



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: 111 CEDAR HILL ROAD, BEDFORD, NY 10506

Section III- DESCRIPTION OF WORK:

**INSTALL TIERED 4'-0" HIGH RETAINING WALLS AND STAIR
TO STABILZE GRADE THAT FAILED IN A STORM EVENT**

Section III- CONTACT INFORMATION :

APPLICANT: SEAN BARTON OF BARPOR CORP.

ADDRESS: PO BOX 501, GARRISON, NY 10524

PHONE: (914) 715-4536 MOBILE: _____ EMAIL: BARPORCORP@GMAIL.COM

PROPERTY OWNER: JONATHON & KATHRYN WONG

ADDRESS: 111 CEDR HILL RD, BEDFORD, NY 10506

PHONE: (914)715-8385 MOBILE: _____ EMAIL: JONJOEY411@GMAIL.COM

PROFESSIONAL: JOHN A. LENTINI ARCHITECT

ADDRESS: 124 ALLAN STR, CORTLANDT MANOR, NY 10567

PHONE: (914)737-2890 MOBILE: (914)548-8280

EMAIL: PENCILBASE@AOL.COM

Section IV- PROPERTY INFORMATION :

Zone: R - 2A Tax ID (lot designation) 95.01 - 2 - 21



**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: **WONG RESIDENCE**

Initial Submittal Revised Preliminary

Street Location: **111 CEDAR HILL RD, BEDFORD, NY 10506**

Zoning District: **R2A** Property Acreage: **2.6** Tax Map Parcel ID: **95.01-2-21**

Date: **9-8-2022**

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
- 11. Submission of a Zoning Conformance Table depicting the plan's compliance with the minimum requirements of the Zoning District
- 12. If a tree removal permit is being sought, submission of a plan depicting the location and graphical removal status of all Town-regulated trees within the proposed area of disturbance. In addition, the tree plan shall be accompanied by a tree inventory includes a unique ID number, the species, size, health condition and removal status of each tree.
- 13. If a wetlands permit is being sought, identification of the wetland and the 100-foot wetland buffer.

More information about the items required herein can be obtained from the North Castle Planning Department. A copy of the Town Code can be obtained from Town Clerk or on the North Castle homepage: <http://www.northcastleny.com/townhall.html>

_____ On this date, all items necessary for a technical review of the proposed site plan have been submitted and constitute a COMPLETE APPLICATION.



TOWN OF NORTH CASTLE
 WESTCHESTER COUNTY
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PLANNING DEPARTMENT
 Adam R. Kaufman, AICP
 Director of Planning

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

GROSS LAND COVERAGE CALCULATIONS WORKSHEET

Application Name or Identifying Title: BARPOR CORP Date: 9/8/2022

Tax Map Designation or Proposed Lot No.: 95.01-2-21

Gross Lot Coverage

- | | | |
|-----|--|-------------------|
| 1. | Total lot Area (Net Lot Area for Lots Created After 12/13/06): | <u>113,648 SF</u> |
| 2. | Maximum permitted gross land coverage (per Section 355-26.C(1)(b)): | <u>14,315 SF</u> |
| 3. | BONUS maximum gross land cover (per Section 355-26.C(1)(b)): | |
| | Distance principal home is beyond minimum front yard setback <u>122.4 - 50 = 72.4 LF</u> | |
| | <u>72.4</u> x 10 = <u>724</u> | <u>724 SF</u> |
| 4. | TOTAL Maximum Permitted gross land coverage = Sum of lines 2 and 3 | <u>15,039 SF</u> |
| 5. | Amount of lot area covered by principal building:
<u>2,800 SF</u> existing + <u>-0-</u> proposed = | <u>2,800 SF</u> |
| 6. | Amount of lot area covered by accessory buildings:
<u>100 SF</u> existing + <u>-0-</u> proposed = | <u>100 SF</u> |
| 7. | Amount of lot area covered by deck s:
<u>280 SF</u> existing + <u>-0-</u> proposed = | <u>280 SF</u> |
| 8. | Amount of lot area covered by porches:
<u>70 SF</u> existing + <u>-0-</u> proposed = | <u>70 SF</u> |
| 9. | Amount of lot area covered by driveway, parking areas and walkways:
<u>2,467 SF</u> existing + <u>370 SF</u> proposed = | <u>2,837 SF</u> |
| 10. | Amount of lot area covered by terraces:
<u>-0-</u> existing + <u>1,938 SF</u> proposed = | <u>1,938 SF</u> |
| 11. | Amount of lot area covered by tennis court, pool and mechanical equip:
<u>-0-</u> existing + <u>-0-</u> proposed = | <u>-0-</u> |
| 12. | Amount of lot area covered by all other structures:
<u>-0-</u> existing + <u>-0-</u> proposed = | <u>-0-</u> |
| 13. | Proposed gross land coverage: Total of Lines 5 – 12 = | <u>8,025 SF</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 V
JOHN A. LENTINI



9/8/2022
 Date



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

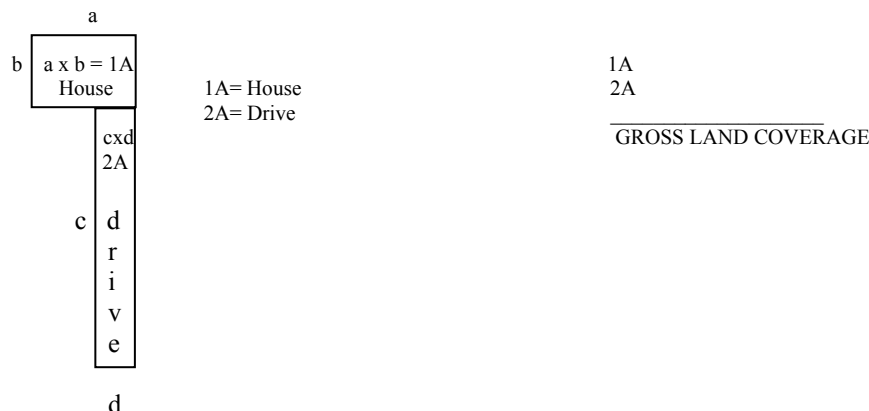
PLANNING DEPARTMENT
Adam R. Kaufman, AICP
Director of Planning

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

GROSS LAND COVERAGE WORKSHEET

The following format is to be used for all applications for the purpose of demonstrating the gross land coverage of a property as necessary to show compliance with gross land coverage limitations of the Town Code.

1. Scaled worksheets are to be prepared based upon a site plan which represents existing or proposed conditions as applicable to the particular circumstances of the approval being sought. All site plans and worksheets are required to be prepared by a licensed or registered professional in the State of New York.
2. Each component of the gross land coverage is to be divided into simple polygons (squares, rectangles, etc.) each being drawn on the plan. The area of each polygon is to be shown by providing the dimensions and resulting area measurement. Each polygon is to be assigned an identifying label for reference purposes.
3. A summary table for each component is to be completed. The area of each polygon is to be listed by reference label then added, resulting in the gross land coverage for the entire site.
4. Any exception of land coverage from the gross land coverage must be identified on the floor plans and summary tables. The rationale for any exception must accompany the floor area worksheets.
5. A schematic illustration of the format is shown below



LOT AREA, NET – Lot area minus seventy five (75) percent of the area of any wetlands, waterbodies and, watercourses, but excluding any adjacent areas, all as defined in Chapter 209 Wetlands and Drainage, of the Town Code, and the area of any steep slopes, as defined Chapter 213, except that in the case of one-family lots, the deduction for steep slopes shall be only fifty (50) percent.

Lot Size	Maximum Permitted Gross Land Coverage for One-Family Dwelling Lots ¹ (square feet)
Less than 5,000 square feet	50% of the lot area
5,000 to 9,999 square feet	2,500 plus 30% of the lot area in excess of 5,000 square feet
10,000 to 14,999 square feet	4,000 plus 24% of the lot area in excess of 10,000 square feet
15,000 square feet to 0.499 acres	5,200 plus 18% of the lot area in excess of 15,000 square feet
0.5 to 0.749 acres	6,420 plus 15% of the lot area in excess of 0.5 acres
0.75 to 0.999 acres	8,050 plus 12% of the lot area in excess of 0.75 acres
1.0 to 1.999 acres	9,350 plus 9% of the lot area in excess of 1.0 acres
2.0 acres or more	13,270 plus 7.5% of the lot area in excess of 2.0 acres

*Permitted gross land coverage limitations for two-family dwelling lots in the R-2F District shall be twenty five (25) percent greater than that permitted for one-family dwelling lots.

NOTWITHSTANDING ABOVE LIMITATIONS, AN ADDITIONAL 10 SQUARE FEET OF GROSS LAND COVERAGE SHALL BE PERMITTED FOR EACH ONE FOOT OF FRONT YARD SETBACK OF THE PRINCIPAL DWELLING IN EXCESS OF THE MINIMUM FRONT YARD SETBACK REQUIRED.



