



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

Application for Site Development Plan Approval

Application Name

Beehive Restaurant Patio & Awnings



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PLANNING BOARD SCHEDULE OF ESCROW ACCOUNT DEPOSITS

<u>Type of Application Deposit*</u>	<u>Amount of Initial Escrow Account</u>
Concept Study	\$500.00
Site Plan Waiver for Change of Use	\$500.00
Site Development Plan for:	
Multifamily Developments	\$3,000.00 plus \$100.00 per proposed dwelling unit
Commercial Developments	\$3,000.00 plus \$50.00 for each required parking space
1 or 2 Family Projects	\$2,000.00
Special Use Permit	\$2,000.00 plus \$50.00 for each required parking space
Subdivision:	
Lot Line Change resulting in no new lots	\$1,500.00
All Others	\$3,000.00 plus \$200.00 per proposed new lot in excess of two (2)
Preparation or Review of Environmental Impact Statement	\$15,000.00

* If a proposed action involves multiple approvals, a single escrow account will be established. The total amount of the initial deposit shall be the sum of the individual amounts indicated. When the balance in such escrow account is reduced to one-third (1/3) of its initial amount, the applicant shall deposit additional funds into such account to restore its balance to the amount of the initial deposit.


Applicant Signature

3/30/21
Date:

I. IDENTIFICATION OF PROPERTY OWNER, APPLICANT AND PROFESSIONAL REPRESENTATIVES

Name of Property Owner: TJ Royal Properties, Inc.

Mailing Address: 30 Old Route 22, Armonk, NY 10504

Telephone: 914 765-0688 Fax: _____ e-mail ptladis@icloud.com

Name of Applicant (if different): _____

Address of Applicant: _____

Telephone: _____ Fax: _____ e-mail _____

Interest of Applicant, if other than Property Owner:

Is the Applicant (if different from the property owner) a Contract Vendee?

Yes No

If yes, please submit affidavit stating such. If no, application cannot be reviewed by Planning Board

Name of Professional Preparing Site Plan:
William F. O'Neill, RA - O'Neill Architects

Address: 4 Quicks Lane, Katonah, NY 10536

Telephone: 917 848-9425 Fax: _____ e-mail wfon@wfoneill.com

Name of Other Professional: _____

Address: _____

Telephone: _____ Fax: _____ e-mail _____

Name of Attorney (if any): _____

Address: _____

Telephone: _____ Fax: _____ e-mail _____

Applicant Acknowledgement

By making this application, the undersigned Applicant agrees to permit Town officials and their designated representatives to conduct on-site inspections in connection with the review of this application.

The Applicant also agrees to pay all expenses for the cost of professional review services required for this application.

It is further acknowledged by the Applicant that all bills for the professional review services shall be mailed to the Applicant, unless the Town is notified in writing by the Applicant at the time of initial submission of the application that such mailings should be sent to a designated representative instead.

Signature of Applicant: *Pet L. Sy* Date: 3/30/21

Signature of Property Owner: *Pet L. Sy* Date: 3/30/21

MUST HAVE BOTH SIGNATURES

II. IDENTIFICATION OF SUBJECT PROPERTY

Street Address: 30 Old Route 22, Armonk, NY 10504

Location (in relation to nearest intersecting street):
300 feet (north, south, east or west) of Kayla Court

Abutting Street(s): _____

Tax Map Designation (NEW): Section 107.04 Block 2 Lot 15

Tax Map Designation (OLD): Section 2 Block 15 Lot 1a

Zoning District: RB Total Land Area 0.2 acres

Land Area in North Castle Only (if different) _____

Fire District(s) _____ School District(s) _____

Is any portion of subject property abutting or located within five hundred (500) feet of the following:

The boundary of any city, town or village?
No Yes (adjacent) _____ Yes (within 500 feet) _____
If yes, please identify name(s): _____

The boundary of any existing or proposed County or State park or any other recreation area?
No Yes (adjacent) _____ Yes (within 500 feet) _____

The right-of-way of any existing or proposed County or State parkway, thruway, expressway, road or highway?
No Yes (adjacent) _____ Yes (within 500 feet) _____

The existing or proposed right-of-way of any stream or drainage channel owned by the County or for which the County has established channel lines?
No Yes (adjacent) _____ Yes (within 500 feet) _____

The existing or proposed boundary of any county or State owned land on which a public building or institution is situated?
No Yes (adjacent) _____ Yes (within 500 feet) _____

The boundary of a farm operation located in an agricultural district?
No Yes (adjacent) _____ Yes (within 500 feet) _____

Does the Property Owner or Applicant have an interest in any abutting property?
No Yes _____

If yes, please identify the tax map designation of that property:

III. DESCRIPTION OF PROPOSED DEVELOPMENT

Proposed Use: Restaurant

Gross Floor Area: Existing No Change S.F. Proposed No Change S.F.

