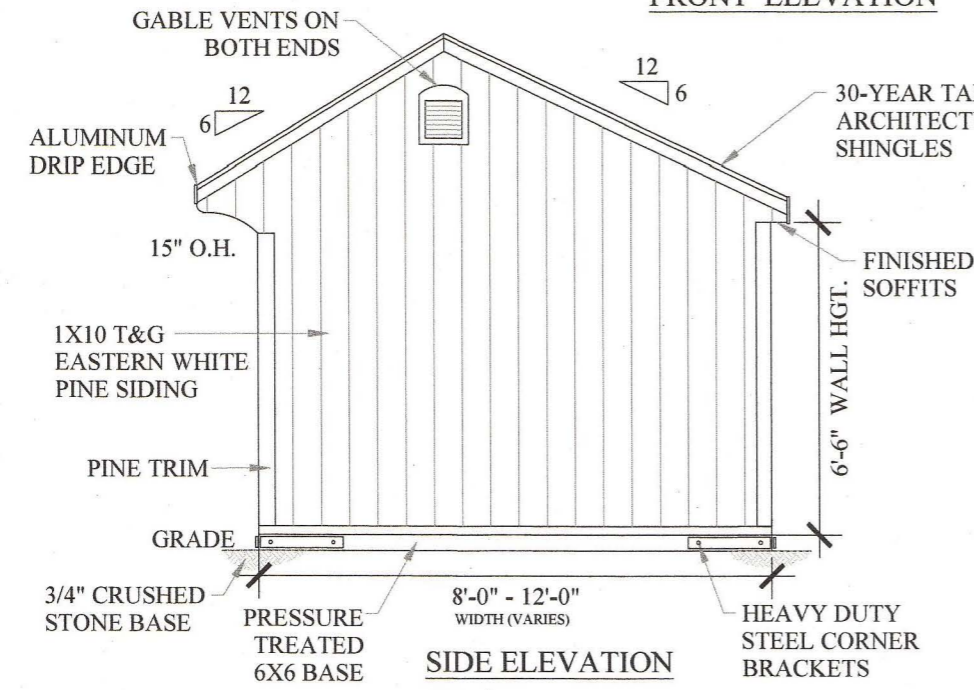
Building Inspector Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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