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

PLANNING DEPARTMENT
Adam R. Kaufman, AICP
Director of Planning

January 29, 2019
 Telephone: (914) 273-3542
 Fax: (914) 273-3554
www.northcastleny.com

FLOOR AREA CALCULATIONS WORKSHEET

Application Name or Identifying Title: _____ Date: _____

Tax Map Designation or Proposed Lot No.: _____

Floor Area

1. Total Lot Area (Net Lot Area for Lots Created After 12/13/06): _____
2. **Maximum** permitted floor area (per Section 355-26.B(4)): _____
3. Amount of floor area contained within first floor:
 - _____ existing + _____ proposed = _____
4. Amount of floor area contained within second floor:
 - _____ existing + _____ proposed = _____
5. Amount of floor area contained within garage:
 - _____ existing + _____ proposed = _____
6. Amount of floor area contained within porches capable of being enclosed:
 - _____ existing + _____ proposed = _____
7. Amount of floor area contained within basement (if applicable – see definition):
 - _____ existing + _____ proposed = _____
8. Amount of floor area contained within attic (if applicable – see definition):
 - _____ existing + _____ proposed = _____
9. Amount of floor area contained within all accessory buildings:
 - _____ existing + _____ proposed = _____
10. Proposed **floor area**: Total of Lines 3 – 9 = _____

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

 Signature and Seal of Professional Preparing Worksheet

 Date



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

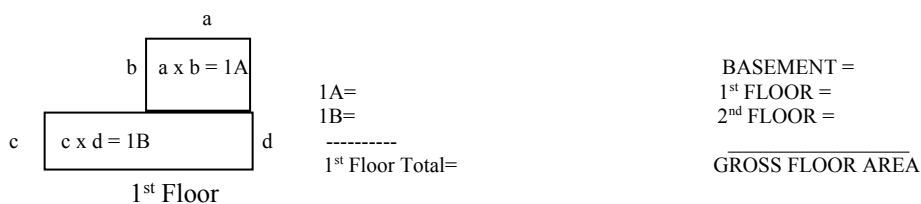
PLANNING DEPARTMENT
Adam R. Kaufman, AICP
Director of Planning

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GROSS FLOOR AREA WORKSHEET

The following format is to be used for all applications for the purpose of demonstrating the gross floor area of a building or group of buildings as necessary to show compliance with a building or group of buildings as necessary to show compliance with floor area limitations of the Town Code or as otherwise necessary to illustrate the intended or potential use of a structure.

1. Scaled worksheets are to be prepared based upon floor plans which represent existing or proposed conditions as applicable to the particular circumstances of the approval being sought. All floor plans and worksheets are required to be prepared by a licensed or registered professional in the State of New York.
2. The floor area of each floor is to be divided into simple polygons (squares, rectangles, etc.) each being drawn on the plan. The area of each polygon is to be shown by providing the dimensions and resulting area measurement. Each polygon is to be assigned an identifying label for reference purposes.
3. A summary table for each floor is to be completed. The area of each polygon is to be listed by reference label then added, resulting in the floor area for the entire floor.
4. A similar summary table is to be provided listing the total floor area of each floor within the resulting floor area of each building.
5. Any exception of floor area from the gross floor area must be identified on the floor plans and summary tables. The rationale for any exception must accompany the floor area worksheets.
6. A schematic illustration of the format is shown below.



LOT AREA, NET – Lot area minus seventy five (75) percent of the area of any wetlands, waterbodies and, watercourses, but excluding any adjacent areas, all as defined in Chapter 209 Wetlands and Drainage, of the Town Code, and the area of any steep slopes, as defined Chapter 213, except that in the case of one-family lots, the deduction for steep slopes shall be only fifty (50) percent.

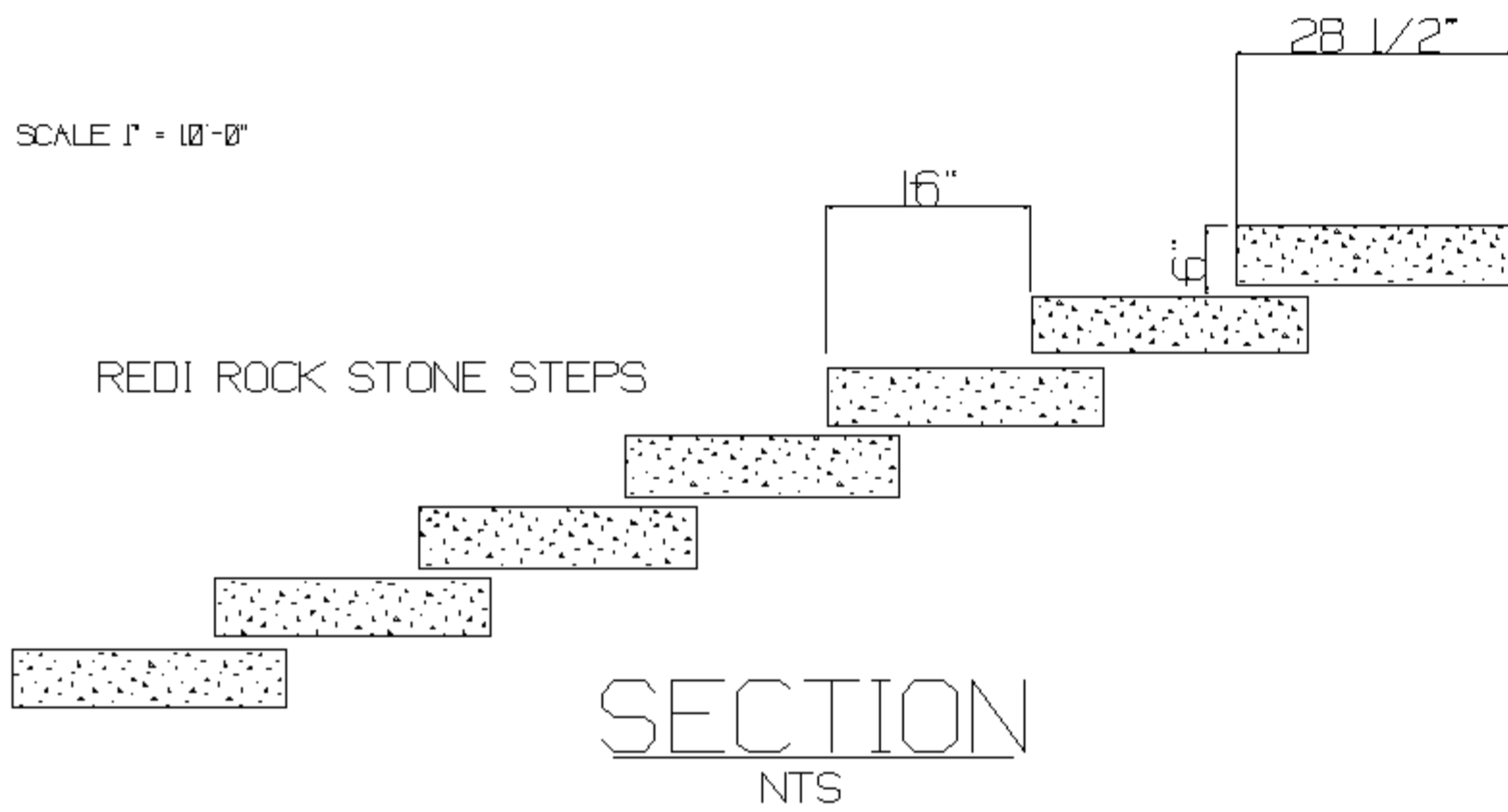
FLOOR AREA, GROSS -- The sum of the horizontal areas of the several stories of the building or buildings, excluding any floor area used for off-street parking or loading purposes (except for one- and two-family residences), measured from the exterior walls or, in the case of a common wall separating two buildings, from the center line of such a common wall, and including any two-story or any enclosed porch, or one having a roof and capable of being enclosed. See the definition of "basement" for exclusion of basement/mechanical areas in nonresidential buildings from "floor area, gross." For one- and two-family residences, any attic space with a floor to ceiling height of 7.5 feet or greater shall be included as part of gross floor area, as shall those portions of any basement with a floor to ceiling height of 7.5 feet or greater if the basement is considered a "story" in accordance with one of the following three alternative measurements:

- A. Where the finished surface of the floor above the basement is more than six feet above average grade.
- B. Where the finished surface of the floor above the basement is more than six feet above the finished ground level for more than 50% of the total building perimeter.
- C. Where the finished surface of the floor above the basement is more than 12 feet above the finished ground level at any point along the building perimeter.