Proposed Floor Area Breakdown:

Retail No change S.F.; Office 0 S.F.;

Industrial 0 S.F.; Institutional 0 S.F.;

Other Nonresidential 0 S.F.; Residential 0 S.F.;

Number of Dwelling Units: 0

Number of Parking Spaces: Existing NA Required NA Proposed NA

Number of Loading Spaces: Existing NA Required NA Proposed NA

Earthwork Balance: Cut 0 C.Y. Fill 0 C.Y.

Will Development on the subject property involve any of the following:

Areas of special flood hazard? No X Yes _____

(If yes, application for a Development Permit pursuant to Chapter 177 of the North Castle Town Code may also be required)

Trees with a diameter at breast height (DBH) of 8" or greater?

No X Yes _____

(If yes, application for a Tree Removal Permit pursuant to Chapter 308 of the North Castle Town Code may also be required.)

Town-regulated wetlands? No X Yes _____

(If yes, application for a Town Wetlands Permit pursuant to Chapter 340 of the North Castle Town Code may also be required.)

State-regulated wetlands? No X Yes _____

(If yes, application for a State Wetlands Permit may also be required.)

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

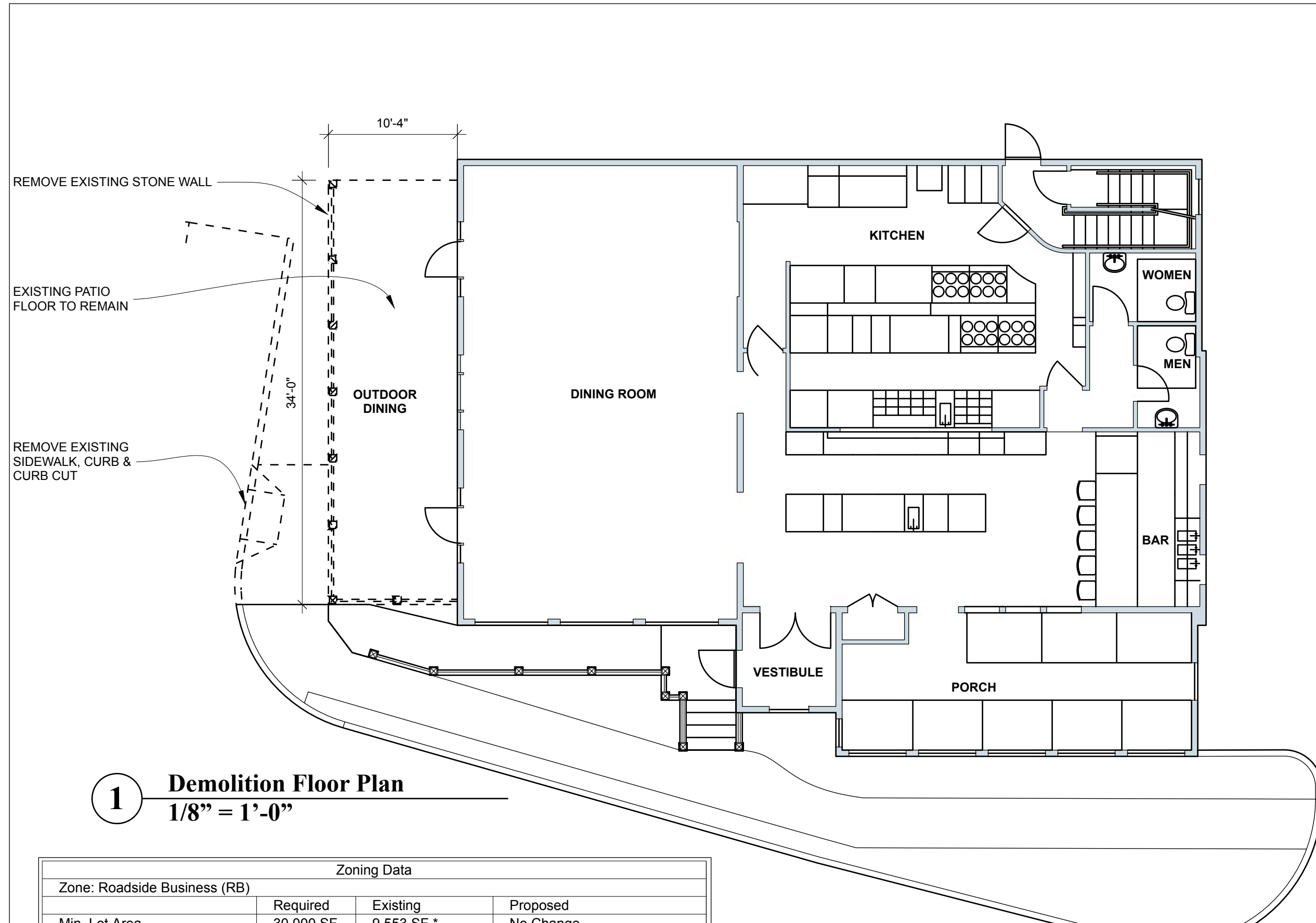
Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. 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.

