

Section I- PROJECT

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

ADDRESS: 11 Troy Lane, Bedford, NY 10506

Section III- DES	SCRIPTION OF WO	ORK:			
Fence	along one	side of	backyard.	Shed in	backyard.
Section III- CO	NTACT INFORMA	TION:			
APPLICANT:					
ADDRESS:					
PHONE:	MOBILE	:	EMAIL:		
PROPERTY OWNER	R: M LL X	11 -			
ADDRESS://	Tray Law	e, Bed Fo	rd, NY 105 33 EMAIL: Mdal	-06	
PHONE: 914-27	73 - 3514 MOBILE	917-363-133	33 EMAIL: Mdal	las Q hotmail	COM
EMAIL:				79	
	PERTY INFORMA				# #11 J. 1854



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

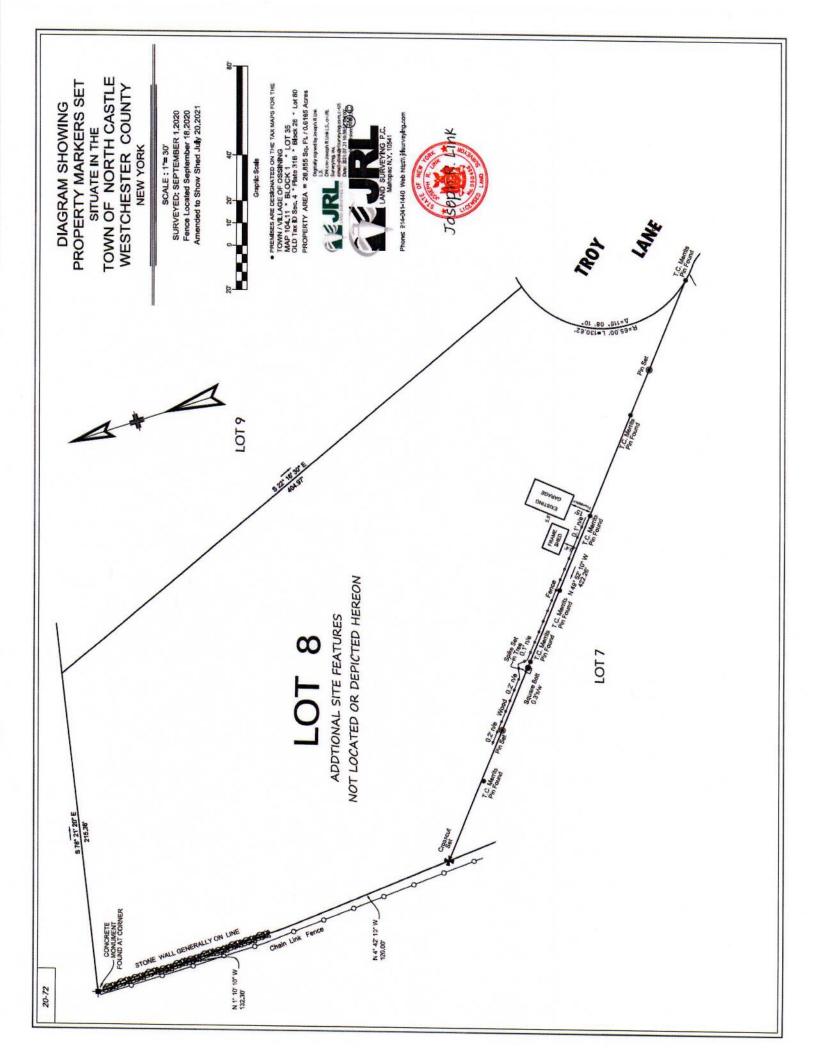
This form represents the standard requirements for a completeness review for all Residential Project Review Committee submissions. Failure to provide all of the information requested will result in a determination that the application is incomplete.

oject Name on Plan:								
☑Initial Submittal ☐Revised Preliminary								
Street Location: 11 Troy Lane, Bedford, NY 10506								
Zoning District: Property Acreage: Tax Map Parcel ID:								
Date: 7/26/21								
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.								
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								
A locator map at a convenient scale								
5. The proposed location, use and design of all buildings and structures								
5. Existing topography and proposed grade elevations								
7. Location of drives								
3. Location of all existing and proposed site improvements, including drains, culverts, retaining walls and fences								

RPRC COMPLETENESS REVIEW FORM

Page 2

Description of method of water supply and sewage disposal and location of such faciliti	es				
10. The name and address of the applicant, property owner(s) if other than the applicant a of the planner, engineer, architect, surveyor and/or other professionals engaged to wor	ind k				
Submission of a Zoning Conformance Table depicting the plan's compliance with minimum requirements of the Zoning District	the				
2. If a tree removal permit is being sought, submission of a plan depicting the location a graphical removal status of all Town-regulated trees within the proposed area disturbance. In addition, the tree plan shall be accompanied by a tree inventory include a unique ID number, the species, size, health condition and removal status of each tree.	of				
3. If a wetlands permit is being sought, identification of the wetland and the 100-foot wetland buffer.	nd				
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 pl have been submitted and constitute a COMPLETE APPLICATION.	an				