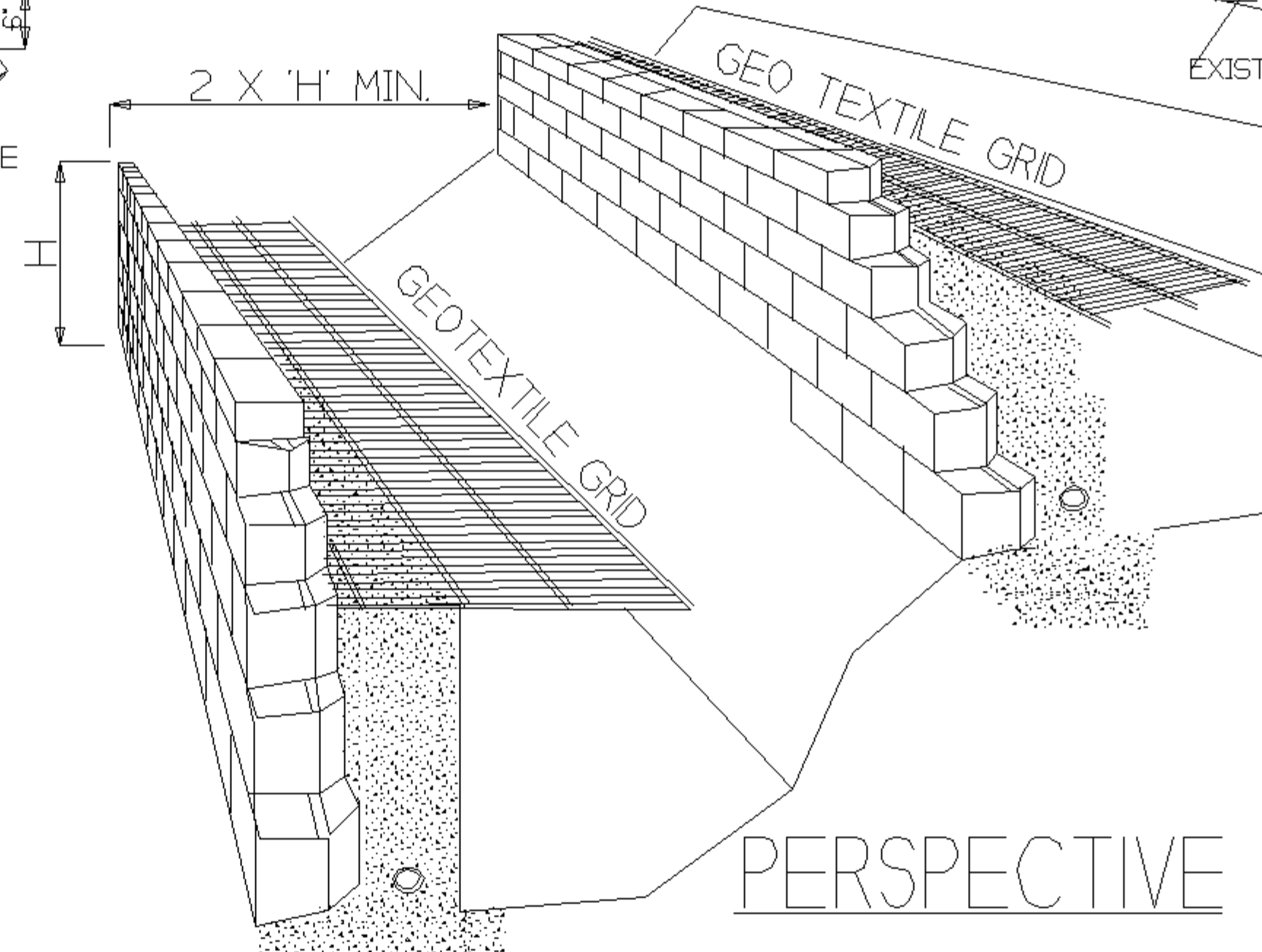
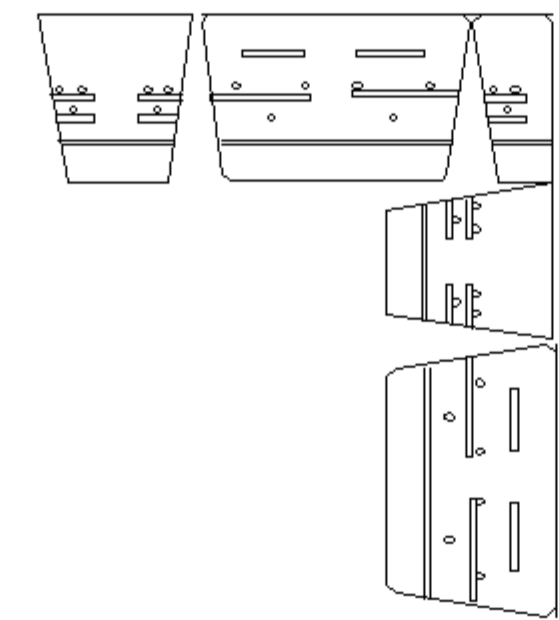
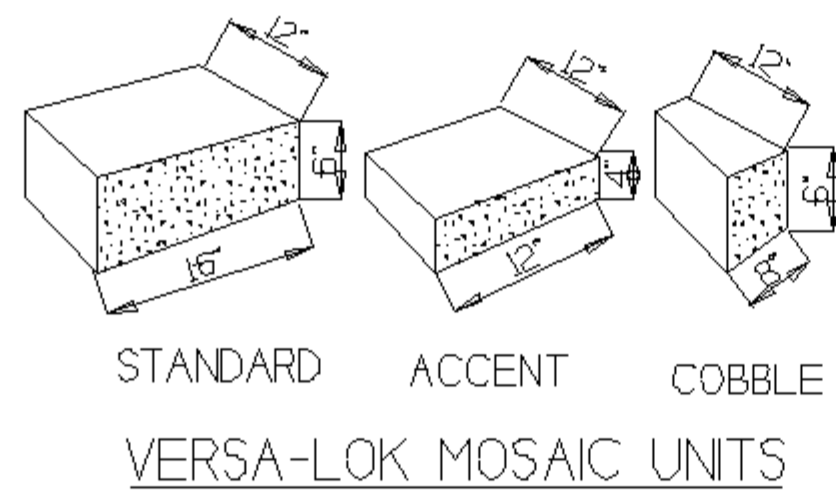
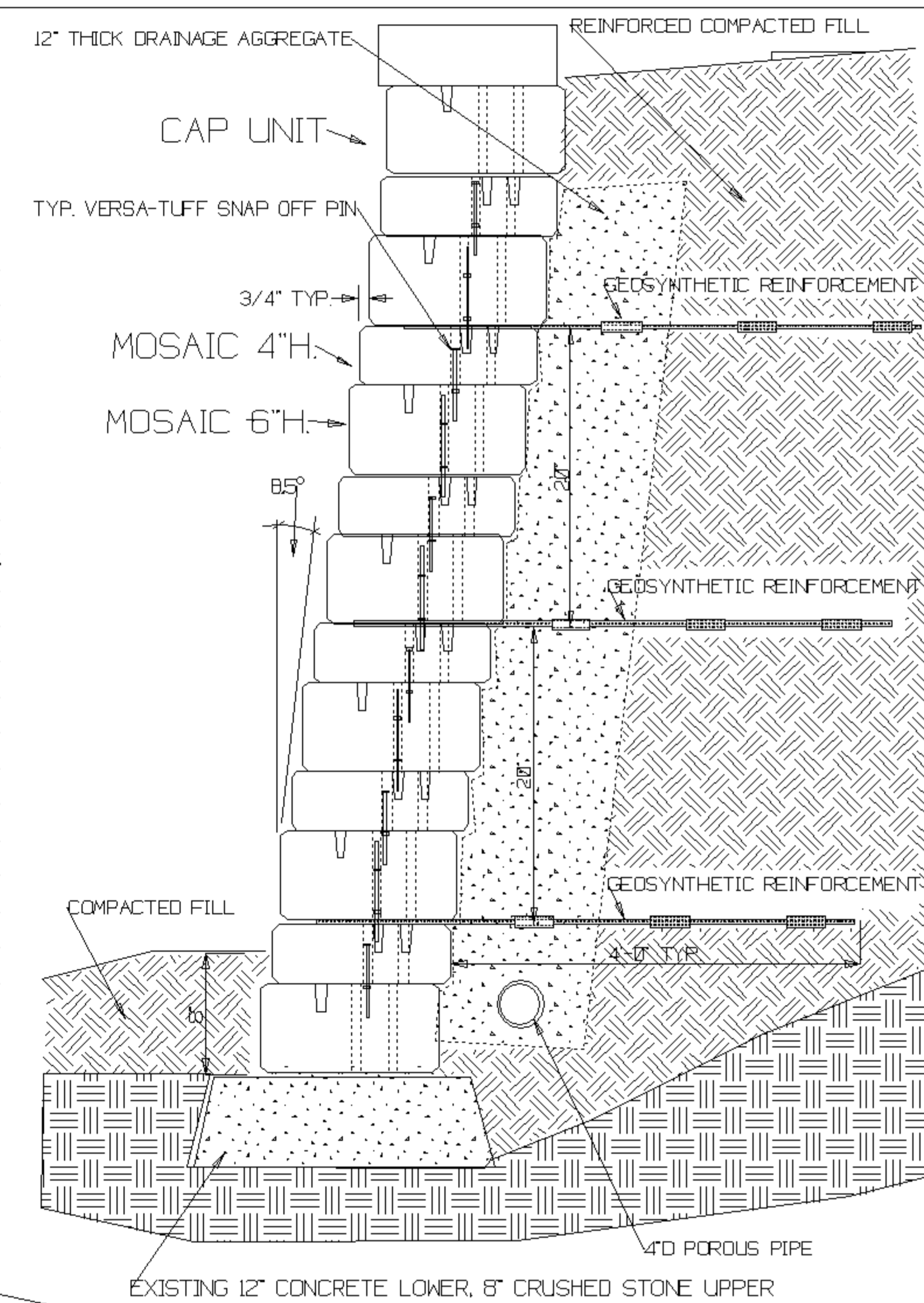
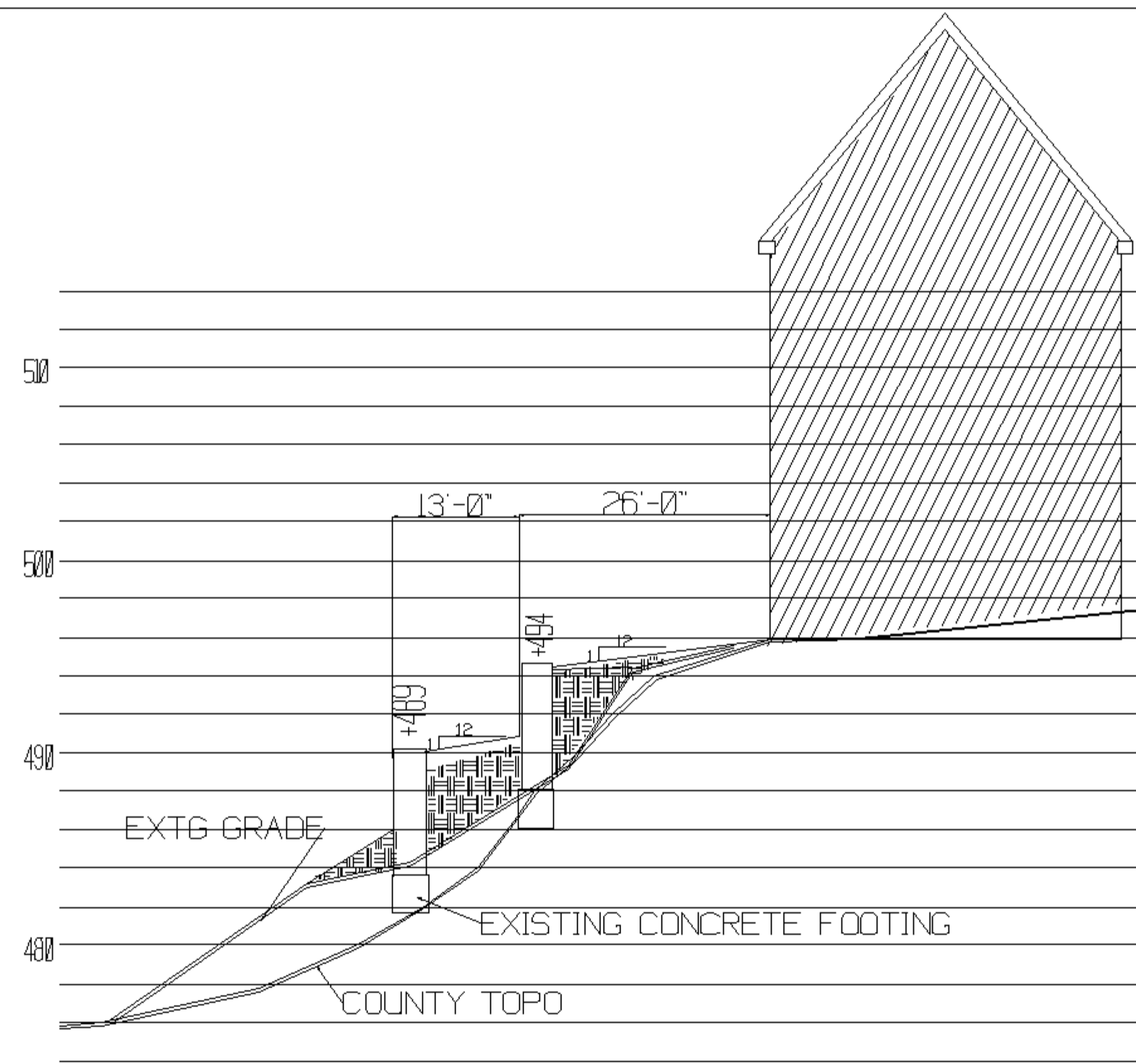
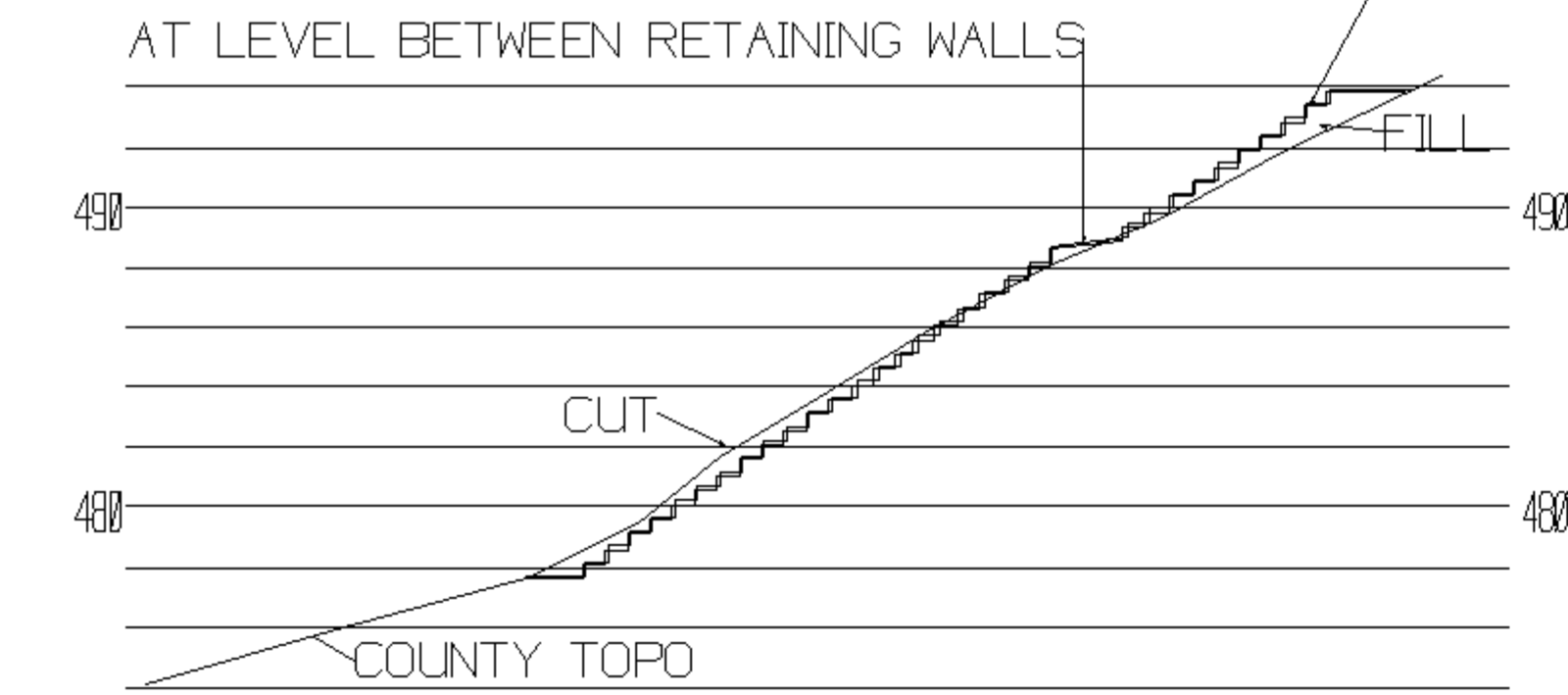
Lot Size	Maximum Permitted Gross Floor Area for One-Family Dwellings and Accessory Buildings ¹ (square feet)
Less than 5,000 square feet	1,875 or 50% of the lot area, whichever is greater
5,000 to 9,999 square feet	2,500 plus 25% of the lot area in excess of 5,000 square feet
10,000 to 14,999 square feet	3,750 plus 20% of the lot area in excess of 10,000 square feet
15,000 square feet to 0.499 acres	4,750 plus 15% of the lot area in excess of 15,000 square feet
0.5 to 0.749 acres	5,768 plus 10% of the lot area in excess of 0.5 acres
0.75 to 0.999 acres	6,856 plus 8% of the lot area in excess of 0.75 acres
1.0 to 1.499 acres	7,727 plus 6% of the lot area in excess of 1.0 acres
1.5 to 1.999 acres	9,034 plus 5% of the lot area in excess of 1.5 acres
2.0 to 3.999 acres	10,122 plus 4% of the lot area in excess of 2.0 acres
4.0 acres or more	13,607 plus 3% of the lot area in excess of 4.0 acres

