



# 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: 19 HADLEY ROAD ARMONK NY

### Section III- DESCRIPTION OF WORK:

16' X 36' INGROUND POOL, POOL BARRIER  
& STORMWATER MANAGEMENT SYSTEM

### Section III- CONTACT INFORMATION:

APPLICANT: MIGUEL FRAGA OF SHORELINE POOLS

ADDRESS: 393 WEST AVE STAMFORD, CT

PHONE: 203-727-3924 MOBILE: \_\_\_\_\_ EMAIL: mfraga@shorelinepools.com

### PROPERTY OWNER:

ANGELA & ANDREW BURT

ADDRESS: 19 HADLEY ROAD ARMONK, NY

PHONE: 914-273-5558 MOBILE: \_\_\_\_\_ EMAIL: aaeburt@gmail.com

PROFESSIONAL: JOHN DEFELO LANDSCAPE ARCHITECT

ADDRESS: 393 WEST AVE STAMFORD, CT

PHONE: 203-326-6783 MOBILE: \_\_\_\_\_

EMAIL: jdefelo@shorelinepools.com

### Section IV- PROPERTY INFORMATION:

Zone: R-2A Tax ID (lot designation) 108,04-2-22



**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:

BURT

Initial Submittal  Revised Preliminary

Street Location:

19 HADLEY ROAD ARMONK, NY

Zoning District: R-2A Property Acreage: 137,999 sq ft Tax Map Parcel ID: 108.04-2-22

Date: 3/10/22

**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**

Page 2

<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"/>	1. Submission of a Zoning Conformance Table depicting the plan's compliance with the minimum requirements of the Zoning District
<input type="checkbox"/>	2. 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"/>	3. If a wetlands permit is being sought, identification of the wetland and the 100-foot wetland buffer.

More information about the items required herein can be obtained from the North Castle Planning Department. A copy of the Town Code can be obtained from Town Clerk or on the North Castle homepage: <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 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: 19 Hadley Road Armonk, NY 10504 DATE: 3/8/22

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

APPLICANT: MIGUEL FRAGA OF SHORELINE POOLS

ADDRESS: 393 WEST AVE STAMFORD, CT 06902

PHONE: 2037273924 MOBILE: \_\_\_\_\_ EMAIL: MFRAGA@SHORELINEPOOLS.COM

PROPERTY OWNER: ANGELA & ANDREW BURT

ADDRESS: 19 HADLEY EROAD ARMONK, NY 10504

PHONE: 914-273-5358 MOBILE: \_\_\_\_\_ EMAIL: aaaeburt@gmail.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.)

16' x 36' INGROUND POOL

**Section IV-** USE AND OCCUPANCY:

EXISTING/ CURRENT USE: RESIDENTIAL

**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) \$ 100,000

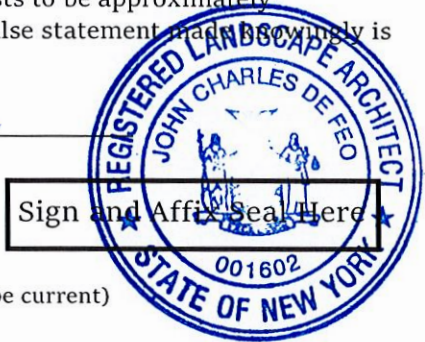
AFFIDAVIT OF CONSTRUCTION COST: This affidavit must be completed by the Design Professional if the estimated cost is \$20,000 or more.

Town of North Castle Building Department

Section VI- (Continued)

I John Defeo 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 \$ 100,000, 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: 3/11/12



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

ARCHITECT/ ENG: STEVENS ENGINEERING
ADDRESS: 65 RALPH AVE WHITE PLAINS, NY
PHONE: 914-391-9550 MOBILE:
EMAIL: CHRIS@STEVENCOMPANIES.ORG

CONTRACTOR: SHORELINE POOLS
ADDRESS: 393 WEST AVE STAMFORD, CT 06902
PHONE: 203-727-3924 MOBILE: EMAIL: MFRAGA@SHORELINEPOOLS.COM

PLUMBER:
ADDRESS:
PHONE: MOBILE: EMAIL:

ELECTRICIAN: DESIGN LIGHTING BY MARKS
ADDRESS: 23 BEDFORD-BANKSVILLE ROAD BEDFORD, NY
PHONE: 2039674777 MOBILE: EMAIL: DESIGNLIGHTINGBYMARKS.COM

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: 3/11/12

**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 Angela Burt 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) ANGELA BURT Owner's Signature [Signature]

Sworn to before me this 9th day of March, 2022

Notary Signature Rita Ross



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

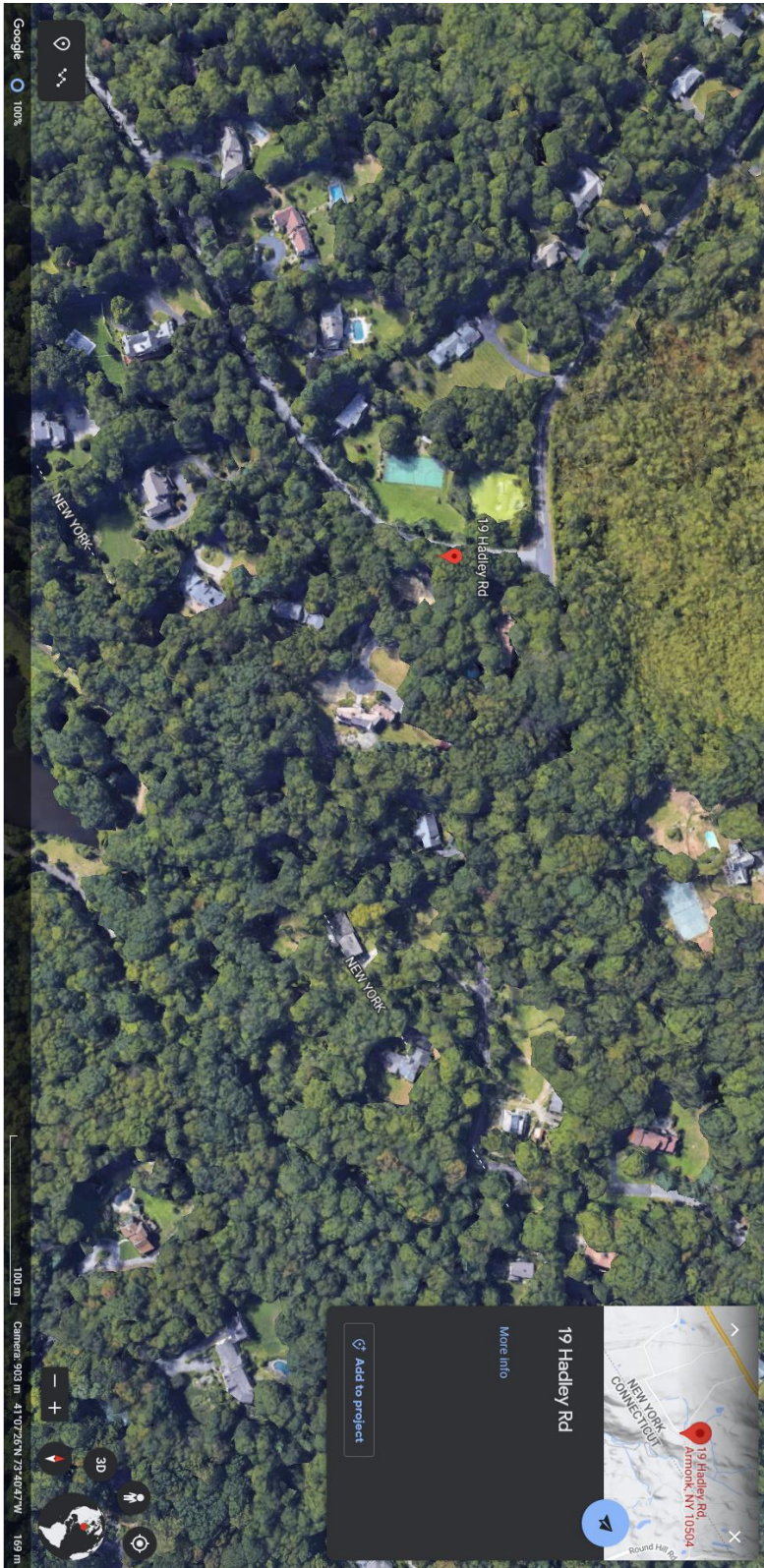
Is a Flood Development permit required?  Yes  No