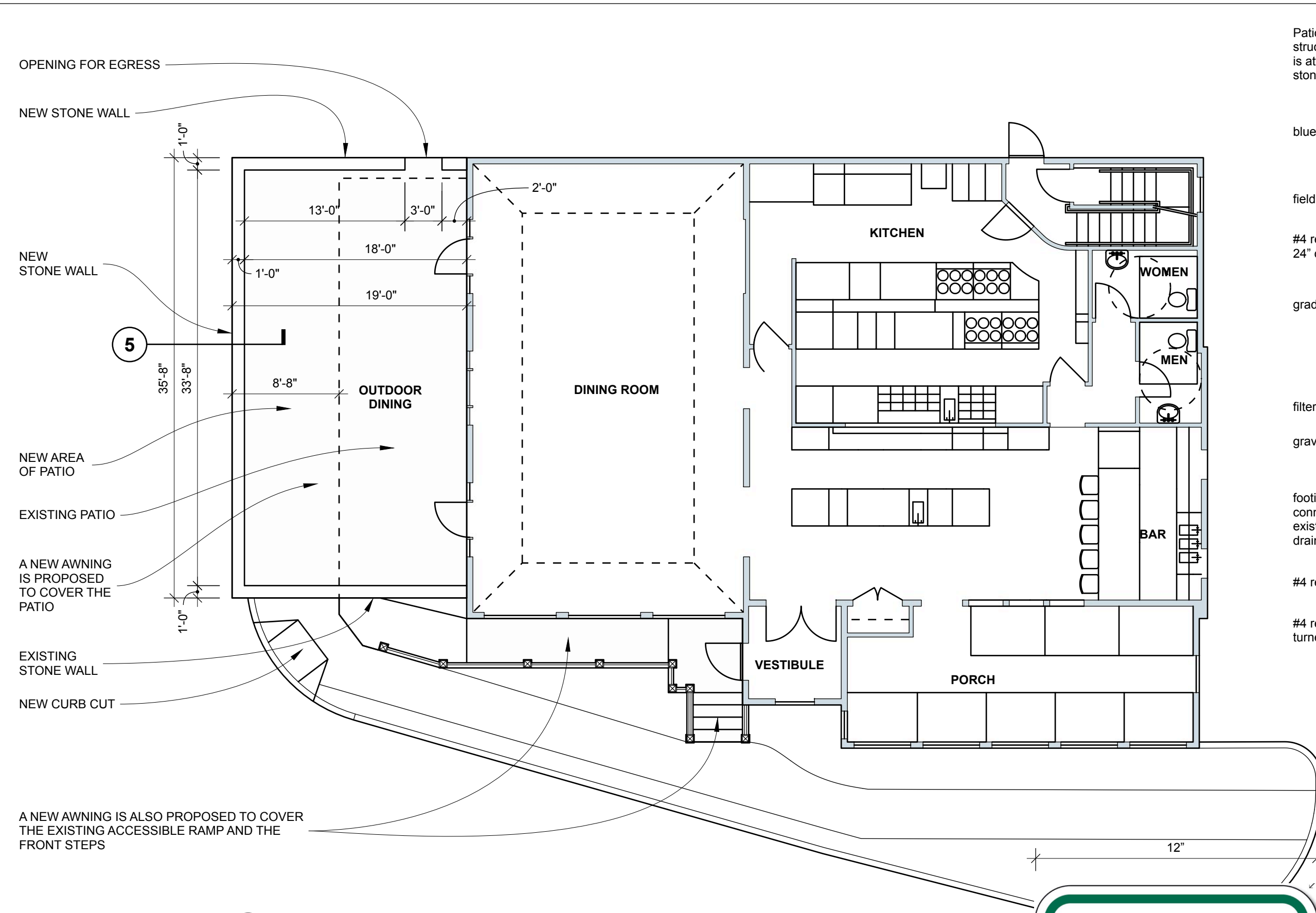
Part 1 - Project and Sponsor Information				
Name of Action or Project:				
Project Location (describe, and attach a location map):				
Brief Description of Proposed Action:				
Name of Applicant or Sponsor:		Telephone:		
		E-Mail:		
Address:				
City/PO:		State:	Zip Code:	
1. Does the proposed action 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	YES
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			NO	YES
3.a. Total acreage of the site of the proposed action? _____ acres				
b. Total acreage to be physically disturbed? _____ acres				
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres				
4. Check all land uses that occur on, adjoining and near the proposed action.				
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input 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				