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

Residential Building Permit Application

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

Section I- PROJECT	ADDRESS:		DATE:
Section II- CONTAC	T INFORMATION: (Please 1	print clearly. All inform	mation must be current.)
APPLICANT:			
ADDRESS:			
PHONE:	MOBILE:	EMAIL:	
PROPERTY OWNER:			
ADDRESS:			
PHONE:	MOBILE:	EMAIL:	
Section IV - USE ANI	D OCCUPANCY:		
EXISTING/ CURRENT USE:_			
PROPOSED RESIDENTIAL:			
[] One Family Dwelling	[] Two Family Dwelling	[] Townhouse	[] Detached Accessory Structure
Section V- PERMIT	FEES: (\$100 app fee plus \$14 p	er \$1000, cost of const	truction and a \$75 CO fee.)
ESTIMATED COST OF	F CONSTRUCTION (Based o	n fair market value lat	oor & material) \$

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

Town of North Castle Building Department

Section V- (Contin	ued)		
I	do he	reby affirm and certify as follo	ows: (i) I am the architect/engineer
			rawings and specifications for this appli-
cation and am fully fa	amiliar with the proposed co	onstruction; (iii) based on my e	experience, I estimate the total cost of
			ciated costs to be approximately
		nal Law 210.45, I acknowledge	that a false statement made knowingly is
a Class A misdemean	or.		
Signature:		Date:	
			Sign and Affix Seal Here
Section VI- CON	TACT INFORMATION: (1	Please print clearly. All informatio	n must be current)
ARCHITECT/ ENC	<u>;</u> :		
ADDRESS:			
PHONE:	MOE	SILE:	
EMAIL:			
CONTRACTOR:			
ADDRESS:			
PHONE:	MOBILE:	EMAIL:	
PLUMBER:			
ADDRESS:			
PHONE:	MOBILE:	EMAIL:	
ELECTRICIAN:			
ADDRESS:			
PHONE:	MOBILE:	EMAIL:	
Section VII- APP	LICANT CERTIFICATIO	N	
			and language to the term of
All provisions of laws granting of a permit	s & ordinances covering this	type of work will be complied thority to violate or cancel the	and know the same to be true & correct. with whether specified herein or not. The provisions of any other state or local law
Cianatura		Dot	

Town of North Castle Building Department

Section VIII- AFFIDAVIT OF OWNER AUTHORIZATI	ION IF APPLICABLE: (To be notarized)
STATE OF NEW YORK } COUNTY OF WESTCHESTER } SS:	
The applicant has prop	per consent from said owner to make this application as
submitted and said owner agrees to all terms and conditions p	placed upon same.
Owner's Name (PRINT)(Owner's Signature
Sworn to before me this day of, 2	20
Notary Signature	
	Notary Stamp Here
OFFICE USE ONLY - DO NOT	WRITE BELOW THIS LINE
Zone: Section:	Block: Lot:
Building Department Checklist:	
Does this permit require RPRC approval? [] Yes []No	
[] GC License [] Work. Comp. [] Liability. Ins.	[] Disability [] Two sets of documents
[] Permit Fee Payment: [] Check	#: [] Cash [] Credit Card
Name on check:	
Received By:	Application No.:
BUILDING INSPEC	CTOR APPROVAL
Has all the conditions of the RPRC been met? [] Yes [] N	NA
Is a Flood Development permit required? [] Yes [] I	No
Reviewed By:	Date:
Building Inspector Approval:	Date:
Conditions:	



TOWN OF NORTH CASTLE

WESTCHESTER COUNTY 17 Bedford Road Armonk, New York 10504-1898

PLANNING DEPARTMENT Adam R. Kaufman, AICP Director of Planning January 29, 2019 Telephone: (914) 273-3542 Fax: (914) 273-3554 www.northcastleny.com