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

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

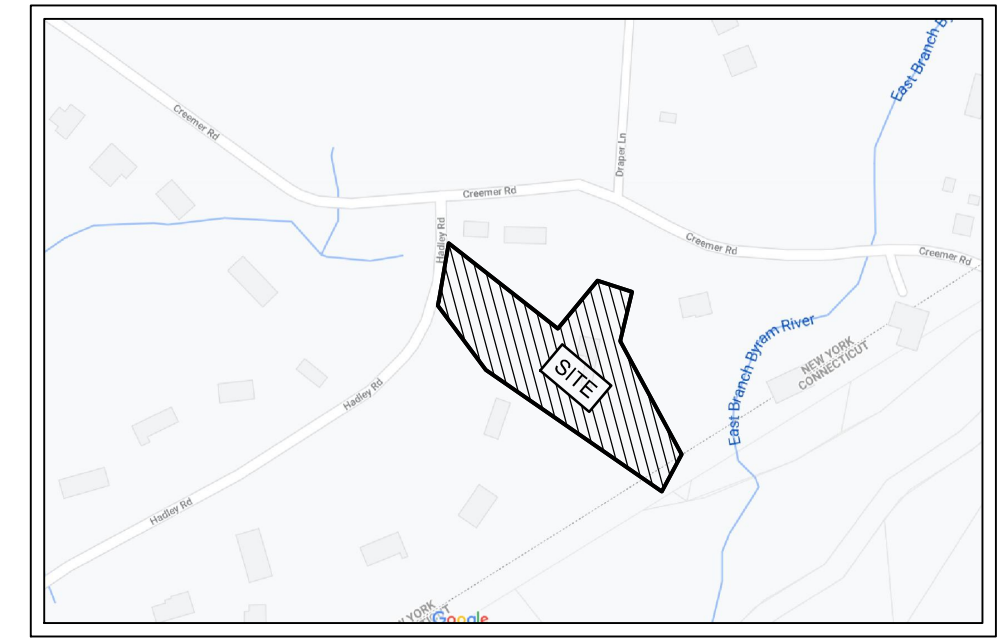
Conditions: \_\_\_\_\_

# SHORELINE POOLS



Test Pit # 1	
Depth 60"	Elevation = 377.5, performed on 3/4/20
0-8"	Topsoil
8-48"	Fine Sandy Loam
48"-84"	Gravelly Sandy Silt
84"	No groundwater, No refusal

Percolation Test No. 1						
Start Time	End Time	Min. Elapsed	Depth to Water From Ground Surface		Water level Drop	Soil Rate Min./in. drop
			Start (in.)	Stop (in.)		
10:30	10:35	5	16	16.5	.5	10
10:35	10:40	5	16.5	17	.5	10



LOCATION MAP  
N.T.S.

**General Notes**

- Contractor to verify all conditions and dimensions prior to the start of work, any discrepancies are to be reported to the design engineer immediately.
- The contractor shall notify DigSafelyNY at 811, no less than two days prior to commencing excavating activities.
- All work shall conform to the official rules and regulations of the State of New York Building Construction, Fire, Safety and all other applicable Municipal, State and Federal regulations.
- Underground Utilities are shown schematically and all utilities may not be shown hereon contractor to verify all utilities have been field marked by the appropriate agency and rely on those representations over locations indicated hereon.
- Grading of the property shall be performed to provide positive drainage away from the proposed foundation.

**Erosion Control**

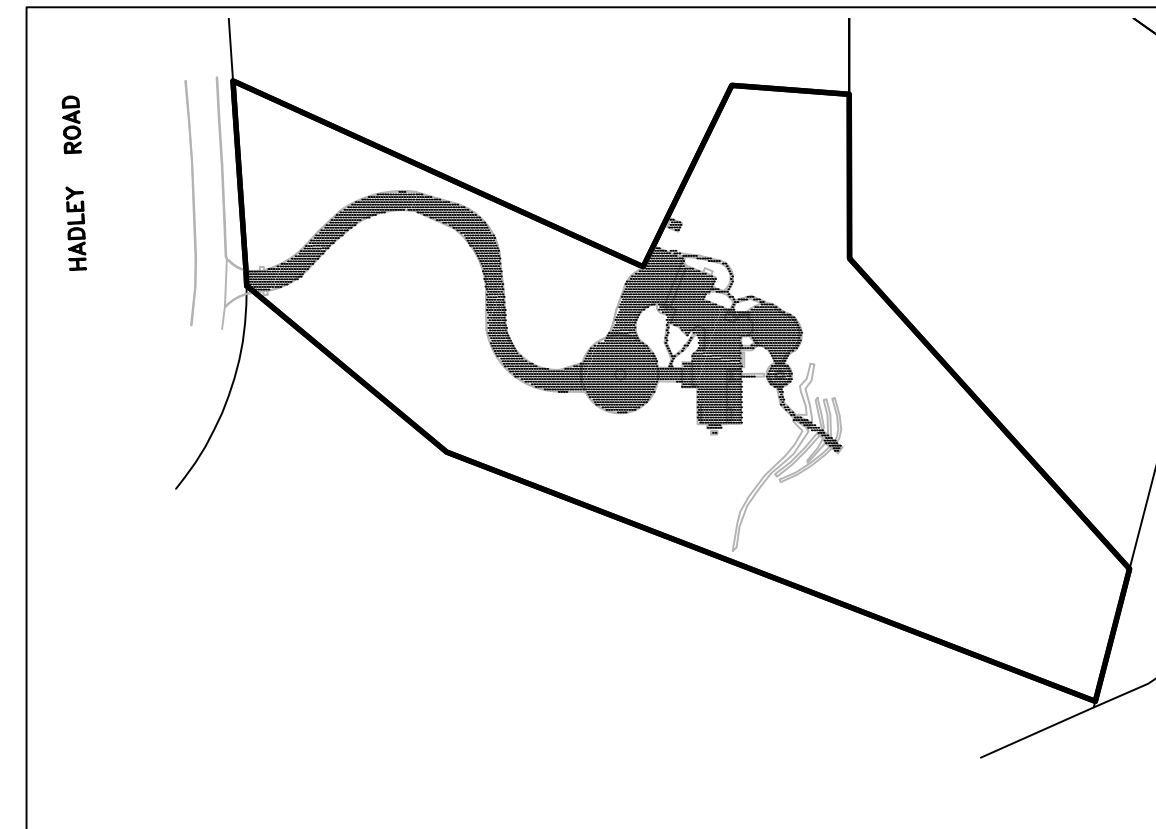
- Erosion control measures shall be installed as the first phase of work, and be maintained throughout the duration of the project
- Maintenance and installation shall be in accordance with NYSDEC "Standards and Specifications for Erosion and Sediment Control".
- The Town can require additional measures to be implemented at their discretion.
- The plans indicate locations of erosion control measures however the contractor must use best management practices as necessary to assure proper controls.
- The final subgrade shall receive no less than 4" of topsoil and be seeded and mulched.

**Town of North Castle Notes**

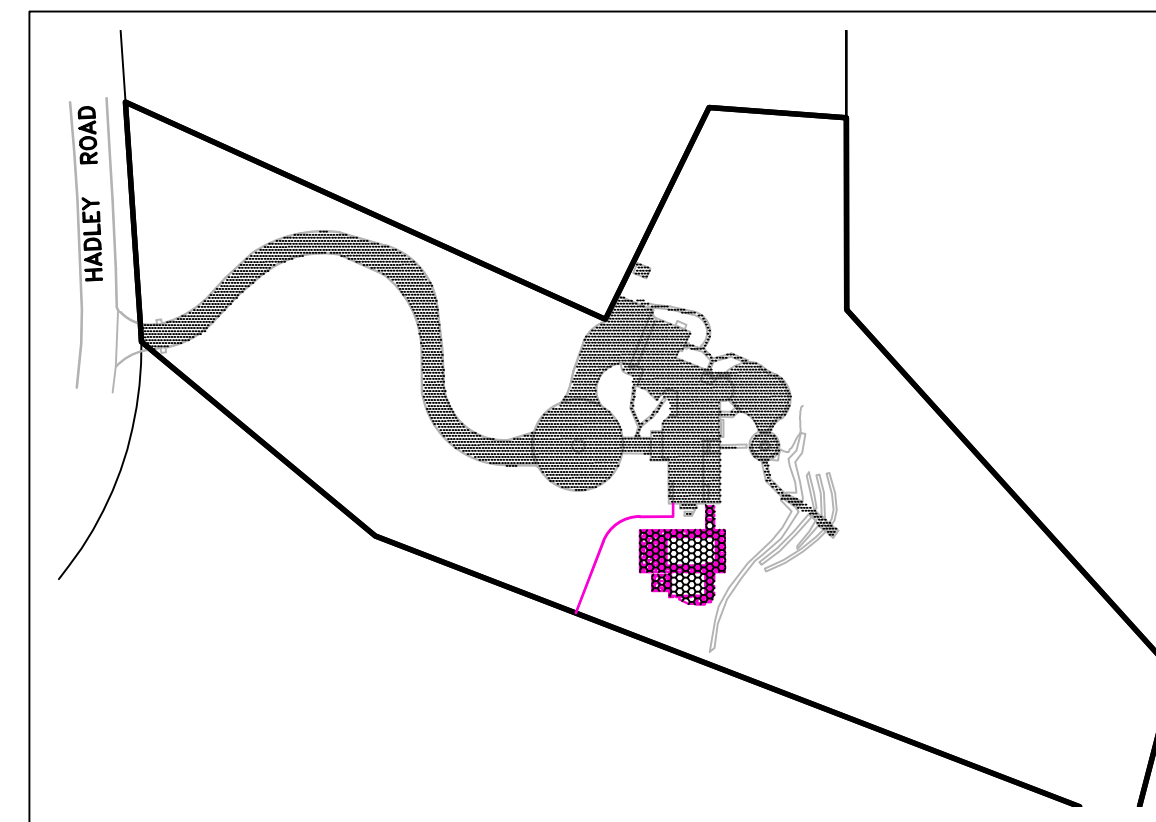
- All driveway work shall conform with the Town of North Castle code
- Erosion control measures must be properly installed, maintained so the dirt and debris is not deposited on street.
- Exposed areas must be stabilized as soon as alterations are completed.
- Any under ground structures must be inspected prior to backfilling.
- A minimum of 24 hours notice is required for any inspection
- No Town Regulated tree removal is proposed.