*Permitted gross floor area for two-family dwellings in the R-2F District shall be one-third (1/3) greater than that permitted for one-family dwellings.

SCALE 1" = 10'-0"



PROPOSED "REDI ROCK" STONE STEPS 6" RISE 46" WIDE



NOTE: ALL WORK TO BE PERFORMED IN ACCORD WITH VERSA-LOK MOSAIC WALL SYSTEMS INSTALLATION MANUAL

NOTE: NEW STAIR TO BE INSTALLED IN ACCORD WITH REDI ROCK SYSTEMS MANUAL

NOTE: ALL WORK TO BE PERFORMED IN ACCORD WITH BEST PRACTICES

NOTE: THE CONTRACTOR IS RESPONSIBLE FOR DETERMINING AND ARRANGING FOR ALL REQUIRED INSPECTIONS

REVISION	DATE	DESCRIBE	BY
		CLIENT	
		WONG RESIDENCE	
		LOCATION	
		111 CEDAR HILL RD	
		BEDFORD, NY 10506	
		95.01 - 2 - 21, ZONE R-2A . 113,648 SF	
		DRAWING DATE 7/13/2022 BY JL/ghk	
		SOILS STABILIZATION	
JOHN A. LENTINI ARCHITECT 124 ALLAN STREET CORTLAND MANOR, NY 10567-1614 PHONE (914) 737-2690			
SEAL & SIGNATURE		DRAWING NUMBER 01822	
		A-3 SHEET 3 of 4	



GARAGE

EXISTING WALK

3'-0" HIGH BLACK IRON FENCE

EXISTING WALK

GRASS

GRASS

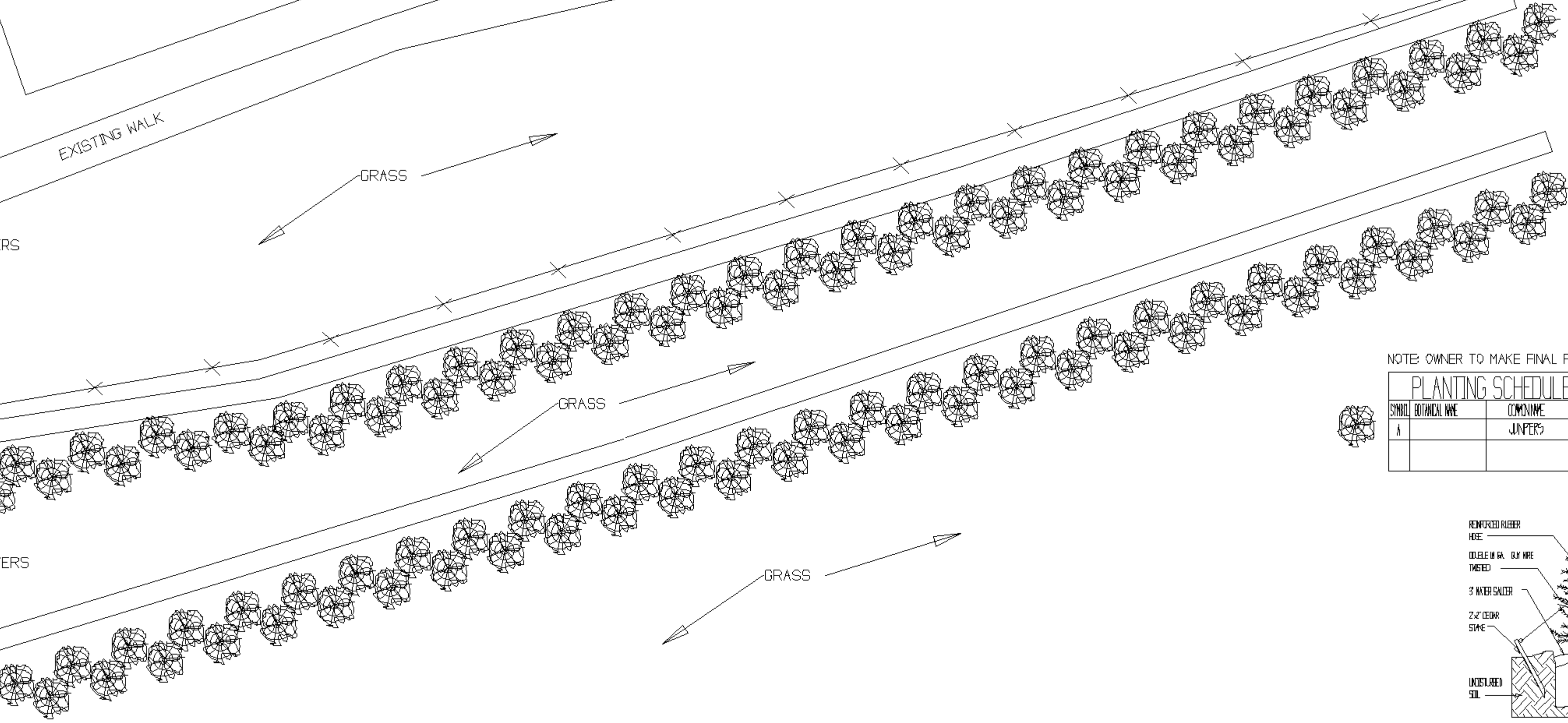
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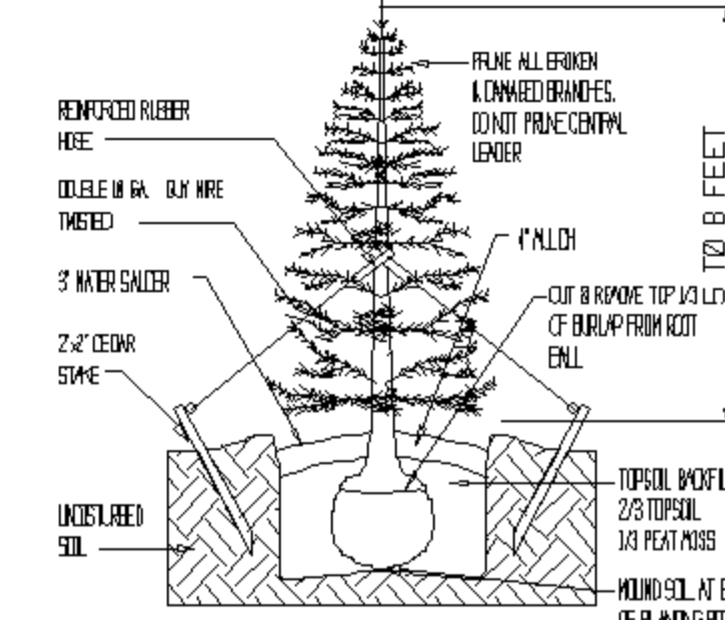
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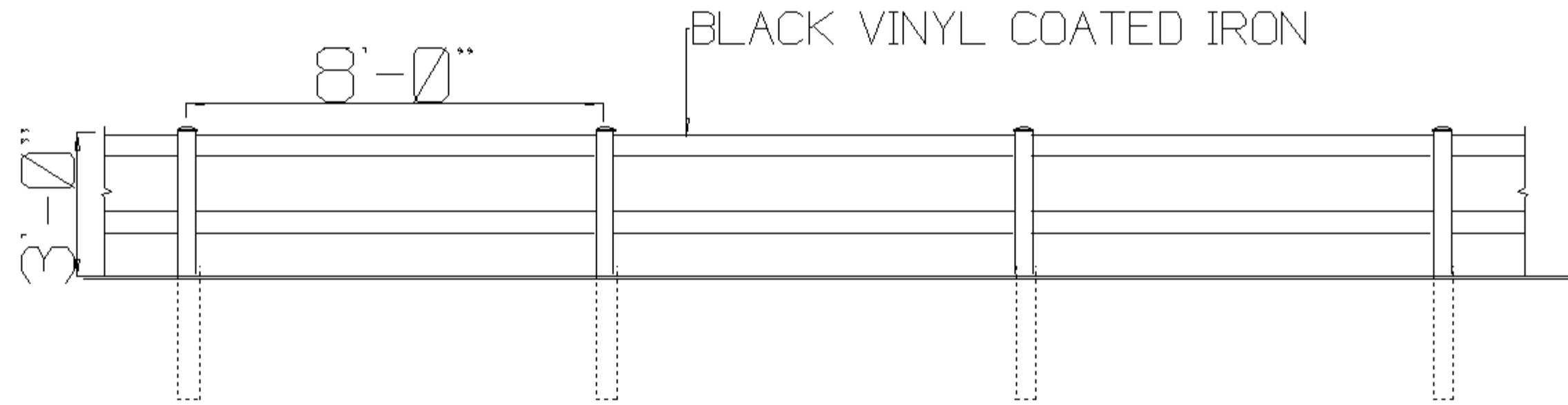


NOTE: OWNER TO MAKE FINAL PLANTING SELECTIONS

PLANTING SCHEDULE			
SYMBOL	BOTANICAL NAME	COMMON NAME	HEIGHT
		JUNIPERS	36" / PART, 30" EA.