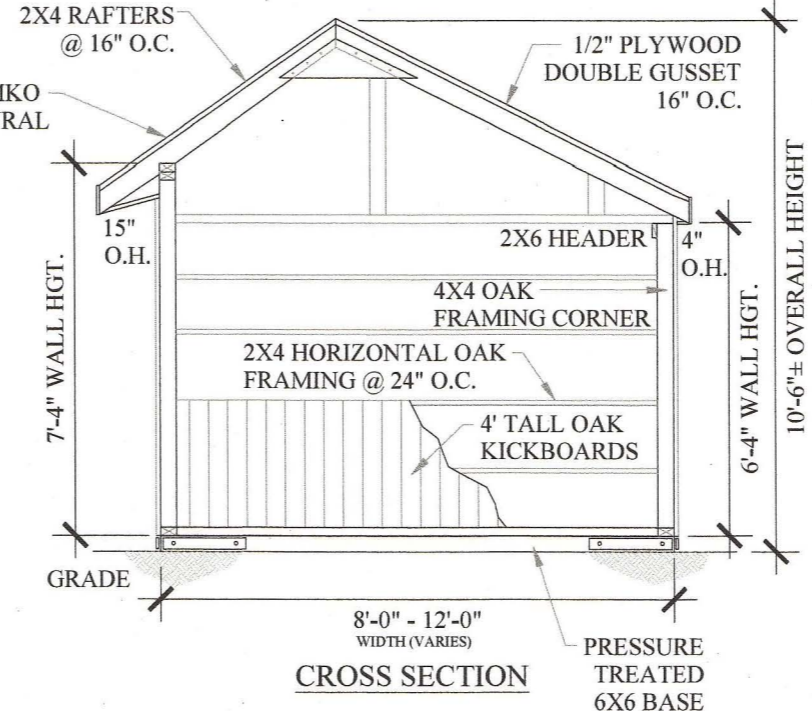
\_\_\_\_\_  
\_\_\_\_\_



FRONT ELEVATION



SIDE ELEVATION



CROSS SECTION

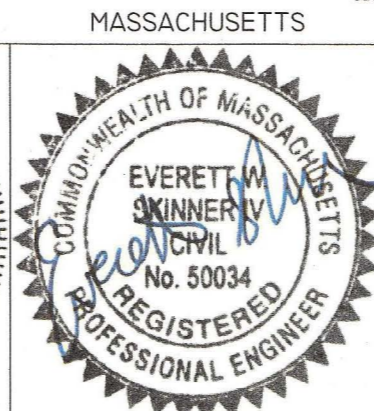
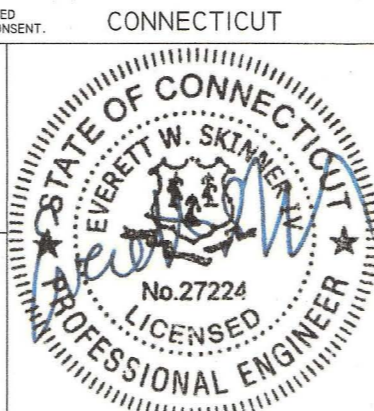
**BUILDING CODES & DESIGN DATA:**  
 \* 2018 CONNECTICUT STATE BUILDING CODE  
 \* 2015 INTERNATIONAL RESIDENTIAL CODE  
 \* THE MASSACHUSETTS BUILDING RESIDENTIAL CODE 780 CMR NINTH EDITION.  
 \* 60 PSF SNOW LOAD (ROOF)  
 \* 3-SECOND GUST OF Vult = 140 MPH  
 \* FLOOR DESIGN MEETS REQUIREMENTS OF SECTION R301.5 FLOOR SYSTEM WILL SUPPORT 2000 LB LOAD APPLIED OVER A 20 SQUARE INCH AREA  
 \* THIS STORAGE BUILDING IS DESIGNED TO BE PLACED ON 6" DEEP 3/4" CRUSHED STONE BASE  
 \* FROST PROTECTION NOT REQUIRED UP TO 600 SQUARE FEET PER SECTION R403.1.4.1

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TYPICAL SHED INFORMATION:  
**SHED ROW HORSE BARN**

**THE BARN YARD**  
 HEADQUARTERS: 9 VILLAGE ST. ELLINGTON, CT 06029 860-454-9103  
 SHOWCASE LOCATION: RTE. 6 BETHEL, CT ELLINGTON, CT 203-740-7433  
 RTE. 83 120 WEST RD. ELLINGTON, CT 860-896-0636  
 WWW.GREATCOUNTRYGARAGES.COM

LICENSES:  
 CT H.I.C. LICENSE # 558916  
 RI H.I.C. LICENSE # 23105  
 MA H.I.C. LICENSE # 127550  
 MA C.S. LICENSE # 98915  
 NY WC-26545H14  
 NY PC-6146



**STANDARD FEATURES:**  
 BASE: 6X6 PRESSURE-TREATED BEAMS  
 WALL FRAMING: 2X4 OAK @ 24" O.C.  
 ROOF FRAMING: PREMIUM 2X6 KILN DRIED SPRUCE LUMBER, @ 16" O.C.  
 SIDING: 5/8" DURATEMP T1-11 OR VINYL  
 ROOFING: 30-YEAR TAMKO ARCHITECTURAL SHINGLES  
 DOORS: HEAVY-DUTY, REINFORCED AND PAINTED ON BOTH SIDES  
 SIZES: 8'X8' TO 14'X48'

# CERTIFICATE OF INSURANCE COVERAGE

## DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

**PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier**

<p><b>1a. Legal Name &amp; Address of Insured (use street address only)</b></p> <p>THE BARN YARD ENTERPRISES INC 9 VILLAGE STREET ELLINGTON , CT 06029</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</i></p>	<p><b>1b. Business Telephone Number of Insured</b></p> <p>860-454-9103</p> <p><b>1c. Federal Employer Identification Number of Insured or Social Security Number</b></p> <p>061285611</p>
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<p><b>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</b></p> <p>Gustavo Pires And Town of Armonk 44 mead Rd Armonk, NY 10540</p>	<p><b>3a Name of Insurance Carrier</b></p> <p>HARTFORD LIFE AND ACCIDENT</p> <p><b>3b Policy Number of Entity Listed in Box "1a"</b></p> <p>LNy798660</p> <p><b>3c Policy effective period</b></p> <p>10-01-2020 to 09-30-2021</p>
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**4. Policy provides the following benefits:**

A. Both disability and paid family leave benefits.

B. Disability benefits only.

C. Paid family leave benefits only.

**5. Policy covers:**

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 named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 06/09/2021 *Elizabeth Tello*  
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (212) 553-8074 Name and Title: Elizabeth Tello – Assistant Director, Statutory Services

**IMPORTANT:** If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is **COMPLETE**. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is **NOT COMPLETE** for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

**PART 2. To be completed by the NYS Workers' Compensation 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 \_\_\_\_\_ By \_\_\_\_\_  
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number \_\_\_\_\_ Name and Title \_\_\_\_\_

*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.*



## Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in box "1 a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

**Please Note: Upon the cancellation of the disability and/or paid family leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.**

### DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

#### §220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.



CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

Form with fields for: 1a. Legal Name & Address of Insured, 1b. Business Telephone Number of Insured, 1c. NYS Unemployment Insurance Employer Registration Number of Insured, 1d. Federal Employer Identification Number of Insured or Social Security Number, 2. Name and Address of Entity Requesting Proof of Coverage, 3a. Name of Insurance Carrier, 3b. Policy Number of Entity Listed in Box "1a", 3c. Policy effective period, 3d. The Proprietor, Partners or Executive Officers are included/excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Rita Talt (Print name of authorized representative or licensed agent of insurance carrier)

Approved by: [Signature] 06/09/2021 (Signature) (Date)

Title: Client Manager

Telephone Number of authorized representative or licensed agent of insurance carrier: 203-634-5912

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

## **Workers' Compensation Law**

### **Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.**

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.