**Map Reference**

- Survey information shown was taken from a Topographic Survey prepared by TC Merritts Land Surveyors 11/5/21



EXISTING IMPERVIOUS AREA = 15,582 SF



PROPOSED IMPERVIOUS AREA = 17,701 SF  
NET IMPERVIOUS INCREASE = 2,119 SF



**ZONING TABLE**

19 HADLEY  
R-2A SINGLE FAMILY

	REQUIRED/ALLOWED	EXISTING	PROPOSED	VARIANCE GRANTED
MIN. LOT AREA	43,560 SF	3,168 ACRES	UNCHANGED	
LOT COVERAGE	8%	11,040 SF	3,392 SF	UNCHANGED
MIN. LOT FRONTAGE	150'	151'	UNCHANGED	
FRONT YARD	50'	305.7'	UNCHANGED	
SIDE YARD	30'	84.5'	UNCHANGED	
SIDE YARD, TOTAL	60'	>60'	UNCHANGED	
REAR YARD	50'	84.9'	>200'	
MAXIMUM HEIGHT (STORIES)	2.5	2.5	UNCHANGED	
MAXIMUM HEIGHT (FEET)	30'-0"		UNCHANGED	

**LEGEND**

	● SS LOT SEWER SERVICE		⊙ HYDRANT
	● SCD SEWER CLEAN-OUT		⊙ W.V. WATER VALVE
	● STS LOT STORM SERVICE		⊙ G.V. GAS VALVE
	● WS LOT WATER SERVICE		⊙ UTILITY BOX
	● E-X ELECTRIC CROSSING		⊙ UTILITY BOX
	● LIGHTPOLE		⊙ TP PERCOLATION TEST
	● UTILITY POLE		
	● TRANSFORMER		
	— PROPERTY LINE		— CURB LINE
	— EXISTING CONTOUR - INDEX		— CURB CUT
	— EXISTING CONTOUR - INTER		— APPROXIMATE LOCATION OF WATER MAIN
	— PROPOSED CONTOURS		— DRAINAGE LINE
	— FENCE		— APPROXIMATE LOCATION OF 8" PVC SANITARY SEWER
	— SALT FENCE AND CONSTRUCTION FENCE		— LIMIT OF DISTURBANCE
	— EXISTING TREE TO BE REMOVED		

REVISIONS



**SITE PLAN**  
BURT RESIDENCE  
19 Hadley Road  
Armonk, N.Y. 10504

**CHRISTOPHER S. UTTSCHIG, P.E.**  
Civil Engineering Design  
Stormwater - Construction Management  
Site -  
85 Ralph Avenue  
White Plains, NY 10606  
(914) 397-9550

SCALE: 1"=30'

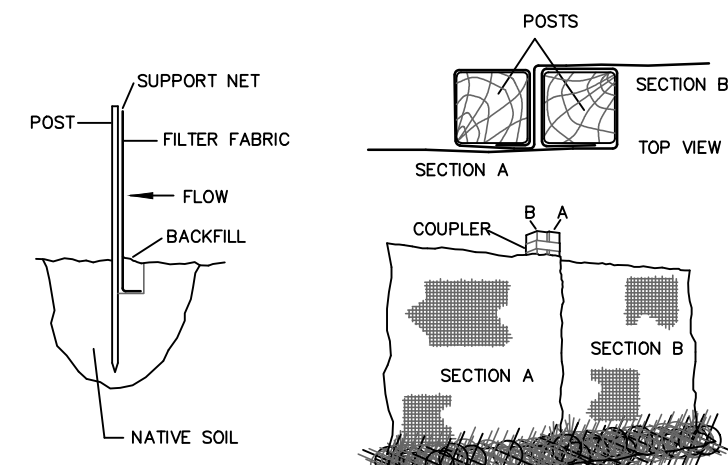
DATE: FEB 6, 2022

SHEET 1 OF 3

JOB No. 1285





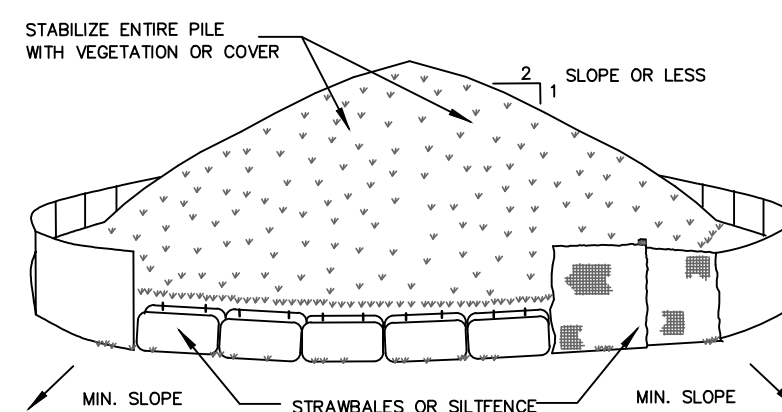


TOE-IN METHOD JOINING SECTIONS OF FENCING

**INSTALLATION NOTES**

1. EXCAVATE A 4 INCH X 4 INCH TRENCH ALONG THE PROPOSED FENCE ALIGNMENT.
2. UNROLL A SECTION AT A TIME AND POSITION THE POSTS AGAINST THE BACK (DOWNSTREAM) WALL OF THE TRENCH (NET SIDE AWAY FROM DIRECTION OF FLOW).
3. DRIVE THE POST INTO THE GROUND UNTIL THE NETTING IS APPROXIMATELY 2 INCHES FROM THE TRENCH BOTTOM.
4. LAY THE TOE-IN FLAP OF FABRIC ONTO THE UNDISTURBED BOTTOM OF THE TRENCH, BACKFILL THE TRENCH AND TAMP THE SOIL.
5. JOIN SECTIONS AS SHOWN ABOVE.
6. CONTRIBUTING AREA SLOPE LENGTH SHALL BE LIMITED TO LENGTHS ON N.Y.S. GUIDELINES.