FLOOR AREA CALCULATIONS WORKSHEET

Application Name or Identifying Title: Matt Dallas Date: 7/26/2 Tax Map Designation or Proposed Lot No.: Floor Area 1. Total Lot Area (Net Lot Area for Lots Created After 12/13/06): 96,684	
Total Lot Area (Net Lot Area for Lot Count LAC LOTO)	,
1. Total Lot Area (Net Lot Area for Lots Created After 12/13/06): 96,684	,
2. Maximum permitted floor area (per Section 355-26.B(4)):	
3. Amount of floor area contained within first floor: - 457 existing + 0 proposed = 457	>
4. Amount of floor area contained within second floor:	
5. Amount of floor area contained within garage:	
6. Amount of floor area contained within porches capable of being enclosed: existing + proposed =	
7. Amount of floor area contained within basement (if applicable – see definition): existing + proposed =	_
8. Amount of floor area contained within attic (if applicable – see definition): existing + proposed =	_
9. Amount of floor area contained within all accessory buildings: existing +/80_ proposed =	_
10. Pro posed floor area: Total of Lines 3 - 0 - 3, 354	1
If Line 10 is less than or equal to Line 2 year propose complies with the Town's maximum floor area regulation and the project may proceed to the Residue Project Review of proposed does not comply with the Town's maximum floor area regulation your proposal does not comply with the Town's greater than Line 10 is great	ons e 2
Wah 0 / Vasto 8/4/21	
Signature and Seal of Professional Properties Woodshart Date	



TOWN OF NORTH CASTLE

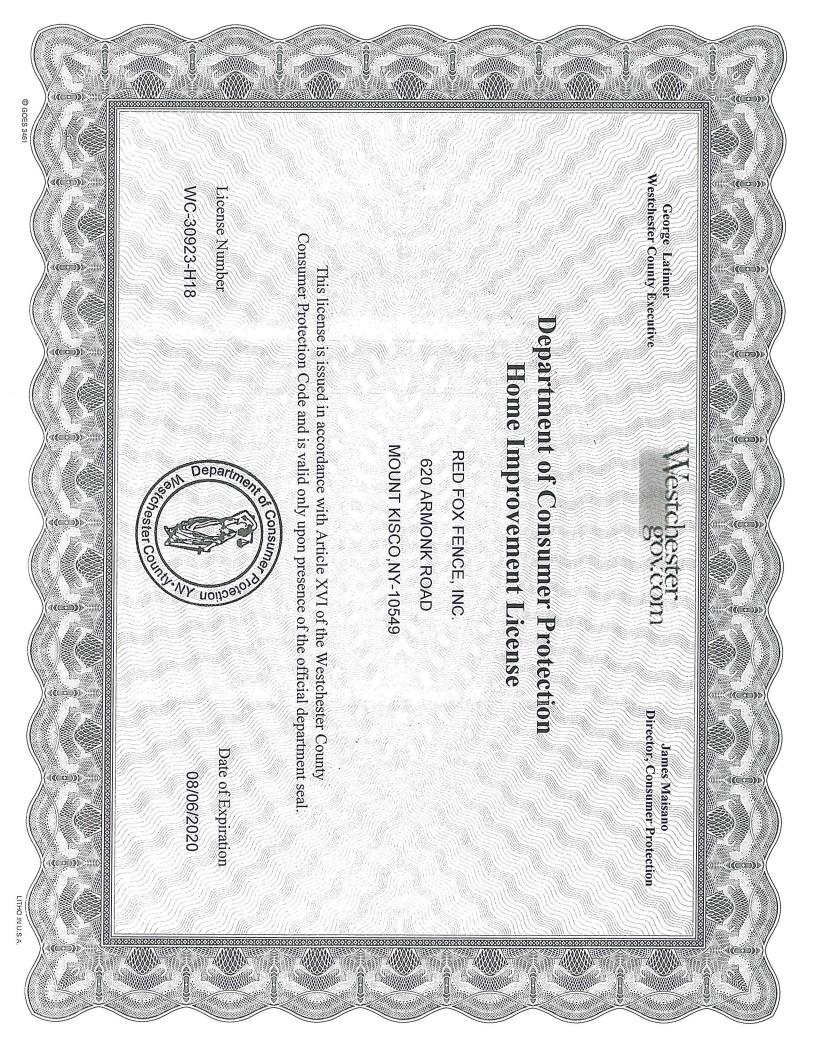
WESTCHESTER COUNTY 17 Bedford Road Armonk, New York 10504-1898