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.

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>USI Insurance Services LLC</b> <b>530 Preston Avenue</b> <b>Meriden, CT 06450</b> <b>855 874-0123</b>	<b>CONTACT NAME:</b> Kristin Tellar <b>PHONE (A/C, No, Ext):</b> 855 874-0123 <b>E-MAIL ADDRESS:</b> usictcertificates@usi.com	<b>FAX (A/C, No):</b> 203 634-5701
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> <b>The Barn Yard Enterprises, Inc.</b> <b>9 Village Street</b> <b>Ellington, CT 06029</b>	<b>INSURER A :</b> American Fire & Casualty Company	<b>NAIC #</b> 24066
	<b>INSURER B :</b> Ohio Casualty Insurance Company	<b>24074</b>
	<b>INSURER C :</b> Ohio Security Insurance Company	<b>24082</b>
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BKA206020158	08/28/2020	08/28/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			BAS2060201588	08/28/2020	08/28/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10000			USO206020158	08/28/2020	08/28/2021	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				
A	<b>Equipment Leased/ Rented</b>			BKA206020158	08/28/2020	08/28/2021	<b>154,000 Ded 5,000</b>


DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Pires #74479

Gustavo Pires and Town of Armonk NY is included as an Additional Insured under the General Liability policy when required in a written agreement in accordance with policy terms, conditions, and exclusions regarding services provided by the Named Insured.

CERTIFICATE HOLDER

CANCELLATION

<b>Gustavo Pires</b> <b>44 mead Rd</b> <b>Armonk, NY 10540</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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George Latimer  
Westchester County Executive

Westchester  
gov.com

James Maisano  
Director, Consumer Protection

## Department of Consumer Protection Home Improvement License

THE BARN YARD ENTERPRISES INC.

9 VILLAGE STREET

ELLINGTON, CT-06029

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-26545-H14



Date of Expiration

02/18/2022

# WETLANDS AND DRAINAGE APPLICATION TOWN OF NORTH CASTLE BUILDING DEPARTMENT

DATE: 06/09/21

\$50 (min.) for Residential Apps.  
\$250 (min.) for Commercial Apps.

FEE: \$ 50.00

1. NAME & ADDRESS OF APPLICANT: OWNER (IF DIFFERENT):

Wolf Teton LLC c/o Hocherman Tortorella  
+ Wekstein, LLP (Attn: Geraldine Tortorella)  
One North Broadway, Ste 701, White Plains, NY 10601  
TELEPHONE: (914) 421-1800 TELEPHONE: ( ) - -

2. STREET ADDRESS OF PROPERTY: 44 Mead Road

SECTION: 109.01 BLOCK: 1 LOT: 13

3. DESCRIPTION OF PROPOSED WORK & MATERIALS: PLANS & SPECIFICATIONS ANNEXED HERETO. STATE NAME AND OCCUPATION OF PREPARER:

8' ht. wire mesh fence in wooded interior  
within wetland and wetland setbacks

4. IMPACT STATEMENT (IF REQUIRED) PREPARED BY: \_\_\_\_\_

DATED: 06/09/21

APPLICANT'S SIGNATURE: 

**NOTE:** WETLANDS APPLICATIONS WILL BE REVIEWED BY THE TOWN BOARD, THE PLANNING BOARD, THE CONSERVATION BOARD, OR THE TOWN ENGINEER AT THE DISCRETION OF THE TOWN ENGINEER.

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

If the Planning Board has granted you approval previously, on what dates were you approved? (List Below)



# 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)

## Administrative Wetland Permit Application

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

**Section I-** PROJECT ADDRESS: 44 MEAD ROAD DATE: 06/09/21

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

APPLICANT: WOLF TETON, LLC % HOCHERMAN, TORTORELLA & WEKSTEIN, LLP (Attn Gerladine Tortorella Esq.)

ADDRESS: ONE NORTH BROADWAY, STE 701, WHITE PLAINS, NY, 10601

PHONE: 914-421-1800 MOBILE: 914-980-9595 EMAIL: g.tortorella@htwlegal.com

PROPERTY OWNER: WOLF TETON, LLC % GUSTAVO PIRES

ADDRESS: 44 MEAD ROAD, NORTH CASTLE, NY

PHONE: \_\_\_\_\_ MOBILE: 203-814-4751 EMAIL: Gustavo@Groupclark.com

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

8' HT WIRE MESH FENCE IN WOODED INTERIOR WITHIN WETLAND AND WETLAND SETBACK

### Section IV- Questioner:

- Is the project located within the NYCDEP watershed?  Yes  No
- What is the total area of proposed disturbance?  < 5,000 s.f.  5,000 s.f. - < 1 acre.  > 1 acre
- Total area of wetland: 74 \* LF and/or wetland buffer disturbance: 846 \* LF
- Total area of mitigation: 0 \*
  - Plantings  Invasive species removed/ monitoring  No-mow Zone  Prohibition of pesticides/ herbicides
  - Other \_\_\_\_\_
- 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 - RPRC