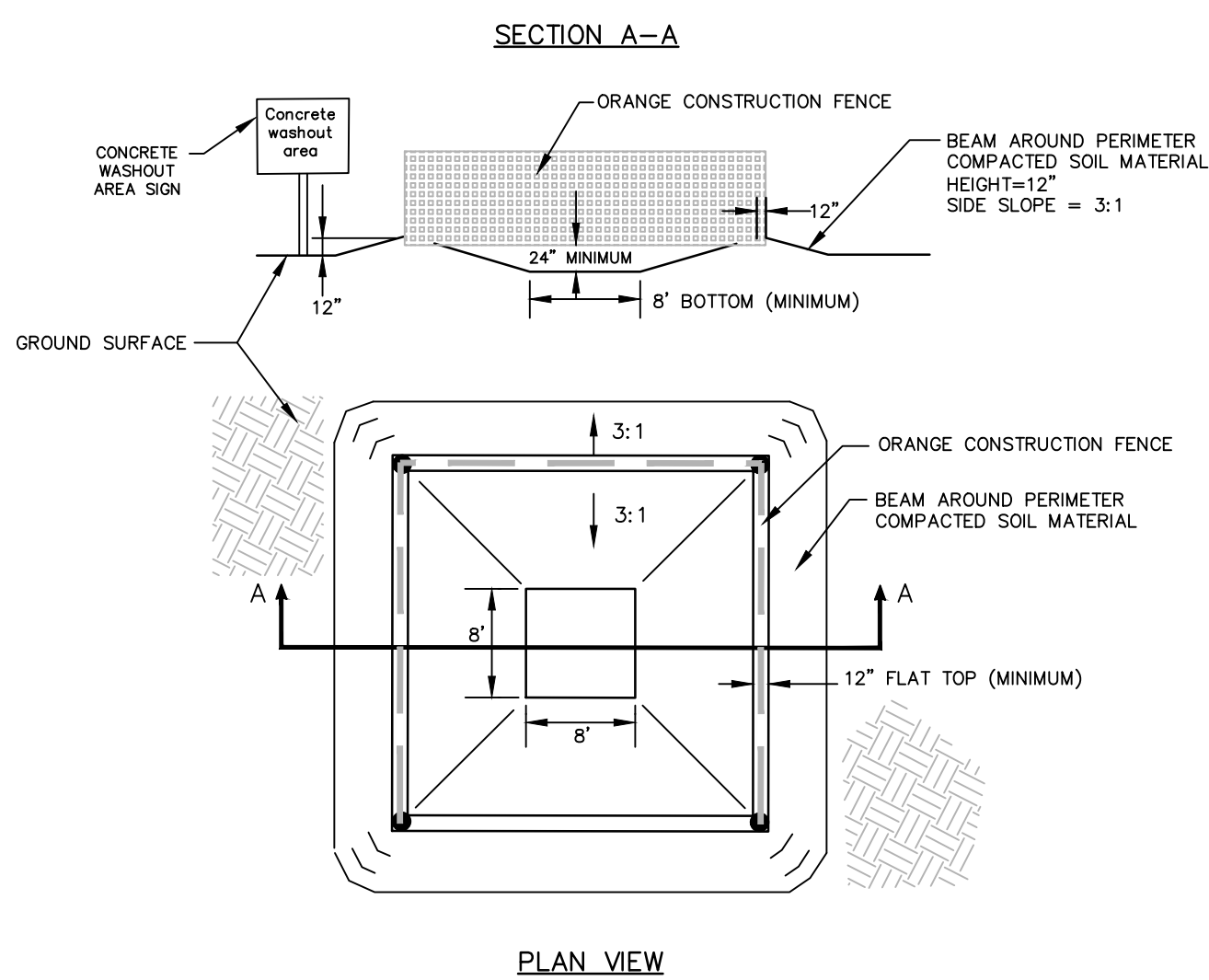
**SILT FENCE**  
NOT TO SCALE



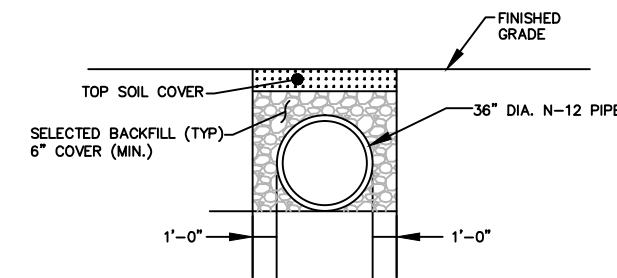
**INSTALLATION NOTES**

1. AREA CHOSEN FOR STOCKPILING OPERATIONS SHALL BE DRY AND STABLE.
2. MAXIMUM SLOPE OF STOCKPILE SHALL BE 1:2.
3. UPON COMPLETION OF SOIL STOCKPILING, EACH PILE SHALL BE SURROUNDED WITH EITHER SILT FENCING OR STRAWBALES, THEN STABILIZED AS NOTED.
4. TEMPORARILY STABILIZE AS NOTED IN SPECIFICATIONS.

**SOIL STOCKPILING**  
NOT TO SCALE



**CONCRETE WASHOUT DETAIL**  
N.T.S.



**TYPICAL PIPE TRENCH**  
N.T.S.

**NDS**  
We put water in its place

NDS, INC.  
851 NORTH HARVARD AVE.  
LINDSAY, CA 93247  
TOLL FREE: 1-800-726-1994  
PHONE: (559) 562-9888  
FAX: (559) 562-4488  
www.ndspro.com

**NOTES:**

1. NDS ADAPTERS THAT FIT THIS BASIN ARE AS FOLLOWS: # 1242, # 1243, # 1245, # 1266 & #1888 USE # 1206 IF PLUGGING AN OUTLET.
2. PERFORATIONS ON NON OPEN SIDES AND BTM. TO BE CUT OUT WHEN ADDING EXTRA OUTLETS.
3. INSTALLATION TO BE COMPLETED IN ACCORDANCE WITH MANUFACTURER'S SPECIFICATIONS.
4. DO NOT SCALE DRAWING.
5. THIS DRAWING IS INTENDED FOR USE BY ARCHITECTS, ENGINEERS, CONTRACTORS, CONSULTANTS AND DESIGN PROFESSIONALS FOR PLANNING PURPOSES ONLY.
6. ALL INFORMATION CONTAINED HEREIN WAS CURRENT AT THE TIME OF DEVELOPMENT BUT MUST BE REVIEWED AND APPROVED BY THE PRODUCT MANUFACTURER TO BE CONSIDERED ACCURATE.

**SQUARE CATCH BASIN**  
12" SQUARE CATCH BASIN PLUMBING CONNECTIONS

REVISION DATE 8-24-2015

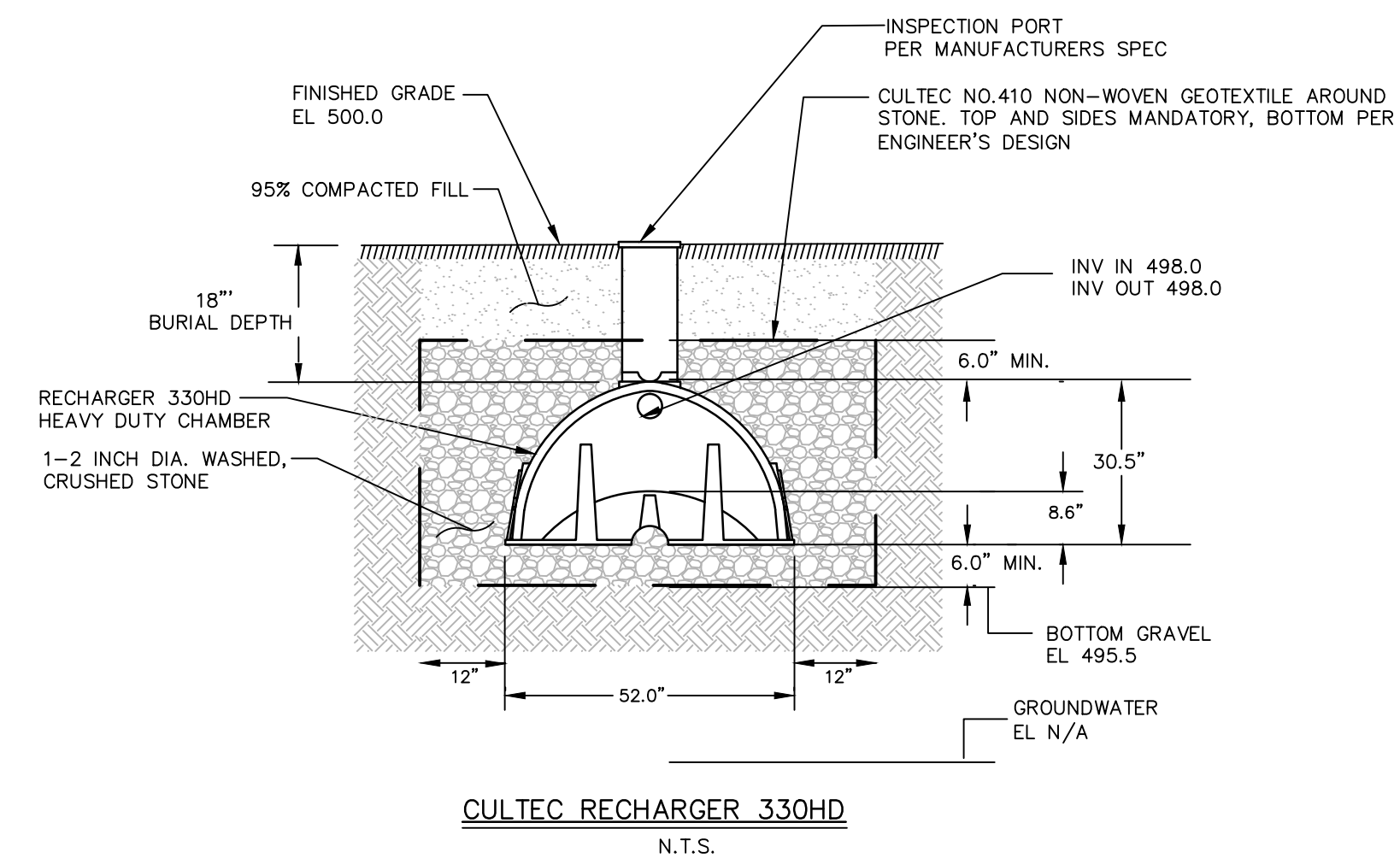
**TECHNICAL SPECIFICATIONS**

### 3" and 4" Pop-Up Drainage Emitter

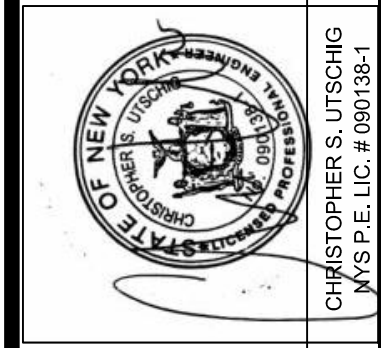
Part #: 420  
Material: High Density Polypropylene (HDPE)  
Colors: Green  
Fits: 3" and 4" sewer and drain pipe/fittings  
Flow Rate: 40 G.P.M  
UV inhibitor  
Spring: Stainless Steel  
Spring Tension: 0.04 PSI or 1" water required to rise cap.

**Load Recommendation Guide**

**Class A**  
• Loads of 1400 psi.  
• Recommended for pedestrians, bicycles and wheel chair traffic.



NO.	DATE	DESCRIPTION



**CONSTRUCTION DETAILS**  
  
**BURT RESIDENCE**  
 19 Hadley Road  
 Armonk, N.Y. 10504

**CHRISTOPHER S. UTSCHIG, P.E.**  
 Civil Engineering Design  
 Stormwater - Construction Management  
 Site - 85 Ralph Avenue  
 White Plains, NY 10606

***Engineer's Report***

***for***

***The Burt Residence***

**19 Hadley Road  
Armonk, New York**

**Dated** February 14, 2022

**Revised** \_\_\_\_\_

**Prepared by:  
Christopher S. Utschig P.E.  
65 Ralph Ave White Plains, NY  
914 391-9550**

**NYS Professional Engineer Lic # 090138**

## Introduction

This report has been prepared in support of the improvements to the property at 19 Hadley Road. The proposed improvements will include a pool, patio, and cabana. The report and associated plans were prepared in accordance with the Westchester County, NY, Stormwater Management Best Management Practices for Stormwater Runoff Control in compliance with the requirements of the Town of North Castle pursuant to a Surface Water Control Permit. The existing conditions identified on the site plan were taken from a survey prepared by TC Merritts. The geometry for the proposed improvements are from plans prepared by Shoreline Pools.

