



# 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: 57 Windmill Road, Armonk 10504

### Section III- DESCRIPTION OF WORK:

Please see attachment A

### Section III- CONTACT INFORMATION:

APPLICANT: Simon Dordik (Property Owner)  
ADDRESS: 57 Windmill Road Armonk NY 10504  
PHONE: \_\_\_\_\_ MOBILE: 718-757-9447 EMAIL: simondordik@gmail.com

PROPERTY OWNER: Same as Applicant

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

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

PROFESSIONAL: Westchester Environmental Tree Service

ADDRESS: 11 Anton Dr. Carmel, NY 10512

PHONE: 845-621-3282 MOBILE: 914-263-9272

EMAIL: info@westchesterenvironmentaltree.com

### Section IV- PROPERTY INFORMATION:

Zone: R-1.5A Tax ID (lot designation) 1/04/10-80



**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: Tree Removal

Initial Submittal  Revised Preliminary

Street Location: 57 Windmill Road

Zoning District: R-1.5A Property Acreage: 1.511 Tax Map Parcel ID: 1/04/10-80

Date: 4/1/2022

**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

- 9. Description of method of water supply and sewage disposal and location of such facilities
- 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
- 1. Submission of a Zoning Conformance Table depicting the plan's compliance with the minimum requirements of the Zoning District
- 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.
- 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.

### **ATTACHMENT A – DESCRIPTION OF WORK**

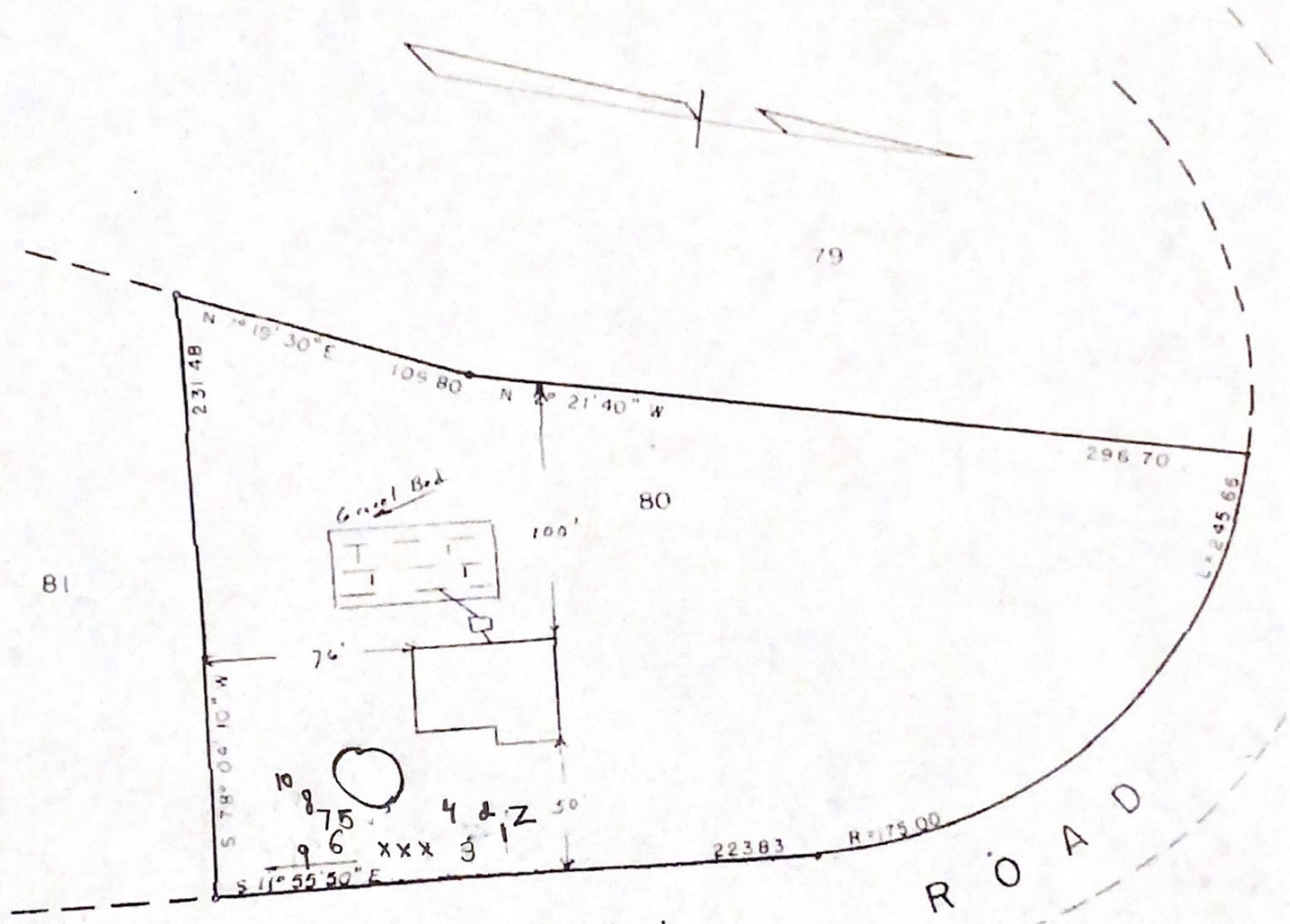
This application is for a permit to remove 10 pine trees for safety reasons and as part of an overall plan to renovate the front yard. The retaining wall in the front yard is leaning and in poor condition, so the wall will be removed. As part of the job, all the weeds and brush in front of the house will be replaced with a new lawn to be extended to the front property line. There's also a tree that recently fell towards the house which is still hanging onto another nearby tree. This happens frequently with this group of trees, and it's why we decided to remove the trees indicated in the application. It should also be noted that that 3 new seedlings have recently been planted adjacent to the trees to be removed.