\* Fence installation, lineal feet of disturbance

\* Mitigation TBD

# 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: 6/9/21

---

### 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: \_\_\_\_\_

# JAY FAIN & ASSOCIATES, LLC

*Environmental Consulting Services*

Jay Fain  
Principal

Victoria Landau  
Principal, ASLA

2000 Post Rd., Ste. 201  
Fairfield, CT 06824  
203-254-3156  
jfassociates@optonline.net

## SOILS MAPPING & WETLAND/WATERCOURSE DELINEATION FOR 44 MEAD ROAD, NORTH CASTLE, NY 10504

Page 1

### PROPERTY LOCATION AND DESCRIPTION:

LAND USE: **Vacant** ACRES: **33.0±**

DELINEATION ADDRESS: **44 Mead Road  
Armonk, NY 10504**

### REPORT COMPLETED FOR:

NAME: **Wolf Teton, LLC**

MAILING ADDRESS: **44 Mead Road  
Armonk, NY 10504**

### MAPPING AND DELINEATION METHODOLOGY

Soils analysis, as described in this report, is intended as an inventory and evaluation of the existing soil characteristics on the subject property. A first order soil survey in accordance with the principles and practices noted in the USDA publication Soil Survey Manual (1993) was completed at the site. Soil units mapped in the field correspond with those in the USDA publication *Soil Survey of Putnam and Westchester Counties, New York* (1994).

Wetland identification was based on the presence of poorly and very poorly drained soils and/or a prevalence of hydrophytic vegetation. Soil types were identified by observation of soil morphology (soil texture, color, structure, etc.). To observe the morphology of the property's soils, numerous two-foot deep test pits and/or hand borings were completed throughout the site. Prevalence of hydrophytic vegetation was confirmed by visually determining the dominant plant species in each vegetation community in accordance with the Onsite Routine Determination method as described in the 1989 manual titled Corps of Engineers Wetland Delineation Manual (Manual) by the Environmental Laboratory. Transects were located perpendicular to and at representative points along the perceived boundaries of the wetland areas identified on the property. Soil morphologies and vegetation were observed at sampling points along the transects. Sampling began well outside the bounds of the wetland and continued towards it until hydric soils and/or a prevalence of hydrophytic vegetation were observed. This point on each transect was marked (flagged) with an orange surveyor's tape labeled "Wetland Boundary". The complete boundary of every wetland area is located along the lines that connect these sequentially numbered boundary points.

**The wetland and watercourse boundaries are subject to change until adopted by the Town.**

### DATE AND CONDITIONS AT TIME OF INSPECTION

DATE: **November 02, 2017** INSPECTED BY: **Jay Fain**

WEATHER: **Cool & Sunny**

SOIL MOISTURE CONDITIONS:  DRY  MOIST  WET FROST DEPTH: **N/A** SNOW DEPTH: **N/A**

### CERTIFICATION

  
\_\_\_\_\_  
JAY FAIN, PRINCIPAL, SOIL SCIENTIST

**SOILS MAPPING & WETLAND/WATERCOURSE  
DELINEATION FOR  
44 MEAD ROAD, NORTH CASTLE, NY 10504**

Page 2

**WETLAND/WATERCOURSE IDENTIFIED**

FLAG NUMBERS	WETLAND TYPE	SOIL TYPE	COMMENTS
1-98	Lake Edge/RMS – Red Maple Swamp	Open Water/ RdA – Ridgebury loam	Edge of Converse Lake Includes CT portion
200-208	RMS – Red Maple Swamp	RdA – Ridgebury loam	-
300-318	RMS – Red Maple Swamp	RdA – Ridgebury loam	-

**SOIL MAP UNITS**

Each soil map unit that was identified on the property represents a specific area on the landscape and consists of one or more soils for which the unit is named. Other soils (inclusions that are generally too small to be delineated separately) may account for 10 to 15 percent of the map unit. The mapped units are identified in the following table by name and symbol and typical characteristics (parent material, drainage class, high water table, depth to bedrock, and slope) of each unit are provided. These are generally the primary characteristics to be considered in land use planning and management. A narrative that defines each characteristic and describes their land use implications follows the table. Complete descriptions of each soil map unit can be found in the *Soil Survey of Putnam and Westchester Counties, New York (1993)*.

**UPLAND SOILS**

SOIL		PARENT MATERIAL	SLOPE %	DRAINAGE CLASS	HIGH WATER TABLE			DEPTH TO BEDROCK (in)
SYM.	NAME				DEPTH (ft)	KIND	MOS.	
CrC	Charleton-Chatfield complex, rolling, very rocky	Loose Glacial Till	2-15	Well Drained	>6.0	--	--	>60
		Loose Glacial Till	2-15	Well Drained & Somewhat Excessively Drained	>6.0	--	--	20-40
PnB	Paxton fine sandy loam	Compact Glacial Till	2-8	Well Drained	1.5-2.5	Perched	Feb-Apr.	>60
WxB	Woodbridge fine sandy loam	Compact Glacial Till	-	Moderately Well Drained	1.5-3.0	Perched	Nov-May	>60