### A. Existing Conditions

The existing property is a 3.168 Ac residentially zoned property within the R2-A zone. The property is occupied by a 2 story single family home; additional improvements include a driveway, patio, and walks. The balance of the property is landscaped lawn area and wooded areas. The existing condition includes 15,582 sf of impervious area. The subject properties topography can be described as gently sloping in the area of proposed development.. Based on Westchester County Soil Mapping the onsite soils in the area of infiltration and proposed development are (CrC) Urban land Charlton Chatfield type soils, having a type "B" hydrologic group.

### C. Proposed Condition

The proposed condition includes a rear yard in ground pool, patio, cabana, and walkways. The grading as proposed leaves the existing yard grading essentially untouched and thereby leaving the existing drainage patterns unchanged. The proposed condition will result in an impervious area of 17,701 sf. the balance of the property will remain unchanged, this represents an increase in impervious area of 2,119 sf. The comparative analysis was performed in Hydrocad for the area to be converted for both the Existing and Proposed condition for the 25 year storm. The analysis resulted in volumes of runoff for the existing and proposed condition to be 365 cf and 1,005 cf respectively, a net increase of 640 cf

The on site drainage has been designed to provide mitigation for all proposed increase in impervious area when analyzing for the 25 Year storm event. The design was analyzed using the Westchester County Best Management Practices Manual for Type III storms, modeled with Hydro Cad, for the 25-yr(6.4") storm event. The design proposes an underground detention system consisting of 6cultec 330 HD's. The system has been sized such that the additional volume of runoff from the design storm is fully mitigated through storage and infiltration.

### D. Construction Phasing Plan and Sediment and Erosion Control Management

#### Maintenance of Temporary and Permanent Structures and Practices

Temporary and permanent erosion controls measures will be maintained and inspected in accordance with the *Grading and Drainage Plan*. All proposed soil erosion and sediment control practices are designed in accordance with the following publications:

- New York State Standards and Specifications for Erosion and Sediment Control, August 2005, latest edition.
- New York State Guidelines for Urban Erosion and Sediment Control, latest edition,
- New York State General Permit for Stormwater Discharges,

- "Reducing the Impacts of Stormwater Runoff from New Development", as published by the New York State Department of Environmental Conservation (NYSDEC), second edition, April 1993.

The proposed soil erosion and sediment control devices include: protective earthmoving procedures and grading practices, soil stabilization, inlet protection, stabilized construction entrance and silt fencing. The approach of the plan is to control off-site sedimentation, and re-establish vegetation as soon as practicable.

Construction shall be implemented in the following order:

1. Erosion and sediment control (ESC) measures and Pollution Prevention (PP) implementation,
  - a) Install silt fences along easterly project limits,
  - b) Maintain existing macadam driveway to utilize as a site construction entrance to the project area, material storage area and dumpster location.
    - i) Contractor shall install stone stabilized entrance at end of the existing paved driveway in advance of construction vehicles requiring access from graded /exposed soils to City Streets.
  - c) Install Tree Protection
  - d) Install temporary sanitary facilities (portable toilets) in a location that is at least 20 from any drainage facility or flow path. Recommend staking the facility to prevent accidental tipping by construction activity or wind.
  - e) Install waste container – maintain rigorous site cleaning schedule to prevent debris from blowing off site. Construction waste shall be stored in a dumpster and carried off-site on a regular basis
  - f) Allocate concrete washout areas
2. Clearing and grubbing.
  - a) Strip top soil and stockpile. Initiate cover practices and sediment controls at the base of the stockpile. Stockpile can be temporarily stabilized with tarp or mulch and/or temporary seeding.
  - b) Disturbed areas where construction will cease for more than 14 days will be stabilized with erosion controls, such hydro-seeding, hydro-mulch, or hay
3. Excavate for pool.
  - a) Install dewatering practice if necessary.
4. Construct hardscape
5. Install subsurface storage and infiltration system and site drainage to capture runoff.
6. Final stabilization of disturbed areas
  - a) Install minimum 4" topsoil and final stabilize with lawn or mulch in landscape areas.
  - b) Remove all ESC and PP measures upon approval of design engineer and/or ESC inspector.

Awarded contractor shall be responsible for the proper implementation of the ESC and PP practices. The following maintenance program is proposed in order to maintain the proper function of all drainage and erosion and sediment control facilities:

- Inspect sediment control devices and construction access point routinely and if necessary remove accumulated sedimentation and debris; at no point should the filter bed be allowed to continue operations beyond 50% of its capacity being compromised by debris.
- All disturbed area will be stabilized and the sediment build-up in the filter removed. After the construction is completed, any areas disturbed shall be stabilized immediately after the required work is completed.
- Restore and re-seed any eroded areas as soon as possible
- The Stormwater Management Facilities Maintenance Program will be managed by the home owner and shall include removal of sediment from the on-site catch basins and underground storage facilities.

The contractor shall provide a Trained Individual to be present on site at all times during soil disturbing activities

Any disturbed areas shall be re-vegetated as soon as possible. Topsoil shall be temporarily stockpiled for future use in grading and landscaping. Stockpile locations have been provided on the Erosion and Sediment Control Plan and shall be contained within a silt fence/hay bale barrier.

The existing driveway shall be maintained throughout construction to be utilized for the site construction entrance. A temporary stabilized construction entrance comprised of a stone anti-track pad shall be installed as necessary to minimize dirt tracking. The purpose of a stabilized entrance is to remove as much soil from the construction vehicle tires prior to exiting the site and traveling on the existing roadways.

For dewatering activities during excavation of the footings, a dewatering pump shall be located in a perforated tub surrounded by filter fabric and stone (or approved alternative). Clean discharge should be directed to onsite drainage appurtenances to minimize erosion of soils. Discharge with suspended sediment shall be connected to a sediment bag on undisturbed ground in a location where the discharge will not cause erosion or flow over exposed soils.

If the contractor encounters ground water during the excavation of the filtering system, he shall notify the design engineer immediately. The contractor shall store all excavated material at the designated location show on the Grading and Erosion Control Plan with the appropriate erosion control measures corresponding to the stockpile detail.

Contractor shall be responsible for maintaining the cleanliness of the streets (driveways/parking and adjacent areas) and storm drain inlet protection (as applicable) Best Management Practices (BMPs) throughout the construction project.

Permanent seeding shall be installed immediately after the final design grades are achieved but no later than fourteen (14) days after construction activities have ceased. After stabilization, accumulated sediment shall be removed from site for disposal along with construction debris, trash and temporary BMPs

**E. Conclusion:**

The implementation of this stormwater management plan will mitigate the post development stormwater flows and not adversely affect the adjacent properties or the existing drainage system. The additional stormwater runoff generated by the proposed addition has been attenuated by the construction of an underground storage system.

**APPENDIX A**  
**Existing Condition Calculations**

**Existing-imp**

Type III 24-hr Rainfall=6.40"

Prepared by {enter your company name here}

Printed 2/14/2022

HydroCAD® 10.00-26 s/n 09858 © 2020 HydroCAD Software Solutions LLC

Page 1

**Summary for Subcatchment 2S: Proposed**

Runoff = 0.08 cfs @ 12.37 hrs, Volume= 365 cf, Depth> 2.07"

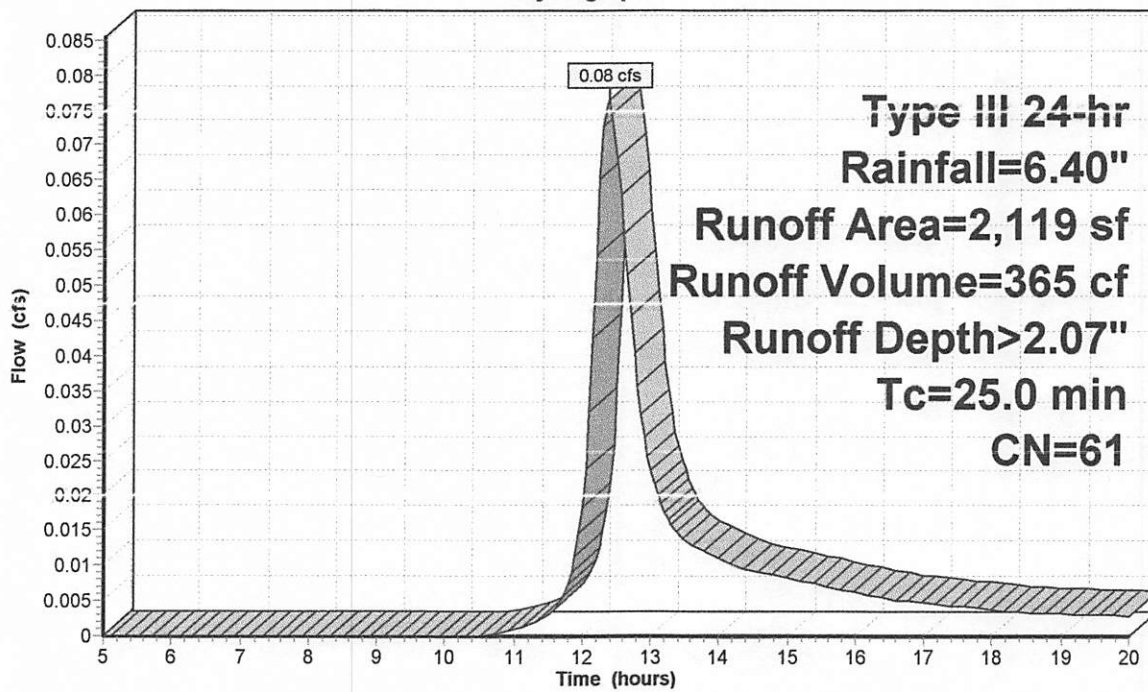
Runoff by SCS TR-20 method, UH=SCS, Weighted-CN, Time Span= 5.00-20.00 hrs, dt= 0.05 hrs  
Type III 24-hr Rainfall=6.40"