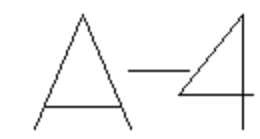


TREE PLANTING DETAIL
NO SCALE



LANDSCAPE PLAN

SCALE 1/4" = 1'-0"

REVISION	DATE	DESCRIBE	BY
CLIENT WONG RESIDENCE LOCATION 111 CEDAR HILL RD BEDFORD, NY 10506 95.01 - 2 - 2L ZONE R-2A . 113648 SF DRAWING DATE 7/23/2022 BY JL-CHK SOILS STABILIZATION JOHN A. LENTINI ARCHITECT 124 ALLAN STREET CORTLANDT MANOR, NY 10567-1614 PHONE (914) 737-2840 SEAL & SIGNATURE  DRAWING NUMBER 01822 			

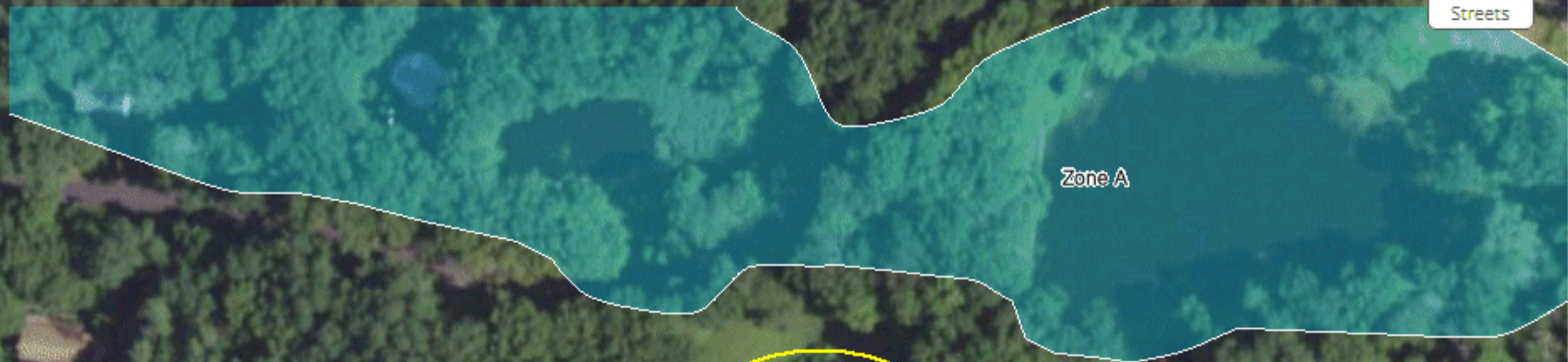
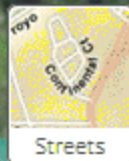






DJI 4/13/2022 LENTINI, RA

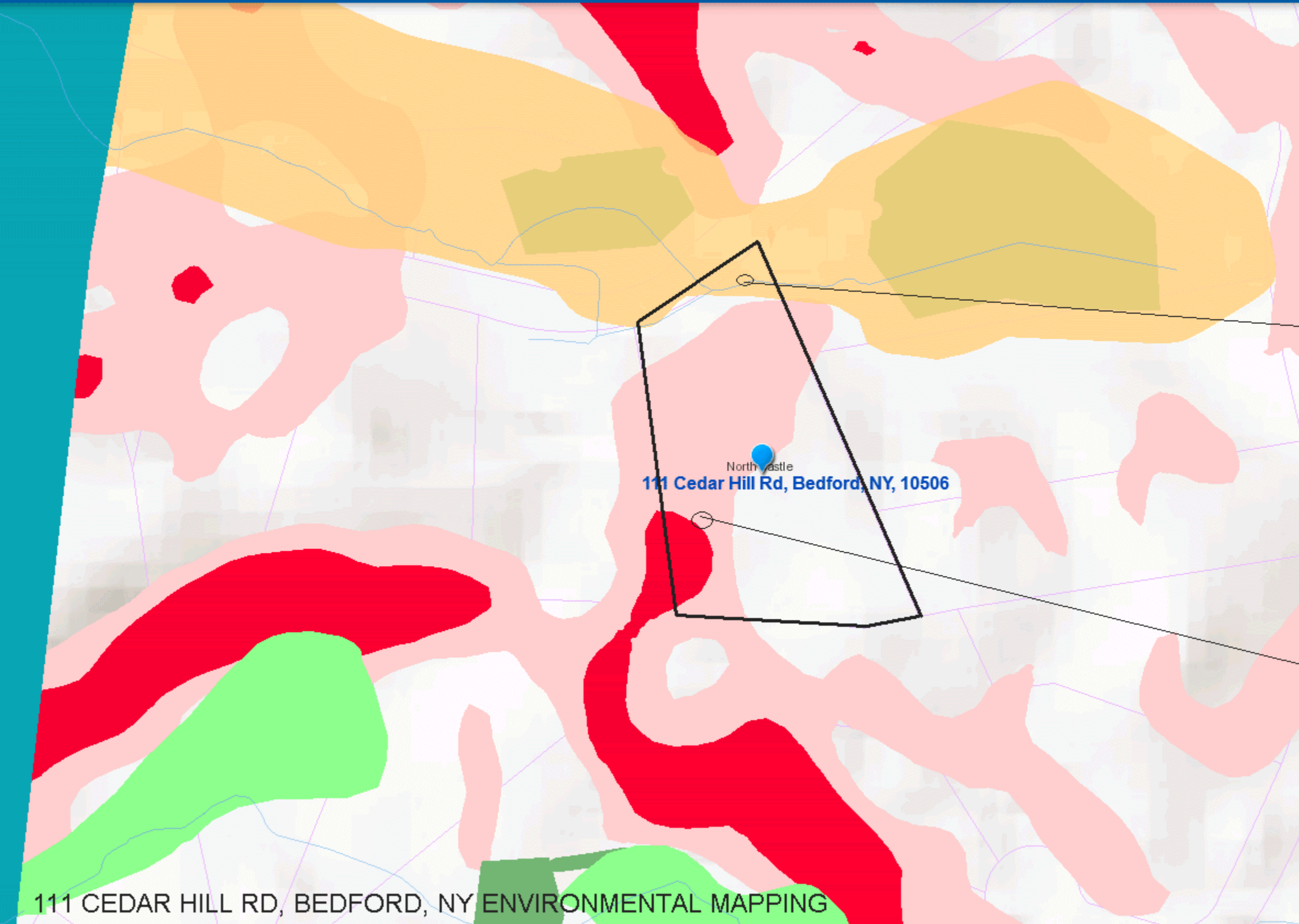




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eff. 9/28/2007

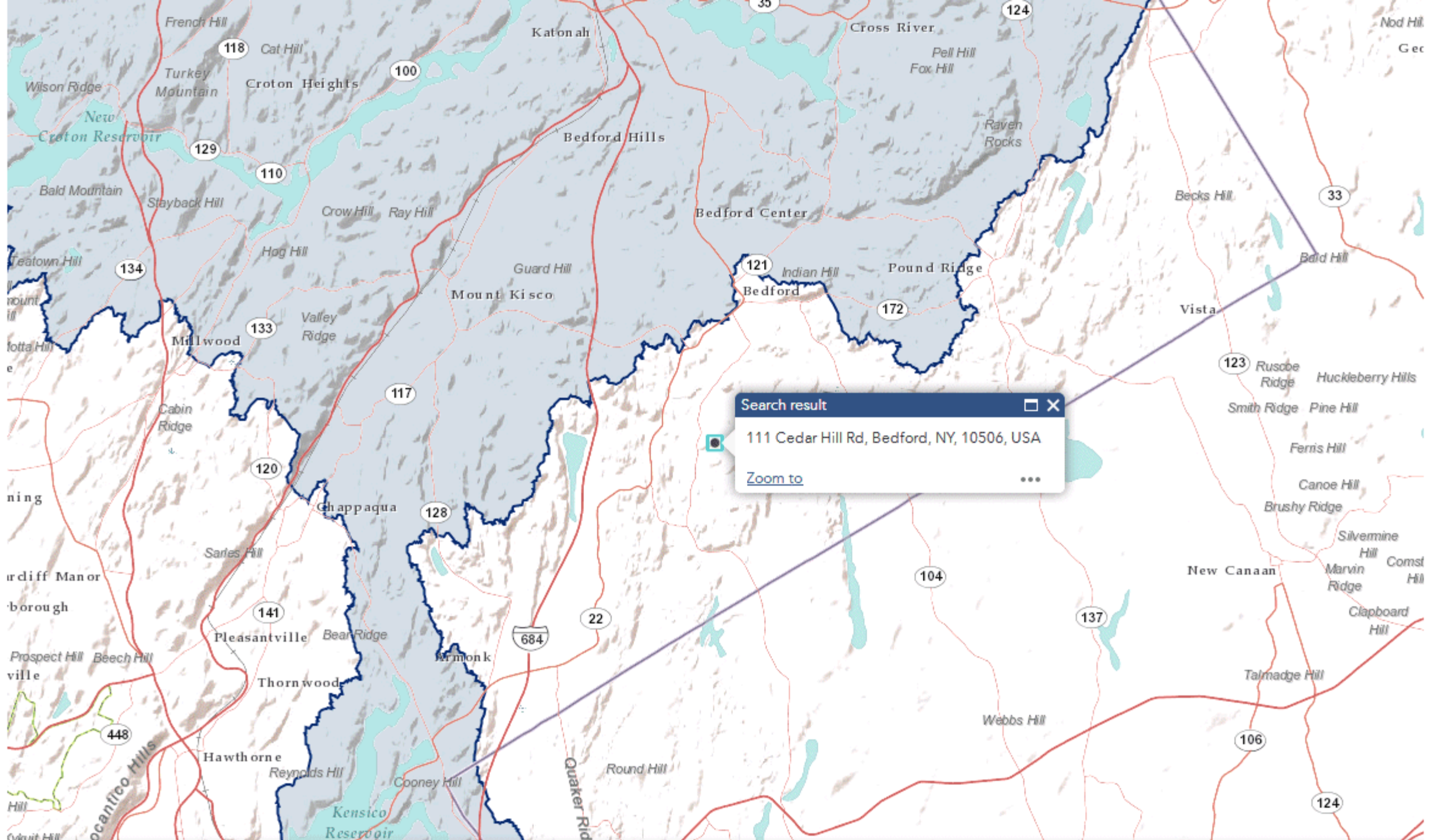
	Selected Flood Map Boundary
	Digital Data Available
	No Digital Data Available
	Unmapped