**WETLAND SOILS**

SOIL		PARENT MATERIAL	SLOPE %	DRAINAGE CLASS	HIGH WATER TABLE			DEPTH TO BEDROCK (in)
SYM.	NAME				DEPTH (ft)	KIND	MOS.	
RdA	Ridgebury Fine Sandy Loam	Compact Glacial Till	0-5	Poorly Drained	0.0 – 1.5	Perched	Nov-May	>60



**SOILS MAPPING & WETLAND/WATERCOURSE  
DELINEATION FOR  
44 MEAD ROAD, NORTH CASTLE, NY 10504**

Page 3

**SOIL CHARACTERISTICS: DEFINITIONS AND LAND USE IMPLICATIONS**

**PARENT MATERIAL:** Parent material is the unconsolidated organic and mineral material in which soil forms. Soil inherits characteristics, such as mineralogy and texture, from its parent material. Glacial till is unsorted, nonstratified glacial drift consisting of clay, silt, sand and boulders transported and deposited by glacial ice. Glacial outwash consists of gravel, sand and silt, which is commonly stratified, deposited by glacial melt water. Alluvium is material such as sand, silt or clay deposited on land by streams. Organic deposits consist of decomposed plant and animal parts.

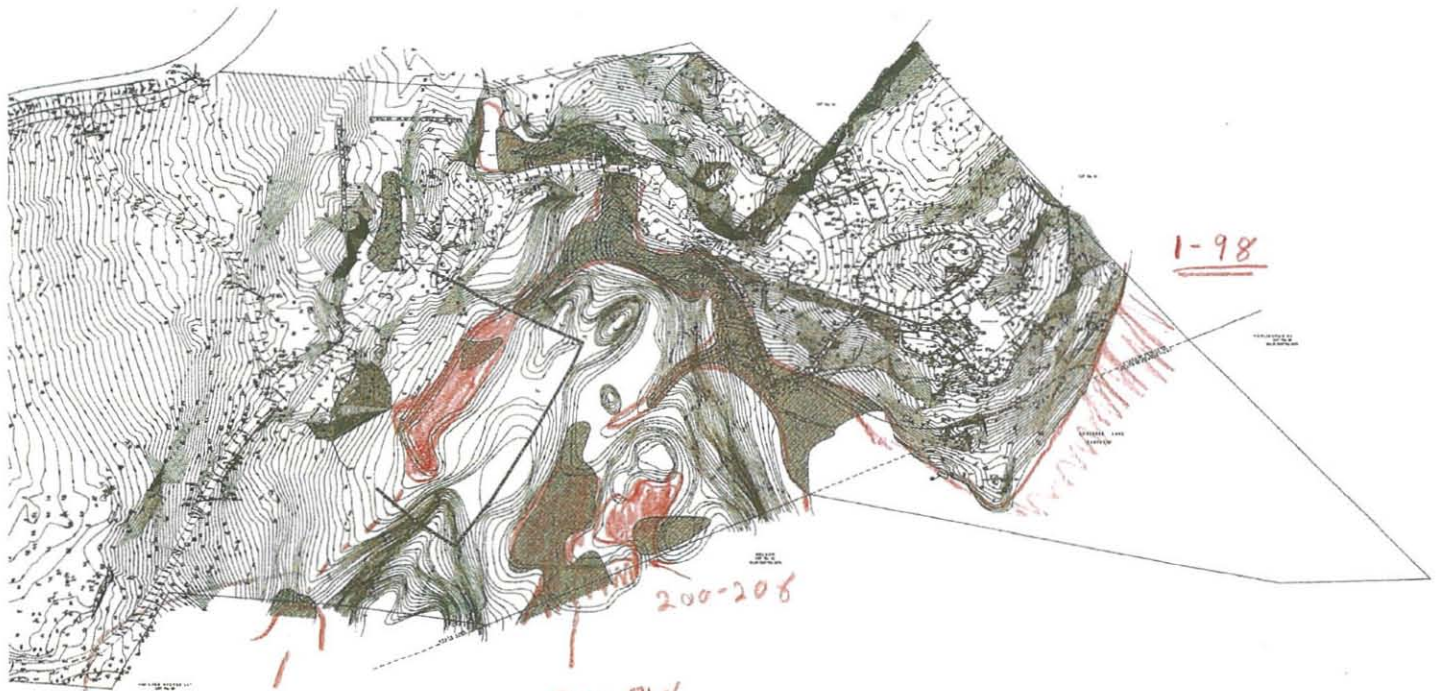
A soil's texture affects the ease of digging, filling and compacting and the permeability of a soil. Generally sand and gravel soils, such as outwash soils, have higher permeability rates than most glacial till soils. Soil permeability effects the cost to design and construct subsurface sanitary disposal facilities and, if too slow or too fast, may preclude their use. Outwash soils are generally excellent sources of natural aggregates (sand and gravel) suitable for commercial use, such as construction subbase material. Organic layers in soils can cause movement of structural footings. Compacted glacial till layers make excavating more difficult and may preclude the use of subsurface sanitary disposal systems or increase their design and construction costs if fill material is required.