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
b. Consistent with the adopted comprehensive plan?			
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____ _____	NO	YES	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation service(s) available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	NO	YES	
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: _____ _____	NO	YES	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO	YES	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO	YES	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places? b. Is the proposed action located in an archeological sensitive area?	NO	YES	
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: _____ _____ _____	NO	YES	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> 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	
16. Is the project site located in the 100 year flood plain?	NO	YES	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____	NO	YES	

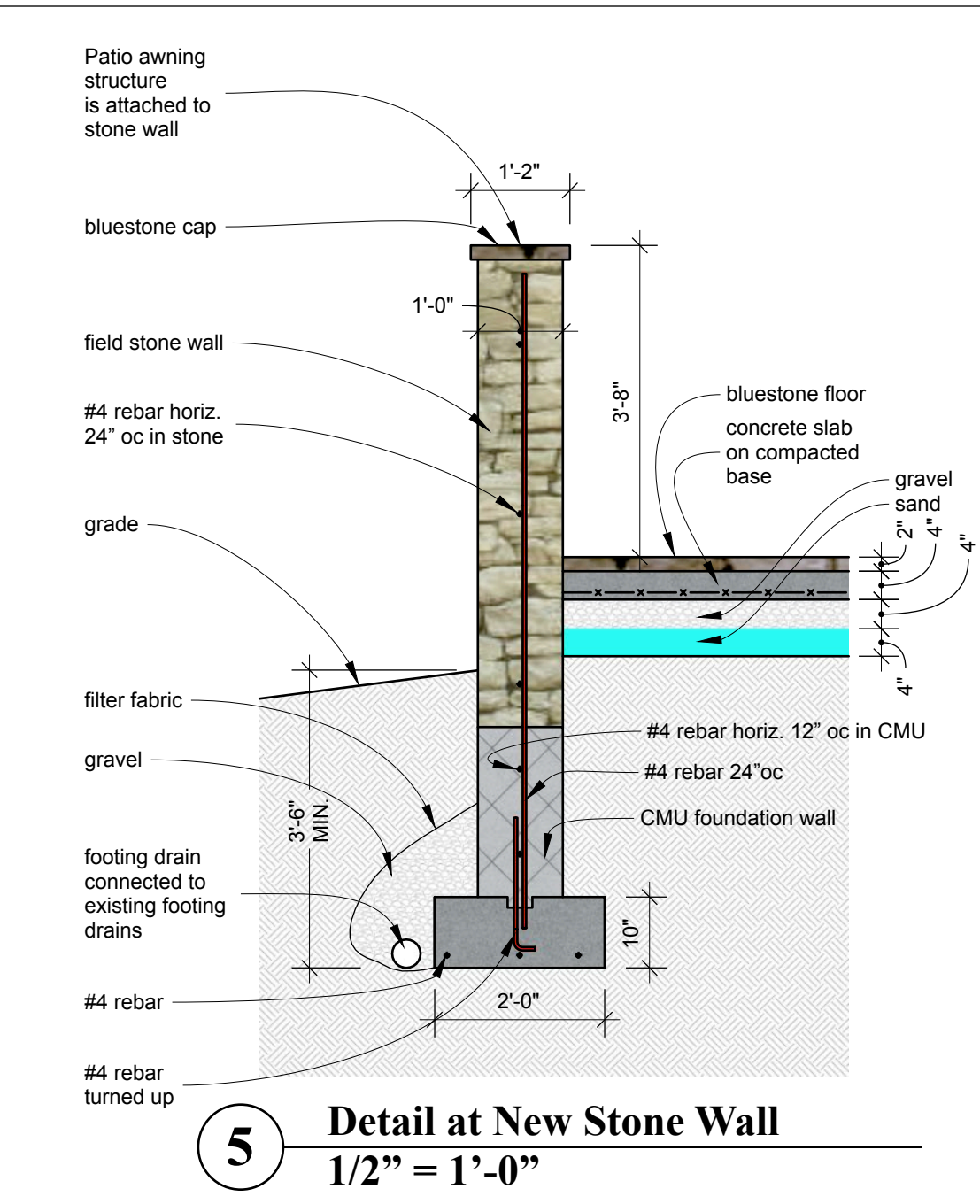
<p>18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)?</p> <p>If Yes, explain purpose and size: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p>	<p>YES</p>
<p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p>	<p>YES</p>
<p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p>	<p>YES</p>
<p>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</p> <p>Applicant/sponsor name: _____ Date: _____</p> <p>Signature: _____</p>		