Map navigation controls: Zoom in (+), Zoom out (-), Home, Refresh, Full Screen, Back, Forward



Layer List

- USDA Soil Survey
- Aquifers
 - 10-100 gal/min
 - >100 gal/min
 - Probably <10 gal/min
 - Unknown
- Flood Plains
 - 100 Year Flood Plain
 - 500 Year Flood Plain
- Hydric Soils
- NYS Regulated Wetlands
- National Wetlands Inventory
- Steep Slopes
 - Slopes 15%-25%
 - Slopes Over 25%
- East of Hudson Watershed Boundary
- Open Space
- Land Use
- Watersheds



Search result

111 Cedar Hill Rd, Bedford, NY, 10506, USA

[Zoom to](#)

Am I in the NYC Watershed?

+ - 📍 111 Cedar Hill Rd, Bedford, I 🔍





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

455950

Residential Building Permit Application

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

Section I- PROJECT ADDRESS: 111 Cedar Hill Road, Bedford, N.Y. 10506 DATE: _____

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

APPLICANT: Sean Barton of BarPor Corp.

ADDRESS: P.O. Box 501, Garrison, N.Y. 10524

PHONE: (914) 450-4536 MOBILE: _____ EMAIL: barporcorp@gmail.com

PROPERTY OWNER: Jonathan & Kathryn Wong

ADDRESS: 111 Cedar Hill Road, Bedford N.Y. 10506

PHONE: (914) 715-8385 MOBILE: _____ EMAIL: jonjoey411@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.)

Takedown existing retaining walls that have fallen due to eroding hillside. Excavate and construct new retaining walls with adequate drainage according to approved plans.

RECEIVED

AUG 09 2022

TOWN OF NORTH CASTLE BUILDING DEPARTMENT

Section IV- USE AND OCCUPANCY:

EXISTING/ CURRENT USE: single family

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. Please 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)

5600
200
150

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) \$ 100,000.00

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

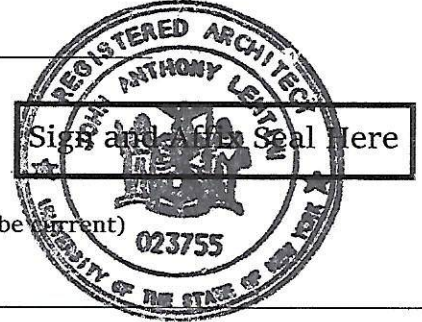
Town of North Castle Building Department

Section VI- (Continued)

I John A. Lentini 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 \$100,000.00, and (iv) pursuant to Penal Law 210.45, I acknowledge that a false statement made knowingly is a Class A misdemeanor.

Signature: 

Date: 7/31/22



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

ARCHITECT/ ENG: John A. Lentini, Architect

ADDRESS: 24 Allan Street, Cortlandt Manor, N.Y 10567

PHONE: (914) 737-2890 MOBILE: (914) 548-8280

EMAIL: pencilbase@aol.com

CONTRACTOR: BarPor Corp.

ADDRESS: P.O. Box 501, Garrison, N.Y. 10524

PHONE: (914) 450-4536 MOBILE: _____ EMAIL: barporcorp@gmail.com

PLUMBER: N/A

ADDRESS: N/A

PHONE: N/A MOBILE: N/A EMAIL: N/A

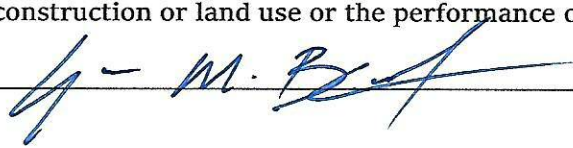
ELECTRICIAN: N/A

ADDRESS: N/A

PHONE: N/A MOBILE: N/A EMAIL: N/A

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: 

Date: 07/31/22

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 SEBU BORTON 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) Jonathan Wong Owner's Signature [Signature]

Sworn to before me this 6th day of Sept., 2020

Notary Signature [Signature]

KATHLEEN CANERO
Notary Public, State of New York
No. 01CA4801466
Qualified in Westchester County
Commission Expires June 30, 2020
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: _____



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

\$ 500

Floodplain Development Permit Application

Section I- PROJECT ADDRESS: 111 Cedar Hill Road, Bedford N.Y. 10506 DATE: _____

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

APPLICANT: Sean Barton of BarPor Corp.

ADDRESS: P.O. Box 501, Garrison, N.Y. 10524

PHONE: (914) 450-4536 MOBILE: _____ EMAIL: barporcorp@gmail.com

PROPERTY OWNER: Jonathan & Kathryn Wong

ADDRESS: 111 Cedar Hill Road, Bedford N.Y. 10506

PHONE: (914) 715-8385 MOBILE: _____ EMAIL: jonjoey411@gmail.com

Architect/ Engineer: John A. Lentini, Architect

ADDRESS: 124 Allan Street, Cortlandt Manor, N.Y 10567

PHONE: (914) 737-2890 MOBILE: (914) 548-8280 EMAIL: pencilbase@aol.com

Section III- DESCRIPTION OF WORK:

Takedown existing retaining walls that have fallen due to eroding hillside. Excavate and construct new retaining walls with adequate drainage according to approved plans.

Section IV- STRUCTURAL DEVELOPMENT AND OTHER ACTIVITIES: (Check all that apply)

- Relocation
- New Structure
- Residential (1 & 2 Family)
- Demolition
- Alteration
- Addition
- Multi Family
- Non residential (Flood Proofing?)
- Grading Property(Up to 6")
- Filling Property
- Excavation
- Water Course Alteration (Including Dredging or Channel Modifications)
- Drainage Improvements (Including Culvert Work)
- Road, Street, Or Bridge Construction
- Subdivision
- Water & Sewer Installation
- Other (Please Specify) masonry retaining walls

Section V- PERMIT FEES: (\$250 and a \$500 escrow if required)

ESTIMATED COST OF CONSTRUCTION (Based on fair market value labor & material) \$ 100,000.00

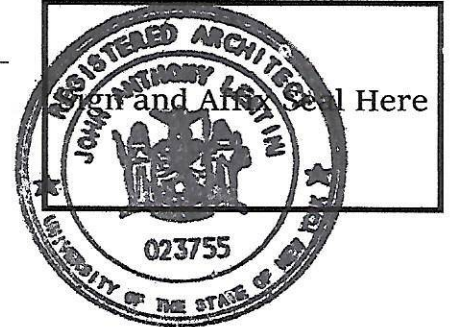
Town of North Castle Building Department

Section VI- (Continued)

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

I John A. Lentini 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 \$ 100,000.00, 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: 7/31/22



Section VII- GENERAL PROVISIONS: (Applicant read and sign)

1. No Work of any kind may start until a permit is issued.
2. The Permit may be revoked if any false statements are made herein.
3. If revoked, all work must cease until permit is re-issued.
4. Development shall not be used or occupied until a Certificate of Compliance is issued.
5. The permit will expire if no work is commenced within 12 months of issuance.
6. Applicant is hereby informed that other permits may be required to fulfill local, state and federal regulatory requirements.
7. Applicant hereby gives consent to the Local Administrator or his/her representative to make reasonable inspections required to verify compliance.

THE APPLICANT, CERTIFY THAT ALL STATEMENTS HEREIN AND IN ATTACHMENTS TO THIS APPLICATION ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND ACCURATE.

(APPLICANT'S SIGNATURE) [Handwritten Signature] DATE 08/07/22

OFFICE USE ONLY

Flood Plain Determination (To be completed by Local Administrator)

Section VIII- FIRM PANEL: (All Panels Dated September 28, 2007)

The proposed development is located on Firm Panel No. (Choose one)

- 162F
 163F
 164F
 166F
 167F
 168F
 169F
 186F
 188F
 257F
 259F
 267F
 277F
 279F
 281 F
 286F

Is the proposed development in or adjacent to a Special Flood Hazard Area? Yes No

The property is located in Firm Zone _____.