Area (sf)	CN	Description
2,119	61	>75% Grass cover, Good, HSG B
2,119		100.00% Pervious Area

Tc (min)	Length (feet)	Slope (ft/ft)	Velocity (ft/sec)	Capacity (cfs)	Description
25.0					Direct Entry,

**Subcatchment 2S: Proposed**

Hydrograph





**APPENDIX B**

**Proposed Condition Calculations**

**Proposed-imp**

Type III 24-hr Rainfall=6.40"

Prepared by {enter your company name here}

Printed 2/14/2022

HydroCAD® 10.00-26 s/n 09858 © 2020 HydroCAD Software Solutions LLC

Page 6

**Summary for Subcatchment 1S: Proposed**

Runoff = 0.19 cfs @ 12.33 hrs, Volume= 1,005 cf, Depth> 5.69"

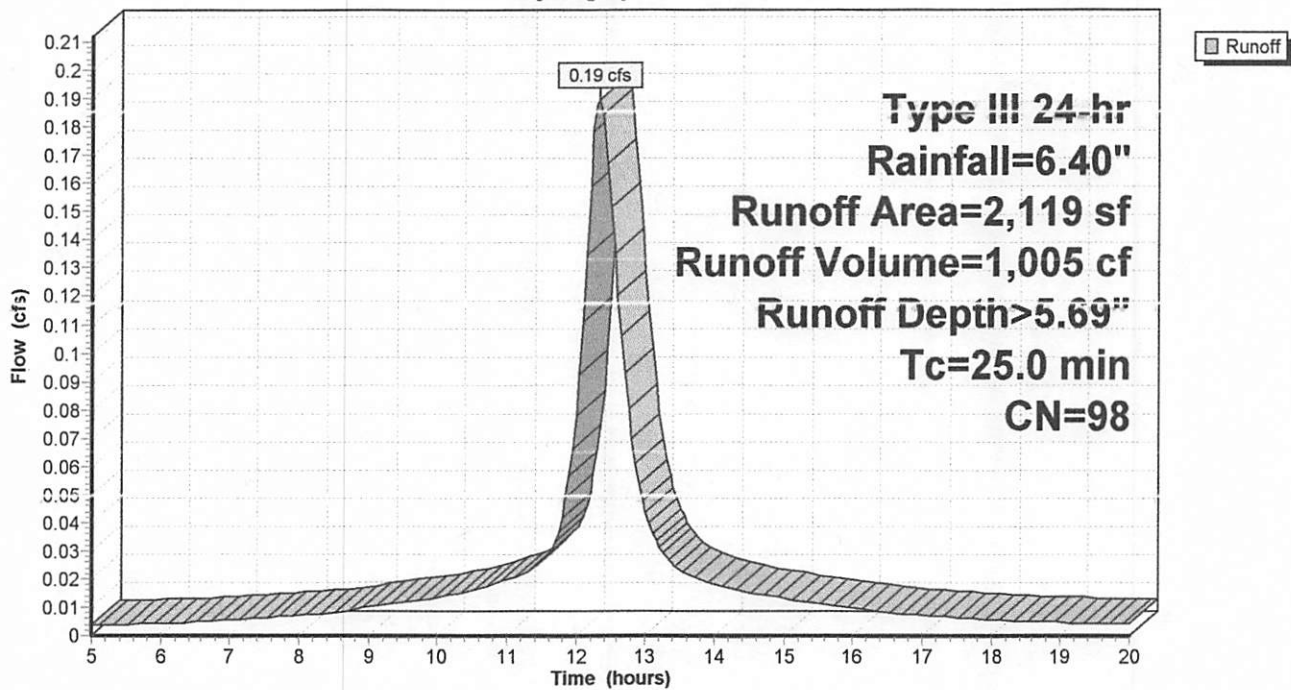
Runoff by SCS TR-20 method, UH=SCS, Weighted-CN, Time Span= 5.00-20.00 hrs, dt= 0.05 hrs  
Type III 24-hr Rainfall=6.40"

Area (sf)	CN	Description
2,119	98	Paved parking, HSG B
2,119		100.00% impervious Area

Tc (min)	Length (feet)	Slope (ft/ft)	Velocity (ft/sec)	Capacity (cfs)	Description
25.0					Direct Entry,

**Subcatchment 1S: Proposed**

Hydrograph



**APPENDIX C**  
**Infiltration Calculations**



# CULTEC Recharger® 330XLHD Stormwater Chamber

The Recharger® 330XLHD is a 30.5" (775 mm) tall, high capacity chamber. Typically when using this model, fewer chambers are required resulting in less labor and a smaller installation area. The Recharger® 330XLHD has the side portal internal manifold feature. HVLV® FC-24 Feed Connectors are inserted into the side portals to create the internal manifold.



Size (L x W x H)	8.5' x 52" x 30.5" 2.59 m x 1321 mm x 775 mm
Installed Length	7' 2.13 m
Length Adjustment per Run	1.50' 0.46 m
Chamber Storage	7.46 ft <sup>3</sup> /ft 0.69 m <sup>3</sup> /m
Min. Installed Storage	52.21 ft <sup>3</sup> /unit 1.48 m <sup>3</sup> /unit
Min. Area Required	11.32 ft <sup>2</sup> /ft 1.05 m <sup>2</sup> /m
Chamber Weight	73.0 lbs 33.11 kg
Shipping	30 chambers/skid 2,335 lbs/skid 10 skids/48' flatbed
Min. Center-to-Center Spacing	4.83' 1.47 m
Max. Allowable Cover	12' 3.66 m
Max. Inlet Opening in End Wall	24" HDPE, PVC 600 mm HDPE, PVC
Max. Allowable O.D. in Side Portal	10" HDPE, 12" PVC 250 mm HDPE, 300 mm PVC
Compatible Feed Connector	HVLV FC-24 Feed Connector

Calculations are based on installed chamber length.  
All above values are nominal.  
Min. installed storage includes 6" (152 mm) stone base, 6" (152 mm) stone above crown of chamber and typical stone surround at 58" (1473 mm) center-to-center spacing.

	Stone Foundation Depth		
	6" 152 mm	12" 305 mm	18" 457 mm
Chamber and Stone Storage Per Chamber	79.26 ft <sup>3</sup> 2.24 m <sup>3</sup>	86.03 ft <sup>3</sup> 2.44 m <sup>3</sup>	92.79 ft <sup>3</sup> 2.63 m <sup>3</sup>
Min. Effective Depth	3.54' 1.08 m	4.04' 1.23 m	4.54' 1.38 m
Stone Required Per Chamber	2.50 yd <sup>3</sup> 1.91 m <sup>3</sup>	3.13 yd <sup>3</sup> 2.39 m <sup>3</sup>	3.76 yd <sup>3</sup> 2.87 m <sup>3</sup>

Calculations are based on installed chamber length.  
Includes 6" (305 mm) stone above crown of chamber and typical stone surround at 58" (1473 mm) center-to-center spacing and stone foundation as listed in table.  
Stone void calculated at 40%.

## Recharger® 330XLHD Bare Chamber Storage Volumes

Elevation		Incremental Storage Volume				Cumulative Storage	
in.	mm	ft <sup>3</sup> /ft	m <sup>3</sup> /m	ft <sup>3</sup>	m <sup>3</sup>	ft <sup>3</sup>	m <sup>3</sup>
30.5	775	0.000	0.000	0.000	0.000	52.213	1.479
30	762	0.019	0.002	0.133	0.004	52.213	1.479
29	737	0.051	0.005	0.357	0.010	52.080	1.475
28	711	0.084	0.008	0.588	0.017	51.723	1.465
27	686	0.124	0.012	0.868	0.025	51.135	1.448
26	660	0.150	0.014	1.05	0.030	50.267	1.424
25	635	0.173	0.016	1.211	0.034	49.217	1.394
24	609	0.191	0.018	1.337	0.038	48.006	1.360
23	584	0.207	0.019	1.449	0.041	46.669	1.322
22	559	0.221	0.021	1.547	0.044	45.220	1.281
21	533	0.233	0.022	1.631	0.046	43.673	1.237
20	508	0.244	0.023	1.708	0.048	42.042	1.191
19	483	0.254	0.024	1.778	0.050	40.334	1.142
18	457	0.264	0.025	1.848	0.052	38.556	1.092
17	432	0.271	0.025	1.897	0.054	36.708	1.040
16	406	0.283	0.026	1.981	0.056	34.811	0.986
15	381	0.294	0.027	2.058	0.058	32.830	0.930
14	356	0.296	0.027	2.072	0.059	30.772	0.871
13	330	0.299	0.028	2.093	0.059	28.700	0.813
12	305	0.301	0.028	2.107	0.060	26.607	0.754
11	279	0.303	0.028	2.121	0.060	24.500	0.694
10	254	0.304	0.028	2.128	0.060	22.379	0.634
9	229	0.306	0.028	2.142	0.061	20.251	0.574
8	203	0.313	0.029	2.191	0.062	18.109	0.513
7	178	0.321	0.030	2.247	0.064	15.918	0.451
6	152	0.322	0.030	2.254	0.064	13.671	0.387
5	127	0.323	0.030	2.261	0.064	11.417	0.323
4	102	0.324	0.030	2.268	0.064	9.156	0.259
3	76	0.325	0.030	2.275	0.064	6.888	0.195
2	51	0.327	0.030	2.289	0.065	4.613	0.131
1	25	0.332	0.031	2.324	0.066	2.324	0.066
<b>Total</b>		<b>7.459</b>	<b>0.693</b>	<b>52.213</b>	<b>1.479</b>	<b>52.213</b>	<b>1.479</b>

Calculations are based on installed chamber length.





