**DRAINAGE CLASS:** Drainage class refers to the frequency and duration of periods of soil saturation or partial saturation during soil formation. Seven classes of natural drainage classes exist. They range from excessively drained, where water is removed from the soil very rapidly, to very poorly drained, where water is removed so slowly that free water remains at or near the soil surface during most of the growing season. Soil drainage affects the type and growth of plants found in an area. When landscaping or gardening, drainage class information can be used to assure that proposed plants are adapted to existing drainage conditions or that necessary alterations to drainage conditions (irrigation or drainage systems) are provided to assure plant survival.

**HIGH WATER TABLE:** High water table is the highest level of a saturated zone in the soil in most years. The water table can effect when shallow excavations can be made; the ease of the excavations, construction, and grading; and the supporting capacity of the soil. Shallow water tables may preclude the use of subsurface sanitary disposal systems or increase design and construction costs if fill material is required.

**DEPTH TO BEDROCK:** The depth to bedrock refers to the depth to fixed rock. Bedrock depth affects the ease and cost of construction, such as digging, filling, compacting and planting. Shallow depth bedrock may preclude the use of subsurface sanitary disposal systems or increase design and construction costs if fill material is required.

**SLOPE:** Generally soils with steeper slopes increase construction costs, increase the potential for erosion and sedimentation impacts, and reduce the feasibility of locating subsurface sanitary disposal facilities.



offsite  
wetlands

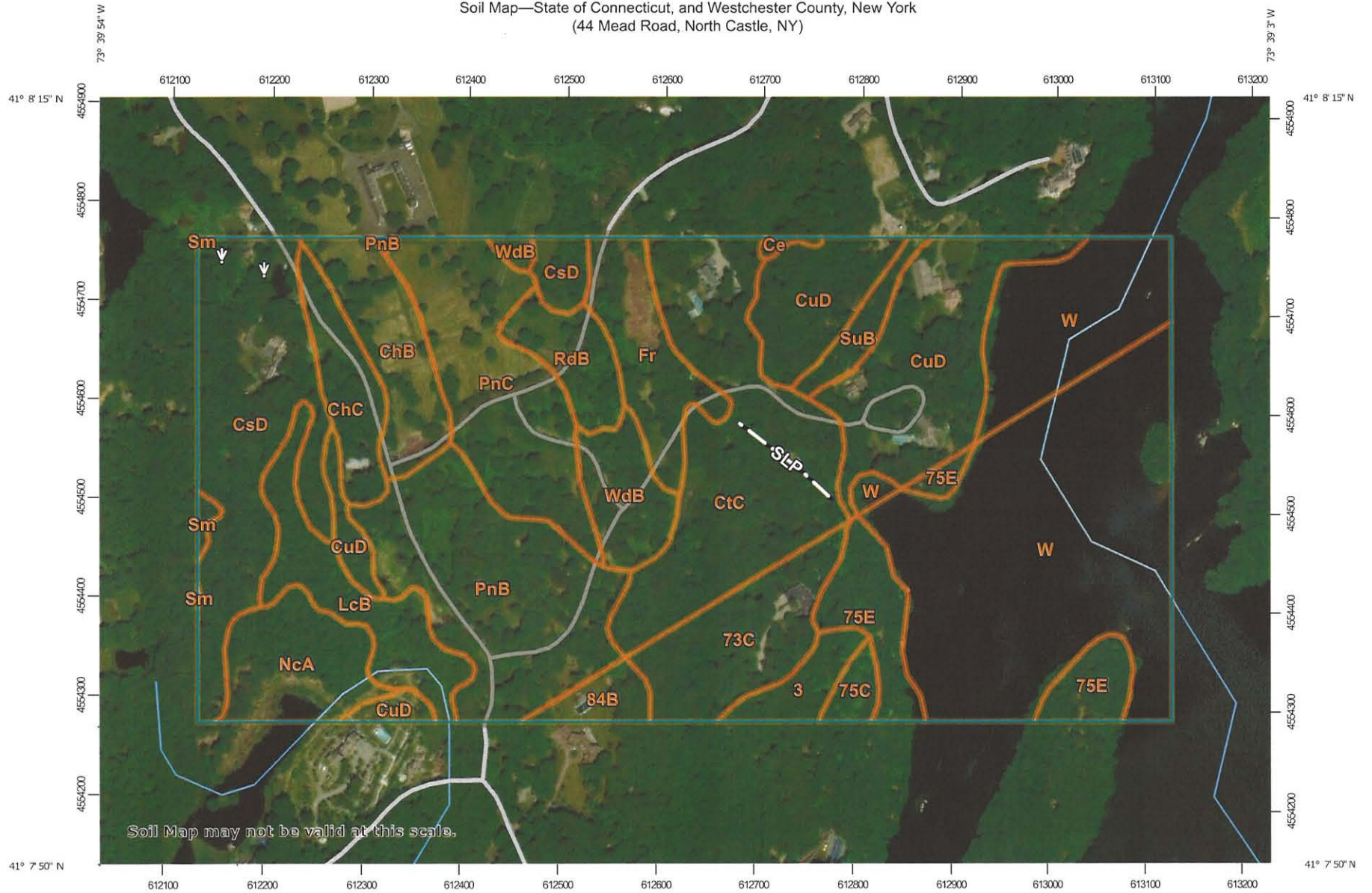
300-318

200-208

1-98

Wets Sketch  
TOD

Soil Map—State of Connecticut, and Westchester County, New York  
(44 Mead Road, North Castle, NY)



Map Scale: 1:5,460 if printed on A landscape (11" x 8.5") sheet.