The following 10 pine trees are plotted with their respective numbers on the included survey:

1. 12" diameter – alive
2. 12" diameter – alive
3. 24" diameter – alive but leaning
4. 20" diameter – alive but leaning towards the front of the house
5. 20" diameter – alive
6. 21" diameter – unhealthy or dead
7. 18" diameter – alive
8. 18" diameter – alive but top half of tree fell over last fall
9. 28" diameter – unhealthy or dead
10. 20" diameter – alive

Please refer to the attached survey for locations of these trees. The 3 saplings were planted in a row next to tree #3 are marked as 'x' on survey as well. The cluster of approximately 15 young pine trees to be transplanted can be found between #4 and #5 and are marked by an 'o' in the survey.

1-4-10-80



# WINDMILL

Z = Down tree supported by other trees  
 X = new saplings planted  
 O = cluster of young pine trees (~20) to be transplanted to areas of removal. New grass to be planted in its place.

LOT 80

## WINDMILL FARM · SECTION 9

TOWN OF NORTH CASTLE · WESTCHESTER CO., N.Y.

CERTIFIED T



seedlings planted adjacent to 4 trees on left  
to be removed

3 seedlings planted adjacent to the 4 trees on left to be removed





Down tree currently  
being held up by another tree





# TOWN OF NORTH CASTLE

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

PLANNING BOARD  
BUILDING DEPARTMENT

## Tree Removal Permit Application

Telephone: (914) 273-3542 – Planning  
(914) 273-8625 – Building  
Fax: (914) 273-3554  
[www.northcastleny.com](http://www.northcastleny.com)

SUBMIT TO APPLICABLE DEPARTMENT: North Castle Planning Board or North Castle Building Department  
Town of North Castle, 17 Bedford Road, Armonk, New York 10504

Tracking # _____	For Office Use Only	Permit # _____
Date: ____/____/____		Fee: \$ _____
		Date Issued: ____/____/____

### 1. IDENTIFICATION OF APPLICANT

Date 3/26/2012

Owner: Simon Dordik

Phone: 718-757-9447 Email: simondordik@gmail.com

Address: 57 Windmill Road  
Armonk, NY 10504

Applicant (if other than owner): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Company Removing Trees: Westchester Environmental Tree Service

Phone: 914-263-9272 Email: \_\_\_\_\_

Address: \_\_\_\_\_

COST OF TREE REMOVAL \$ 4,000

OWNER SIGNATURE: [Signature]

APPLICANT SIGNATURE: \_\_\_\_\_  
IF DIFFERENT THAN OWNER

2. IDENTIFICATION OF SUBJECT PROPERTY

Address: 57 Windmill Road

Abutting Street(s): \_\_\_\_\_

Tax Map Designation – Section/Block/Lot: \_\_\_\_\_

3. TYPE OF PROPOSED ACTIVITY

- Removal of a tree within a property's regulated setback zone or landscape buffer zone
- Removal of a Significant Tree
- Removal of any tree in wetlands, within clearing lines, or Conservation Easements
- Clearing/Thinning
- Removal of a Significant Tree Removal of any street tree within the Right of Way
- Removal in any calendar year of more than ten (10) trees on any lot
- Removal of a dangerous/hazardous tree

4. SITE PLAN OR MAP SKETCH

Please provide a copy of a site plan, if available, or a detailed map sketch with subject tree(s) to be removed clearly identified. Existing trees within the area of disturbance should be graphically depicted as being removed or remaining. Trees to be preserved should be graphically depicted as receiving tree protection measures. Each tree within the area of disturbance should be identified with a unique ID number on the site plan. In addition to the graphical depiction of each tree, a Tree Inventory should be submitted. The Tree Inventory should include the Unique ID Number, Species, Size (DBH), Health Condition, and removal status of all trees within the disturbance area.