PLANNING DEPARTMENT Adam R. Kaufman, AICP Director of Planning

Telephone: (914) 273-3542 Fax: (914) 273-3554 www.northcastleny.com

GROSS LAND COVERAGE CALCULATIONS WORKSHEET

Applica	tion Name or Identifying Title: Matt Dallas	Date: _7/26/21
Tax Ma	p Designation or Proposed Lot No.:	
Gross L	ot Coverage	
1.	Total lot Area (Net Lot Area for Lots Created After 12/13/06):	98,684
2.	Maximum permitted gross land coverage (per Section 355-26.C(1)(b)):	13,987
3.	BONUS maximum gross land cover (per Section 355-26.C(1)(b)):	,
	Distance principal home is beyond minimum front yard setback yu x 10 =	420
4.	TOTAL Maximum Permitted gross land coverage = Sum of lines 2 and 3	14,407
5.	Amount of lot area covered by principal building:	1,907
6.	Amount of lot area covered by accessory buildings:	560
7.	Amount of lot area covered by decks:	160
8.	Amount of lot area covered by porches: existing + proposed =	
9.	Amount of lot area covered by driveway, parking areas and walkways:	2,230
10.	Amount of lot area covered by terraces: existing + proposed =	
11.	Amount of lot area covered by tennis court, pool and mechanical equip:	12
12.	Amount of lot area covered by all other structures: existing +	
13. Pro	oposed gross land coverage to the of Line C. 13 is less than or equal to Line 2 and proposed compliant ith the Town's ma	5,549
the pro		ximum gross land coverage regulations and Line 13 is greater than Line 4 your proposal
$\mathcal{N}/$	ah () Wars	8/4/21
Signat	ure and Seal of Professional Profession Works Works	Date





CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

^^^^^ 202679750 THE FLANDERS GROUP 300 LINDEN OAKS SUITE 210 - 1ST FLOOR ROCHESTER NY 14625



SCAN TO VALIDATE AND SUBSCRIBE

POLICYHOLDER

RED FOX FENCE INC 620 ARMONK ROAD MOUNT KISCO NY 10549 CERTIFICATE HOLDER
MATT DALLAS

11 TROY LANE BEDFORD NY 10506

POLICY NUMBER	CERTIFICATE NUMBER	POLICY PERIOD	DATE
Z1418 336-2	519423	04/01/2020 TO 04/01/2021	9/16/2020

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1418 336-2, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP. THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING



ACORD®

CERTIFICATE OF LIABILITY INSURANCE

NBOTCHER

9/16/2020

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 liquid found and recomments.

tl	SUBROGATION IS WAIVED, subjecting certificate does not confer rights to	t to	the certi	terms and conditions of ficate holder in lieu of su	ich end	lorsement(s)	oolicies may	require an endorsemen	ıt. As	tatement on
PRODUCER The Flanders Group 300 Linden Oaks				CONTACT NAME: PHONE (FOE) 294 2070 FAX (FOE) 294 2555						
				(A/C, No, Ext): (303) 301-3007				381-3565		
	te 210 - 1st Floor Thester, NY 14625				E-MAIL ADDRE	SS:				
KUU	Hester, NT 14625					INS	URER(S) AFFO	RDING COVERAGE		NAIC#
					INSURE	RA: Ohio Se	curity Insu	ırance Company		24082
INSU	JRED				INSURE	RB: The Oh	io Casualty	/ Insurance Company	,	24074
	Red Fox Fence, Inc.				INSURE	RC:				
	620 Armonk Road				INSURER D :					
	Mount Kisco, NY 10549				INSURER E :					
					INSURER F:					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	DED B	ANY CONTRAC THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT 1	ECT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	4 000 000
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			BKA57935152		4/22/2020	4/22/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	15,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- OTHER:							PRODUCTS - COMP/OP AGG	\$	2,000,000
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			BAS57935152		4/22/2020	4/22/2021	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY AUTOS			DA007330102		4/22/2020	.,,_,		\$	
	X HIRED NON-OWNED AUTOS ONLY							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	-	
В	X UMBRELLA LIAB X OCCUR								\$	1,000,000
_	EXCESS LIAB CLAIMS-MADE			USO57935152	4	4/22/2020	4/22/2021	EACH OCCURRENCE	\$	
	40,000							AGGREGATE Annual Aggregat	\$	1,000,000
	122 1121110114							PER OTH- STATUTE ER	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N									
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC lence of Insurance.	LES (ACORE	101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)		
LVIC	ience of mourance.									
CE	RTIFICATE HOLDER				CANO	CELLATION				
Matt Dallas 11 Troy Lane Bedford, NY 10506					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	200.0.0, 111 10000				AUTHORIZED REPRESENTATIVE					

Gross Floor Area Worksheet

12x15=180 Shed (5A)

10x16=160 Deck (4A)

20 x 28 = 560

Garage (2A)

30'6" x 54'4" = 1,657

House (1A)

32' x 29'11" = 957

House 2nd FI

(2A)

1A = House

2A = House 2nd fl.

3A = Garage

4A = Deck

5A = Shed

1A = 1,657

2A = 957

3A = 560

4A = 160

5A = 180

Gross Floor Area = 3,514

Gross Land Coverage Worksheet

1A = House

2A = Garage

3A = Drive

4A = Deck

5A = Shed

1A = 1,657

2A = 560

3A = 2,730

4A = 160

5A = 180

Gross Land Coverage = 5,537



It is a 6' wooden fence that will match the above portion of fence that is currently installed.



The shed is 12x15'. Above is a photo.