Visit <http://cultec.com/downloads/> for Product Downloads and CAD details.

For more information, contact CULTEC at (203) 775-4416 or visit [www.cultec.com](http://www.cultec.com).

**Engineer's Report  
Burt Residence**

**APPENDIX D**  
**USDA Soils Report**

### 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: Westchester County, New York  
 Survey Area Data: Version 17, Sep 1, 2021

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

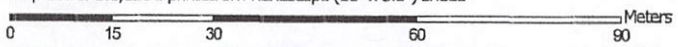
Date(s) aerial images were photographed: Oct 8, 2020—Oct 14, 2020

The orthophoto or other base map on which the soil lines were compiled and digitized probably differs from the background imagery displayed on these maps. As a result, some minor shifting of map unit boundaries may be evident.

Soil Map—Westchester County, New York



Map Scale: 1:1,120 if printed on A landscape (11" x 8.5") sheet.



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



Natural Resources  
Conservation Service

Web Soil Survey  
National Cooperative Soil Survey

## Map Unit Legend

Map Unit Symbol	Map Unit Name	Acres in AOI	Percent of AOI
CrC	Charlton-Chatfield complex, 0 to 15 percent slopes, very rocky	2.1	72.7%
CsD	Chatfield-Charlton complex, 15 to 35 percent slopes, very rocky	0.8	26.7%
RdB	Ridgebury complex, 3 to 8 percent slopes	0.0	0.6%
<b>Totals for Area of Interest</b>		<b>2.8</b>	<b>100.0%</b>



## Hydrologic Soil Groups

### Westchester County, New York

December 2012

[This table of hydrologic soil group data will be updated on eFOTG as needed, in order to maintain consistency with the official SSURGO soil survey data.]

Map Unit Symbol	Map Unit Name	Component Name	Hydrologic Soil Group
Ce	Carlisle muck	Carlisle	A/D
ChB	Charlton loam, 2 to 8 percent slopes	Charlton	B
ChC	Charlton loam, 8 to 15 percent slopes	Charlton	B
ChD	Charlton loam, 15 to 25 percent slopes	Charlton	B
ChE	Charlton loam, 25 to 35 percent slopes	Charlton	B
CIB	Charlton loam, 2 to 8 percent slopes, very stony	Charlton	B
CIC	Charlton loam, 8 to 15 percent slopes, very stony	Charlton	B
CID	Charlton loam, 15 to 25 percent slopes, very stony	Charlton	B
CIE	Charlton loam, 25 to 35 percent slopes, very stony	Charlton	B
CIF	Charlton loam, 35 to 45 percent slopes, very stony	Charlton	B
CrC	Charlton-Chatfield complex, rolling, very rocky	Charlton	B
CrC	Charlton-Chatfield complex, rolling, very rocky	Chatfield	B
CsD	Chatfield-Charlton complex, hilly, very rocky	Chatfield	B
CsD	Chatfield-Charlton complex, hilly, very rocky	Charlton	B
CtC	Chatfield-Hollis-Rock outcrop complex, rolling	Chatfield	B
CtC	Chatfield-Hollis-Rock outcrop complex, rolling	Hollis	D
CtC	Chatfield-Hollis-Rock outcrop complex, rolling	Rock outcrop	
CuD	Chatfield-Hollis-Rock outcrop complex, hilly	Chatfield	B
CuD	Chatfield-Hollis-Rock outcrop complex, hilly	Hollis	D
CuD	Chatfield-Hollis-Rock outcrop complex, hilly	Rock outcrop	
DAM	Dam	Dam	
Ff	Fluvaquents-Udifuvents complex, frequently flooded	Fluvaquents	A/D
Ff	Fluvaquents-Udifuvents complex, frequently flooded	Udifuvents	A
Fr	Fredon silt loam	Fredon	B/D
Fr	Fredon silt loam	Fredon	B/D
HnB	Hinckley gravelly loamy sand, 3 to 8 percent slopes	Hinckley	A
HnC	Hinckley gravelly loamy sand, 8 to 15 percent slopes	Hinckley	A
HnD	Hinckley gravelly loamy sand, 15 to 25 percent slopes	Hinckley	A
HrF	Hollis-Rock outcrop complex, very steep	Hollis	D
HrF	Hollis-Rock outcrop complex, very steep	Rock outcrop	
Ip	Ipswich mucky peat	Ipswich	A/D
KnB	Knickerbocker fine sandy loam, 2 to 8 percent slopes	Knickerbocker	A
KnC	Knickerbocker fine sandy loam, 8 to 15 percent slopes	Knickerbocker	A
LcA	Leicester loam, 0 to 3 percent slopes, stony	Leicester	A/D



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

BUILDING DEPARTMENT  
 Robert Melillo  
 Building/ Fire inspector

Telephone: (914) 273-3000 ext. 44  
 Fax: (914) 273-3554  
[www.northcastleny.com](http://www.northcastleny.com)

**GROSS LAND COVERAGE CALCULATIONS WORKSHEET**

Application Name or Identifying Title: 19 Hadlay Road Date: 2/14/22

Tax Map Designation or Proposed Lot No.: 108.04-2-22

Gross Lot Coverage

- |     |  |                |
|-----|--|----------------|
| 1.  | Total lot Area (Net Lot Area for Lots Created After 12/13/06):   | <u>137,997</u> |
| 2.  | Maximum permitted gross land coverage (per Section 355-26.C(1)(b)):  | <u>17,085</u>  |
| 3.  | BONUS maximum gross land cover (per Section 355-26.C(1)(b)):   |                |
|     | Distance principal home is beyond minimum front yard setback<br><u>255</u> x 10 = <u>2550</u>                      | <u>2,550</u>   |
| 4.  | TOTAL Maximum Permitted gross land coverage = Sum of lines 2 and 3   | <u>19,635</u>  |
| 5.  | Amount of lot area covered by principal building:<br><u>3392</u> existing + <u>0</u> proposed =                    | <u>3,3392</u>  |
| 6.  | Amount of lot area covered by accessory buildings:<br><u>60</u> existing + <u>308</u> proposed =                   | <u>368</u>     |
| 7.  | Amount of lot area covered by decks:<br><u>0</u> existing + <u>0</u> proposed =                                    | <u>0</u>       |
| 8.  | Amount of lot area covered by porches:<br><u>624</u> existing + <u>0</u> proposed =                                | <u>624</u>     |
| 9.  | Amount of lot area covered by driveway, parking areas and walkways:<br><u>9957</u> existing + <u>86</u> proposed = | <u>10,043</u>  |
| 10. | Amount of lot area covered by terraces:<br><u>1499</u> existing + <u>1080</u> proposed =                           | <u>2,579</u>   |
| 11. | Amount of lot area covered by tennis court, pool and mechanical equip:<br>existing + <u>645</u> proposed =         | <u>645</u>     |
| 12. | Amount of lot area covered by all other structures:<br><u>50</u> existing + proposed =                             | <u>50</u>      |
| 13. | Proposed gross land coverage: Total of Lines 5 – 12 =  | <u>17,701</u>  |

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

2/20/22  
Date



Only copies from the original of this topography map marked with an original of the Land Surveyors embossed seal or red colored seal shall be considered to be true, valid copies.

Unauthorized alteration or addition to a map bearing a licensed Land Surveyors seal is a violation of Section 7209, Subdivision 2 of the New York State Education Law.

Possession only where indicated.

Adjacent property lines and easements not surveyed or certified. Access to adjacent rights of way, easements and public or private lands not guaranteed or certified.

Underground utilities shown hereon are approximate and should be verified before excavating. Additional underground utilities are not shown or certified. Encroachments and structures below grade, if any, not shown or certified.

Subject to covenants, easements, restrictions, conditions and agreements of record.

This map is prepared to show topography only and is not to be used for title transfer purposes. Map may not be certified to title companies and/or banks.

Tree species shown hereon to be verified by a licensed arborist and are not certified by surveyor.

Elevations shown hereon generally in accordance with North American Vertical Datum 88.

Premises hereon being Lot 3 as shown on a certain map entitled, "Subdivision Map of Property Belonging to The Estate of Hans P. Luhn." Said map filed in the Westchester County Clerk's Office, Division of Land Records March 24, 1965 as map number 14277.