Map projection: Web Mercator Corner coordinates: WGS84 Edge ticks: UTM Zone 18N WGS84





## MAP LEGEND

### Area of Interest (AOI)

 Area of Interest (AOI)


### Soils


 Soil Map Unit Polygons


 Soil Map Unit Lines

 Soil Map Unit Points

### Special Point Features

 Blowout

 Borrow Pit

 Clay Spot

 Closed Depression

 Gravel Pit


 Gravelly Spot


 Landfill

 Lava Flow

 Marsh or swamp

 Mine or Quarry

 Miscellaneous Water


 Perennial Water

 Rock Outcrop

 Saline Spot

 Sandy Spot

 Severely Eroded Spot


 Sinkhole

 Slide or Slip

 Sodic Spot


 Spoil Area

 Stony Spot


 Very Stony Spot

 Wet Spot

 Other

 Special Line Features

### Water Features

 Streams and Canals


### Transportation

 Rails

 Interstate Highways

 US Routes

 Major Roads

 Local Roads

### Background

 Aerial Photography

## MAP INFORMATION

The soil surveys that comprise your AOI were mapped at 1:12,000.

Warning: Soil Map may not be valid at this scale.

Enlargement of maps beyond the scale of mapping can cause misunderstanding of the detail of mapping and accuracy of soil line placement. The maps do not show the small areas of contrasting soils that could have been shown at a more detailed scale.

Please rely on the bar scale on each map sheet for map measurements.

Source of Map: Natural Resources Conservation Service  
Web Soil Survey URL:  
Coordinate System: Web Mercator (EPSG:3857)

Maps from the Web Soil Survey are based on the Web Mercator projection, which preserves direction and shape but distorts distance and area. A projection that preserves area, such as the Albers equal-area conic projection, should be used if more accurate calculations of distance or area are required.

This product is generated from the USDA-NRCS certified data as of the version date(s) listed below.

Soil Survey Area: State of Connecticut  
Survey Area Data: Version 20, Jun 9, 2020

Soil Survey Area: Westchester County, New York  
Survey Area Data: Version 16, Jun 11, 2020

Your area of interest (AOI) includes more than one soil survey area. These survey areas may have been mapped at different scales, with a different land use in mind, at different times, or at different levels of detail. This may result in map unit symbols, soil properties, and interpretations that do not completely agree across soil survey area boundaries.

Soil map units are labeled (as space allows) for map scales 1:50,000 or larger.

Date(s) aerial images were photographed: Dec 31, 2009—Oct 16, 2017

## Map Unit Legend

Map Unit Symbol	Map Unit Name	Acres in AOI	Percent of AOI
3	Ridgebury, Leicester, and Whitman soils, 0 to 8 percent slopes, extremely stony	1.5	1.2%
73C	Charlton-Chatfield complex, 0 to 15 percent slopes, very rocky	5.1	4.2%
75C	Hollis-Chatfield-Rock outcrop complex, 3 to 15 percent slopes	0.7	0.6%
75E	Hollis-Chatfield-Rock outcrop complex, 15 to 45 percent slopes	4.5	3.7%
84B	Paxton and Montauk fine sandy loams, 3 to 8 percent slopes	1.2	1.0%
W	Water	20.4	16.9%
<b>Subtotals for Soil Survey Area</b>		<b>33.4</b>	<b>27.7%</b>
<b>Totals for Area of Interest</b>		<b>120.6</b>	<b>100.0%</b>

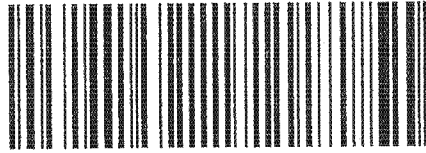
Map Unit Symbol	Map Unit Name	Acres in AOI	Percent of AOI
Ce	Catden muck, 0 to 2 percent slopes	0.2	0.1%
ChB	Charlton fine sandy loam, 3 to 8 percent slopes	4.1	3.4%
ChC	Charlton fine sandy loam, 8 to 15 percent slopes	2.8	2.3%
CsD	Chatfield-Charlton complex, 15 to 35 percent slopes, very rocky	11.0	9.1%
CtC	Chatfield-Hollis-Rock outcrop complex, 0 to 15 percent slopes	12.1	10.1%
CuD	Chatfield-Hollis-Rock outcrop complex, 15 to 35 percent slopes	12.7	10.5%
Fr	Fredon silt loam	3.9	3.3%
LcB	Leicester loam, 3 to 8 percent slopes, stony	4.4	3.6%
NcA	Natchaug muck, 0 to 2 percent slopes	4.1	3.4%
PnB	Paxton fine sandy loam, 3 to 8 percent slopes	10.7	8.8%
PnC	Paxton fine sandy loam, 8 to 15 percent slopes	8.1	6.7%

