

TOWN OF NORTH CASTLE

WESTCHESTER COUNTY

Residential & Road & Isitables R Armonk, New York 10504-1898

RESIDENTIAL PROJECT REVIEW COMMITTEE Adam R. Kaufman AICP, Chair WEAVER SEEMETE 19400 099 www.nortcastleny.com

(xel) 14 35 675 (110) 2535 879 (510) Telephone: (914) 273-3000 x 43 Fax: (914) 273-3554

This form coresents the branchard requirements for a completeness review for all RESIDENTIAL PROJECT REVIEW COMMITTEE (RPRC) APPLICATION

requested will require a determination that the application is incomplete.

| Section I- PROJECT | Project Name on Plan. |
|--|--|
| ADDRESS: 19 EVERGREEN ROW A | Rush K 10504 |
| Section III- DESCRIPTION OF WORK: | Streat Lod=you |
| - 6' FENCE INSTALLATION | U management of the control of the c |
| - APPROXIMATELY 76' x 6' ALUMINUM FENCE WITCH GATE A | BLACK STALLING STALE OF THE CONTROL OF DOUBLE GATE. et al |
| 110' x 6' 3 | SCACK UPYL CONTED TANK |
| - APPROXIMATELY 160 A. DEER FEHCE. | Date Filed: Staff Same: N |
| Section III- CONTACT INFORMATION: Still of the state of t | Praiminary Plan Consistences Review Ci- lien's marked with a 1 dere complete it commerce, fully master for applicable |
| ADDRESS: 19 EVERGREEN ROW ARMON | E 14 (0204 |
| PHONE: 516 662 2510 MOBILE: 516 662 2510 EM | AIL: LPLUTZER CAOL. COM |
| An who can Anadold Junto chashishs and Br | properties and streets |
| PROPERTY OWNER: SAME AS APPLICANT | - original transfer and the second |
| ADDRESS: | |
| PHONE: MOBILE: EM | AIL: |
| PROFESSIONAL: RELIABLE FENCE CO | |
| ADDRESS: LARCHMONT, NY 1053 | 8 respond the Adhardada Pulsicy 6 4 |
| PHONE: 914 713 7799 MOBILE: | Location of dot es |
| EMAIL: PELIABLE FENCE @ AOL. | com and the second of |
| Section IV- PROPERTY INFORMATION: | a 3 Esche) bho eilew tim refer |
| Zone: R-(A Tax ID (lot designation) (D) | 02 -2-35 |
| | |



Town of North Castle Residential Project Review Committee

TOWN OF NORTH CASTLE

17 Bedford Road Armonk, New York 10504 (914) 273-3542 (914) 273-3554 (fax)

PUNTA COMMENTALE



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: | 100 |
|--|--------|
| ☑Initial Submittal □Revised Preliminary | 101. |
| Street Location: 19 EVERGREEN ROW ARROWK, DY 10504 | 159 |
| Zoning District: R-IA Property Acreage: Tax Map Parcel ID: (01.02-2-35 | |
| Date: $\frac{4\left \frac{15}{2} \right 2 \approx 22}{2}$ | |
| 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. | 199 |
| 1. Plan prepared by a registered architect or professional engineer | SUC |
| 2. Aerial photo (Google Earth) showing the applicant's entire property and adjacent properties and streets | ic. |
| Map showing the applicant's entire property and adjacent properties and streets | |
| A locator map at a convenient scale | All in |
| 5. The proposed location, use and design of all buildings and structures | |
| Existing topography and proposed grade elevations | 11.33 |
| 7. Location of drives | 2-1 |
| Location of all existing and proposed site improvements, including drains, culverts, retaining walls and fences | HAD |