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

5. TREE REMOVAL DESCRIPTION (INCLUDE HOW MANY TREES WILL BE REMOVED)

10 trees to be removed + a fallen tree leaning towards the residence

6. INSURANCE & HOME IMPROVEMENT LICENSE

Worker's Comp \_\_\_\_\_ (Exp. Date)    Liability \_\_\_\_\_ (Exp. Date)    Waiver \_\_\_\_\_ (Exp. Date)

(Please have the Town of North Castle listed as the certificate holder)

A Westchester  
this application

County Home Improvement License must be submitted with  
for it to be deemed complete.

7. FUTURE PLANS

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

Yes     No



**Workers' Compensation Board**

## 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>1a. Legal Name &amp; Address of Insured (use street address only) WESTCHESTER ENVIRONMENTAL TREE SERVICE LTD 11 ANTON DR CARMEL, NY 10512</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured (914) 907-1043</p> <p>1c. Federal Employer Identification Number or Social Security Number 133800005</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) TOWN OF NORTH CASTLE 17 BEDFORD ROAD ARMONK, NY 10504-1898</p>	<p>3a. Name of Insurance Carrier <b>New York State Insurance Fund (NYSIF)</b></p> <p>3b. Policy Number of Entity Listed in Box "1a" DBL 7096 01 - 0</p> <p>3c. Policy effective period 06/21/2021 to 06/21/2022</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 3/26/2022

By *Kristin Markwica*

(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (866) 697-4332

Name and Title Kristin Markwica, Head of Disability Insurance Unit

**IMPORTANT:** If Box 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, DB 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.

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

\*\*\*\*\* 133800005  
WESTCHESTER ENVIRONMENTAL TREE  
SERVICE LTD  
11 ANTON DRIVE  
CARMEL NY 10512



SCAN TO VALIDATE  
AND SUBSCRIBE

<b>POLICYHOLDER</b> WESTCHESTER ENVIRONMENTAL TREE SERVICE LTD 11 ANTON DRIVE CARMEL NY 10512		<b>CERTIFICATE HOLDER</b> TOWN OF NORTH CASTLE 17 BEDFORD ROAD ARMONK NY 10504-1898	
<b>POLICY NUMBER</b> W2446 899-3	<b>CERTIFICATE NUMBER</b> 729778	<b>POLICY PERIOD</b> 06/11/2021 TO 06/11/2022	<b>DATE</b> 3/26/2022

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2446 899-3, 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, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

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](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS POLICY DOES NOT COVER CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE OFFICERS OF THE INSURED CORPORATION.

PRESIDENT  
GERARD CHACON  
1 OF 1  
WESTCHESTER ENVIRONMENTAL TREE  
SERVICE LTD

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

VALIDATION NUMBER: 111524812

George Larimer  
Westchester County Executive

Westchester  
gov.com

James Maisano  
Director, Consumer Protection

## Department of Consumer Protection Home Improvement License

WESTCHESTER ENVIRONMENTAL TREE SERVICE LTD  
11 ANTON DRIVE  
CARMEL, NY-10512

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-30858-H18

Date of Expiration  
07/18/2022





WESTC-6

OP ID: AB

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/28/2022

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> Feehan Insurance Agency P.O. Box 870 Carmel, NY 10512 Brendan Mulvihill 845-278-7070		<b>CONTACT NAME:</b> Brendan Mulvihill <b>PHONE (A/C, No, Ext):</b> 845-278-7070 <b>FAX (A/C, No):</b> 845-278-2886 <b>E-MAIL ADDRESS:</b> brendanm@feehaninsurance.com															
<b>INSURED</b> Westchester Environmental Tree Service, LTD 11 Anton Dr Carmel, NY 10512		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Evanston Insurance Co.</td> <td>35378</td> </tr> <tr> <td>INSURER B : Preferred Mutual Insurance</td> <td>15024</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Evanston Insurance Co.	35378	INSURER B : Preferred Mutual Insurance	15024	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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### 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.

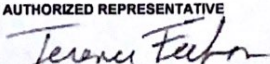
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		3FA6587	03/16/2022	03/16/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PCA0100723881	01/22/2022	01/22/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

cert holder and Town of North Castle Building Dept 17 Bedford Rd Armonk NY 10504 as an additional insured per written contract

### CERTIFICATE HOLDER

### CANCELLATION

Mr. Simon Dordik 57 Windmill Rd Armonk, NY 10504	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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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)

## Inspection Report

Inspector: Arnos Inspection Date: 3/29/22  
Inspection type: TRACS Scheduled Time: 2-4pm  
Inspection Location: 57 Windmill Rd.  
Requested By: Simon Contact Number: 718-757-9447  
Permit Number: none Parcel ID: \_\_\_\_\_

**Results of Inspection:**

3/28/22 THE OWNER CAN CUT THE  
TRACES DOWN AND TWO SWALE PINS  
ON THE FRONT PASSED  
THERE TWO MORE THAT NEED  
RPRC APPROVAL  
ADAM KUFFMAN RPRC DIRECTOR

Status:  Pass  Fail  Incomplete

Inspectors Signature: Arnos Date: 3/28/22