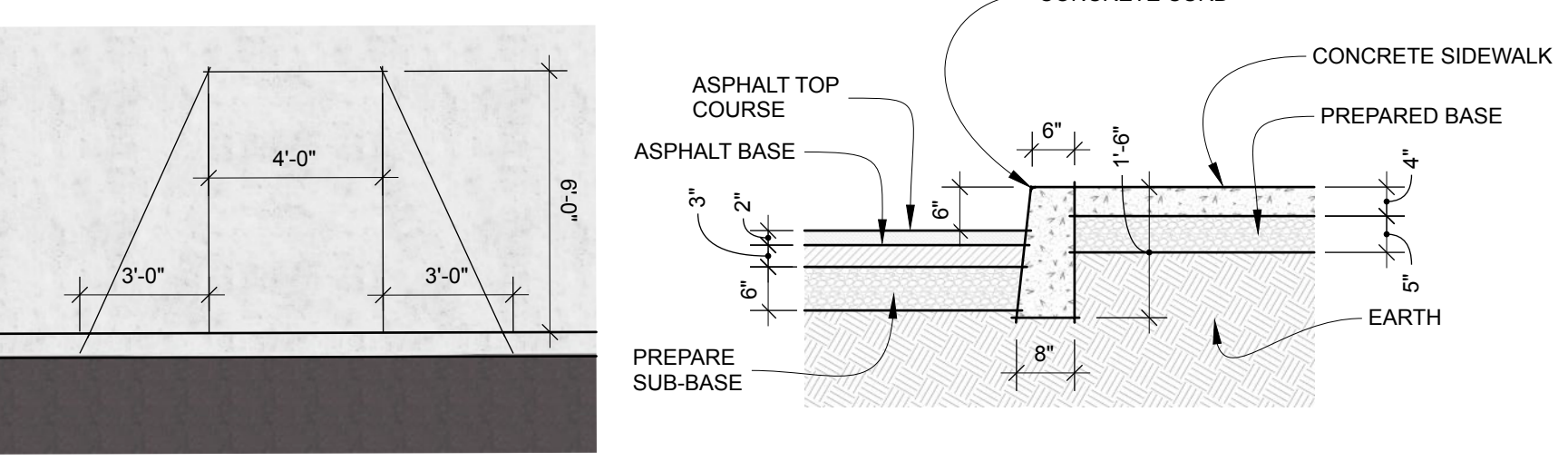
1 Demolition Floor Plan
1/8" = 1'-0"