Map Unit Symbol	Map Unit Name	Acres in AOI	Percent of AOI
RdB	Ridgebury complex, 3 to 8 percent slopes	2.3	1.9%
Sm	Sun loam, extremely stony	0.2	0.2%
SuB	Sutton loam, 3 to 8 percent slopes	1.2	1.0%
W	Water	6.5	5.4%
WdB	Woodbridge loam, 3 to 8 percent slopes	3.0	2.4%
<b>Subtotals for Soil Survey Area</b>		<b>87.3</b>	<b>72.3%</b>
<b>Totals for Area of Interest</b>		<b>120.6</b>	<b>100.0%</b>

**Building Department**  
**TOWN OF NORTH CASTLE**

TOWN HALL ANNEX  
17 BEDFORD ROAD  
ARMONK, NY 10504

**CERTIFIED MAIL®**



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04/13/2021

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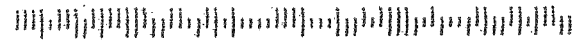


ZIP 10  
041M12

WOLF TETON LC  
505 FLAFLER DR  
SUITE 900  
W PALM BEACH, FLORIDA 33401

APR 19 2021

33401-594825





**Town of North Castle**  
**Building Department**  
17 Bedford Road  
Armonk, N.Y. 10504  
914-273-3000 ext. 44 Fax 914-273-3554  
[Building@northcastleny.com](mailto:Building@northcastleny.com)

APR 19 2021

## NOTICE OF VIOLATION/ ORDER TO REMEDY

**Complaint #:** 2021-042

**Notice Date:** 04/12/2021

**Comply Date:** 05/17/2021

**SBL:** 109.01-1-13

**Certified Mail No.:** 70192970000205310608

**Owner:** TETON LC WOLF  
505 S FLAFLER DR STE 900  
W PALM BEACH, FL 33401

**Site Address:** 44 MEAD RD

On 04/02/2021 a lawful inspection and or a file review was conducted of the above referenced premises and the following violation(s) of the Town of North Castle and the 2020 New York State Uniform Code was observed and still remain:

**ORDINANCE CODE:**

**TOWN OF NORTH CASTLE CODE 355-74 A - Building permits.**

No building or structure shall be erected, constructed, enlarged, altered or moved, or excavation made therefor, or work begun thereon, nor shall any land shown in Zone A on the Flood Hazard Boundary Map of the Town of North Castle be mined, dredged, filled, cleared, graded, paved or excavated, nor shall any drilling operations, except as required for individual water supply, be commenced thereon, until a permit therefor has been issued by the Building Inspector. A building permit shall be required for additions; structural alterations; structural repairs; structures; swimming pools; fences; fireplaces, including wood-burning stoves; fuel tanks; interior and exterior commercial alterations; signs; and all other buildings and structures as required by the Building Inspector. In accordance with Article VII of the Westchester County Sanitary Code, written approval for any separate disposal system shall be obtained before any building permit may be issued. Except upon a written authorization of the Board of Appeals, under circumstances set forth in 355-77B(3), no building permit shall be issued for any land, building or structure where said action would be in violation of any of the provisions of this chapter.

**TO WIT:** Installing a fence without a permit.

**REMEDY:** Contact the Building Department and file and obtain the required permits and approvals before continuing any work.

**ORDINANCE CODE:**

**TOWN OF NORTH CASTLE CODE 355-4 B - Structure**

A building permit shall be required prior to the construction or erection of any structure.

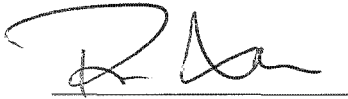
**TO WIT:** Installing a fence without a permit.

**REMEDY:** File for and obtain the required permits and approvals to construct the wall.

**NOTICE:** Full compliance with this order to remedy is required by **05/17/2021** which is thirty (30) days after the date of this order. If the person or entity served with this order to remedy fails to comply in full with this order to remedy within the thirty (30) day period, that person or entity will be subject to a fine of not more than \$1000.00 per day, per violation, or imprisonment not exceeding one year, or both. You are hereby notified that you have (30) calendar days to remove/ restore and make safe the above noted violations in the prescribed manner and/ or to provide evidence that the apparent unlawful improvements were completed in accordance with the Code. Further, you are hereby directed to bring the referenced violations into compliance and **arrange for a re-inspection** within the aforementioned time frame. Failure to comply will result in alternative action as prescribed by Law in order to gain compliance including, but not limited to: a summons to appear in court. In addition to those penalties prescribed by state law, any person who violates any provision of the Uniform Code, the Energy Code or the code of the Town of North Castle or any term or condition of any building permit, certificate of occupancy/certificate of compliance, temporary certificate, stop-work order, operating permit or other notice or order issued by the Building Inspector shall be liable to a civil penalty of not more than \$1000.00 per day per violation or to imprisonment of not more than 15 days, or both. Each violation of this chapter shall be deemed a separate offence prescribed by Part II General Legislation, Chapter 127-15 C.

Respectfully,





Rob Melillo

Building/ Fire Inspector

**THIS NOTICE MUST BE ATTACHED TO ANY PERMIT APPLICATIONS  
INTENDED TO CORRECT THE VIOLATIONS ENUMERATED HERIN.**