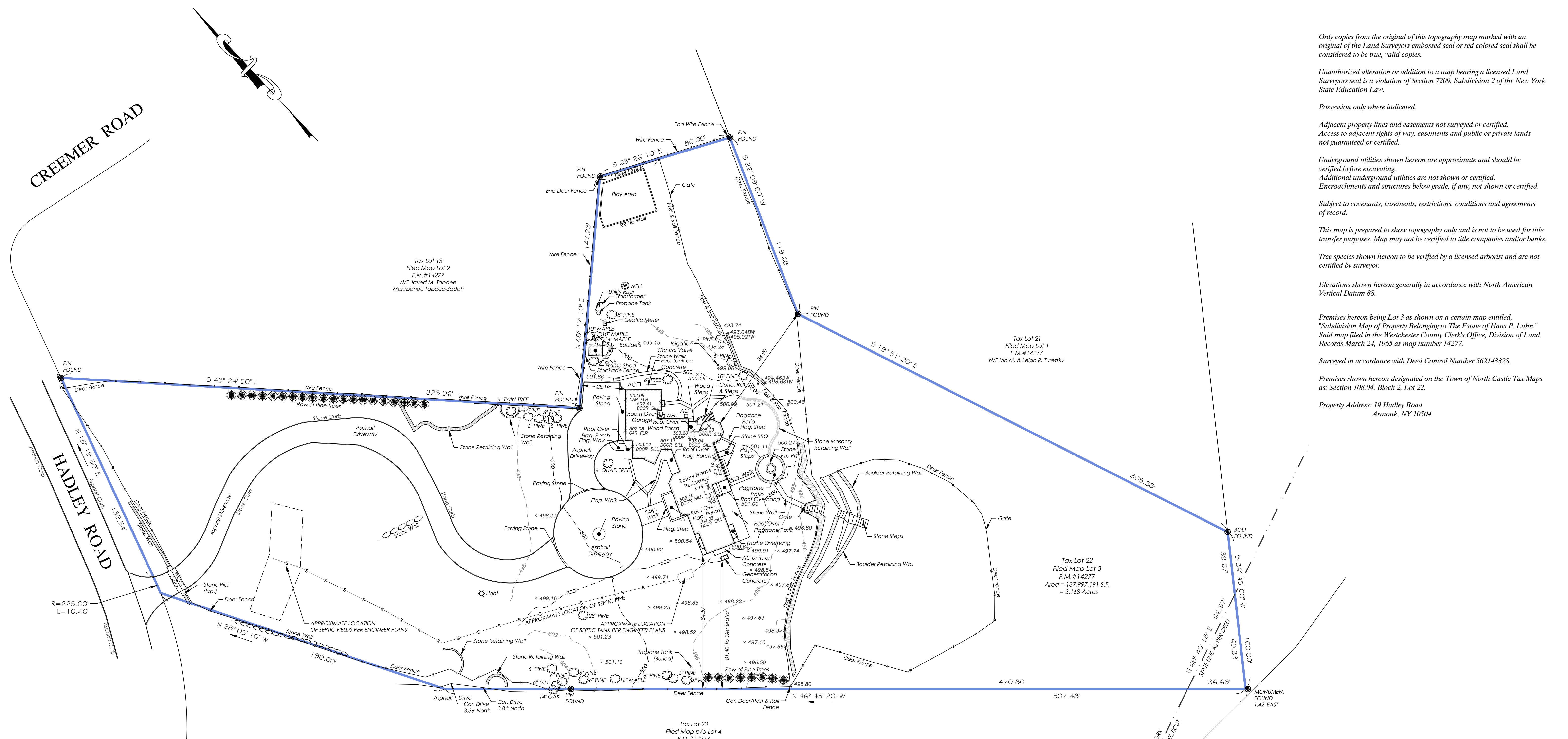
Surveyed in accordance with Deed Control Number 562143328.

Premises shown hereon designated on the Town of North Castle Tax Maps as: Section 108.04, Block 2, Lot 22.

Property Address: 19 Hadley Road  
Armonk, NY 10504

CREEMER ROAD

HADLEY ROAD



**TOPOGRAPHIC SURVEY OF  
PROPERTY  
PREPARED FOR  
ANGELA AND ANDREW  
BURT**  
SITUATE IN THE  
TOWN OF NORTH CASTLE  
WESTCHESTER COUNTY, NEW YORK

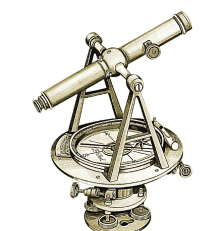
SCALE: 1" = 30'

GRAPHIC SCALE

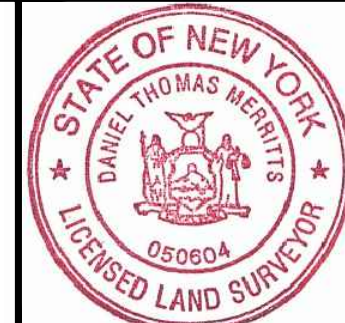


( IN FEET )  
1 inch = 30 ft.

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IS A VIOLATION OF APPLICABLE LAWS.



**TC MERRITTS LAND SURVEYORS**  
394 BEDFORD ROAD • PLEASANTVILLE • NY 10570  
(914) 769-8003 • (203) 622-8899



Surveyed: November 3, 2021  
Map Prepared: November 5, 2021  
By: *Donal T. Merritt*  
New York State Licensed Land Surveyor No. 050604

Project: 21-486	Reference: NA
Field Survey By: AN/SH	Drawn By: CMP
Project Manager: CMP	Checked By: DM/CP

CERTIFICATE OF LIABILITY INSURANCE

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).

Table with columns for PRODUCER (USI Insurance Services LLC), CONTACT NAME (Carmel McCabe), PHONE (855 874-0123), FAX (203 634-5701), E-MAIL ADDRESS (usictcertificates@usi.com), INSURED (Shoreline Pools, Incorporated), and INSURER(S) AFFORDING COVERAGE (Hartford Fire Insurance Company, Continental Insurance Company, Hartford Ins Co of the Midwest).

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.

Main table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes sections for Commercial General Liability (A), Automobile Liability (C), Umbrella Liability (B), and Workers Compensation and Employers' Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: Permit. Town of North Castle is included as an Additional Insured under the General Liability policy when required in accordance with policy terms, conditions, and exclusions regarding services provided by the Named Insured. (See Attached Descriptions)

Table with columns: CERTIFICATE HOLDER (Town Of North Castle, 17 Bedford Road, Armonk, NY 10504) and CANCELLATION (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: John J. Ullrich).

**DESCRIPTIONS (Continued from Page 1)**

# 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>SHORELINE POOLS, INC. 393 WEST AVE STAMFORD , CT 06902</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>203-967-1203</p> <p><b>1c. Federal Employer Identification Number of Insured or Social Security Number</b></p> <p>060852914</p>
---	---

<p><b>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</b></p> <p>Town of North Castle 17 Bedford Road Armonk, NY 10504</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>LN785922</p> <p><b>3c Policy effective period</b></p> <p>01-01-2022 to 12-31-2022</p>
---	---

**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 02-15-2022 *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 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>SHORELINE POOLS, INC. 393 WEST AVE STAMFORD , CT 06902</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>203-967-1203</p> <p><b>1c. Federal Employer Identification Number of Insured or Social Security Number</b></p> <p>060852914</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>Town of Pelham 34 5th Avenue Pelham, NY 10803</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>LN785922</p> <p><b>3c Policy effective period</b></p> <p>01-01-2022 to 12-31-2022</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 02-15-2022 *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 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>SHORELINE POOLS, INC. 393 WEST AVE STAMFORD , CT 06902</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>203-967-1203</p> <p><b>1c. Federal Employer Identification Number of Insured or Social Security Number</b></p> <p>060852914</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>Village of Scarsdale Building Department 1001 Post Road Scarsdale, NY 10583</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>LN785922</p> <p><b>3c Policy effective period</b></p> <p>01-01-2022 to 12-31-2022</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 02-15-2022 *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

<p>1a. Legal Name &amp; Address of Insured (use street address only)</p> <p>SHORELINE POOLS, INC. 393 WEST AVE STAMFORD , CT 06902</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 203-967-1203</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured 90-83842</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 06-0852914</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Town of North Castle Town Clerk 17 Bedford Road Armonk, NY 10504</p>	<p>3a. Name of Insurance Carrier Redwood Fire and Casualty Insurance Co</p> <p>3b. Policy Number of Entity Listed in Box "1a" SHWC247095</p> <p>3c. Policy effective period 03/31/2021 to 03/31/2022</p> <p>3d. The Proprietor, Partners or Executive Officers are  <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included)  <input type="checkbox"/> all excluded or certain partners/officers excluded.</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 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. (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.**

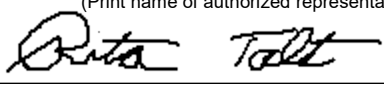
This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a 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:  03/30/2021  
(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.

George Latimer  
Westchester County Executive

Westchester  
gov.com

James Maisano  
Director, Consumer Protection

## Department of Consumer Protection Home Improvement License

SHORELINE POOLS, INC.  
393 WEST AVENUE  
STAMFORD, CT-06902

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-02092-H89

Date of Expiration  
01/23/2024