Town of North Castle Building Department

OFFICE USE ONLY

Flood Plain Determination (To be completed by Local Administrator)

Section VIII- FIRM PANEL: (Continued)

The 100 year flood elevation at this site is _____ ft. NAVD. Height not determined

Is the proposed development located in a floodway? Yes No

Section IX- ADDITIONAL INFORMATION REUIRED: (Check all that apply)

Subm. N/A

- A site plan showing the location of all existing structures, water bodies, adjacent roads, lot dimensions, and proposed development.
- Development plans, drawn to scale, and specifications, including where applicable: details for anchoring structures, proposed elevation of lowest floor (including basement), types of water-resistant materials used below the first floor, details of flood proofing of utilities located below the first floor, and details of enclosures below the first floor.
Also, _____
- Subdivision or other development plans. (If the subdivision or other development exceeds 50 lots or 5 acres, whichever is lesser, the applicant must provide "100-year" flood elevations if they are not otherwise available).
- Plans showing the extent of watercourse relocation and/or landform alterations.
- Change in water elevation (in feet) _____. Meets ordinance limits on elevation increases [] YES [] NO
- Top of new compacted fill elevation _____ ft. NGVD (MSL).
- Flood proofing protection level (non-residential only) _____ ft. NGVD (MSL). For flood proofed structures, applicant must attach certification from registered engineer or architect.
- Certification from a registered engineer that the proposed activity in a regulatory floodway will not result in any increase in the height of the "100-year" flood. A copy of all data and hydraulic/hydrologic calculations supporting this finding must also be submitted.
- Other: _____

If **Box B** is checked, the Local Administrator will provide a written summary of deficiencies. Applicant may revise and resubmit an application to the Local Administrator or may request a hearing from the Board of Appeals.

Section X- PERMIT DETERMINATION:

Is the structure within the flood plain? Yes No

I have determined that the proposed activity: A. Is

B. Is Not

In conformance with Town of North Castle code Chapter 177-Flood Damage Prevention. – Flood Damage Prevention, the permit is issued subject to the conditions attached to and made part of this permit.

SIGNED _____ DATE _____

If **Box A** is checked, the Local Administrator may issue a Development Permit upon payment of designated fee.

Town of North Castle Building Department

OFFICE USE ONLY

Flood Plain Determination (To be completed by Local Administrator)

Section XI- APPEALS BOARD

APPEALS: Appealed to the Town Board? Yes No
Hearing Date: _____
Town Board Decision - Approved? Yes No

Reasons/Conditions: _____

Section XII- AS-BUILT ELEVATIONS: (To be submitted by Applicant before Certificate of Compliance is issued)

1. Actual (As-Built) Elevation of the top of the lowest floor, including basement (in Coastal High Hazard Areas, bottom of lowest structural member of the lowest floor, excluding piling and columns) is: _____ FT. G NGVD 1929/ NAVD 1988 (MSL).
2. Actual (As-Built) Elevation of flood proofing protection is _____ FT. G NGVD 1929/ G NAVD 1988 (MSL)
Attach Flood proofing Certificate FEMA Form 81-65.

Section XIII- COMPLIANCE ACTION: (Inspections)

Date: _____ Inspector: _____ Deficiencies: Yes No
Date: _____ Inspector: _____ Deficiencies: Yes No
Date: _____ Inspector: _____ Deficiencies: Yes No

Section XIV- CERTIFICATE OF COMPLIANCE:

Signature: _____ Date: _____



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

\$ 100
\$

Administrative Wetland Permit Application

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

Section I- PROJECT ADDRESS: 111 Cedar Hill Road, Bedford, N.Y. 10506 **DATE:** _____

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

APPLICANT: Sean Barton of BarPor Corp.

ADDRESS: P.O. Box 501, Garrison, N.Y. 10524

PHONE: (914) 450-4536 **MOBILE:** _____ **EMAIL:** barporcorp@gmail.com

PROPERTY OWNER: Jonathan & Kathryn Wong

ADDRESS: 111 Cedar Hill Road, Bedford N.Y. 10506

PHONE: (914) 715-8385 **MOBILE:** _____ **EMAIL:** jonjoey411@gmail.com

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

Takedown existing retaining walls that have fallen due to eroding hillside. Excavate and construct new retaining walls with adequate drainage according to approved plans.

RECEIVED

Section IV- Questioner:

AUG 09 2022

1. Is the project located within the NYCDEP watershed? Yes No

2. What is the total area of proposed disturbance? < 5,000 s.f. 5,000 s.f. - 1 acre 1 acre

3. Total area of wetland: - 0 - and/or wetland buffer disturbance: - 0 -

4. Total area of mitigation: - 0 -

- Plantings
 Invasive species removed/ monitoring
 No-mow Zone
 Prohibition of pesticides/ herbicides
 Other _____

6. Does the proposed action require any other permit/ approvals from other agencies/ Departments? (Check all that apply)

- Planning Board
 Town Board
 Zoning Board of appeals
 Building Department
 Highway Department
- Tree Removal
 Sediment & Erosion Control
 Flood Development Permit
 WCDH
 NYS DOT
- NYCDEP
 NYSDEC Wetland
 NYSDEC SWPPP/ NOI

Town of North Castle Building Department

Section IV- Questioner: (Continued)

7. Requested waivers: _____

Section V- Fees: (Please see Master Fee Schedule on line)

Section VI- APPLICANT CERTIFICATION

Note: Initially, all applications shall be submitted with three sets of plans that illustrate the existing conditions (2' contours, well, SSDS, structures, etc.) and proposed improvements. Said plan must include a line which encircles the total area of proposed land disturbance and the approximate area of disturbance must be calculated (square feet). Mitigation for proposed impacts within the regulated area must be provided. The Town Wetland Consultant may require additional materials, information, reports and plans, as determined necessary, to review and evaluate the proposed action. Application materials outlined under §209-6 of the Town Code must be submitted, unless waived. Pursuant to §209-6D, the applicant shall be responsible for the reimbursement of consultant services related to the issuance and review of Wetland Permit Applications.

I hereby certify that I have read the instructions & examined this application and know the same to be true & correct. All provisions of laws & ordinances covering this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or land use or the performance of construction.

Signature: *Jr M. B. f* Date: 08/07/22

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Permit Fee _____ Payment: Check #: _____ Cash Credit Card

Name on check: _____

Received By: _____

BUILDING INSPECTOR APPROVAL

Has all the conditions of the RPRC been met? Yes NA

Is a Flood Development permit required? Yes No

Reviewed By: _____ Date: _____

Building Inspector Approval: _____ Date: _____

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
111 CEDAR HILL RD / BARPOOR CORP.			
Name of Action or Project: REBUILD WONG RESIDENCE RETAINING WALL			
Project Location (describe, and attach a location map): 111 CEDAR HILL RD, BEDFORD, NY 10506			
Brief Description of Proposed Action: INSTALL A TWO TIERED ENGINEERED UNIT MASSIVE WALL(S), STAIR & LANDSCAPING			
Name of Applicant or Sponsor: SEAN BARTON		Telephone: 914 450-4536	
Address: P.O. BOX 501		E-Mail: BARPOORCORP@GMAIL	
City/PO: GARRISON		State: NY	Zip Code: 10524
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input checked="" type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval: BUILDING PLANNING ENVIRONMENTAL			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action? <u>2.6</u> acres			
b. Total acreage to be physically disturbed? <u>0.25</u> acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? <u>2.6</u> acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

		NO	YES	N/A
5. Is the proposed action,	a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ <i>NA</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ <i>NA</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ <i>NA</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:

Shoreline Forest Agricultural/grasslands Early mid-successional
 Wetland Urban Suburban

15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor/name: SEAN BARTOU Date: 08/07/22

Signature: [Handwritten Signature] Title: President

George Latimer
Westchester County Executive

Westchester
gov.com

James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

BARPOR CORP.
PO BOX 501
GARRISON, NY-10524

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-34516-H21



Date of Expiration
10/06/2023

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE



SCAN TO VALIDATE
AND SUBSCRIBE

^ ^ ^ ^ ^ ^ ^ ^ 462016069
BARPOR CORP
PO BOX 501
GARRISON NY 10524

POLICYHOLDER BARPOR CORP PO BOX 501 GARRISON NY 10524		CERTIFICATE HOLDER 111 CEDAR HILL ROAD TOWN OF NORTH CASTLE 17 BEDFORD ROAD ARMONK NY 10504	
POLICY NUMBER W2576 877-1	CERTIFICATE NUMBER 200924	POLICY PERIOD 08/26/2022 TO 07/21/2023	DATE 9/2/2022

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2576 877-1, 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
SEAN BARTON
BARPOR CORP.
ONE PERSON CORPORATION

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: 1035925616



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/2/2022

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 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).

PRODUCER Gerelli Insurance Agency, Inc. Corporate Park West @ Route 9 P.O. Box 362 Cold Spring NY 10516	CONTACT NAME: Jean Neale PHONE (A/C No. Ext): (845) 265-2220 E-MAIL ADDRESS: JNeale@Gerelli-Insurance.com	FAX (A/C No): (845) 265-4754
	INSURER(S) AFFORDING COVERAGE	
INSURED Barpor Corp PO Box 501 Garrison NY 10524	INSURER A: Erie Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 21-22 GL, BA, BCL

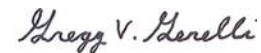
REVISION NUMBER:

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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Q61-0066325	12/16/2021	12/16/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							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
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			Q11-7330196	11/23/2021	11/23/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 10,000			Q36-6670044	10/11/2021	12/16/2022	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTHER
							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)

CERTIFICATE HOLDER**CANCELLATION**

Town of North Castle 17 Bedford 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 Gregg Gerelli/JMN
	

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