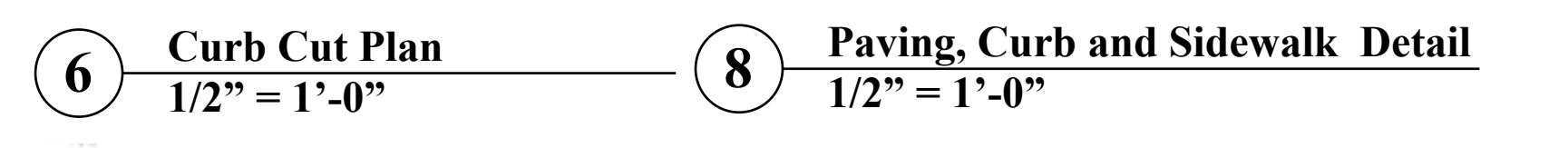
2 Proposed Floor Plan
1/8" = 1'-0"



5 Detail at New Stone Wall
1/2" = 1'-0"



5 Curb Cut Section
1/2" = 1'-0"



8 Paving, Curb and Sidewalk Detail
1/2" = 1'-0"

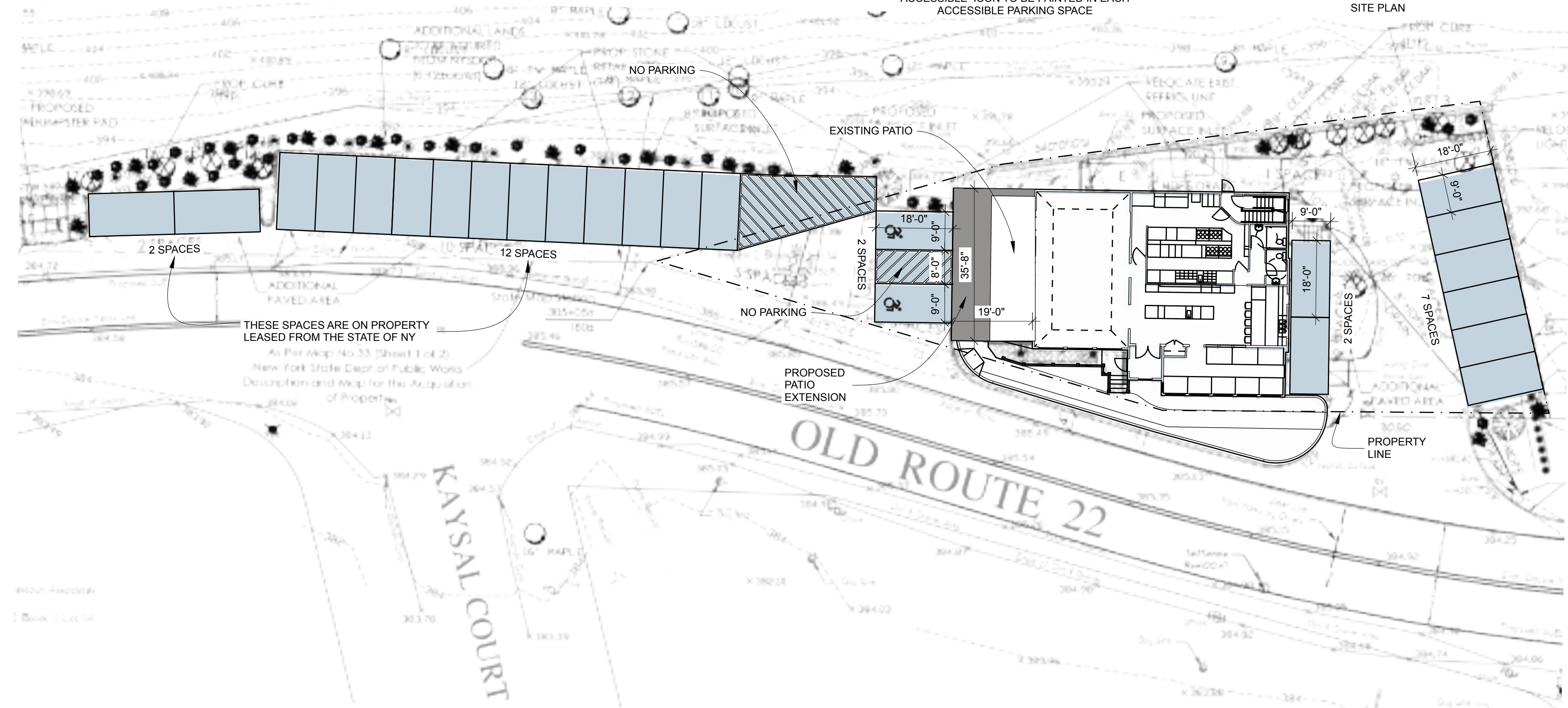


ACCESSIBLE PARKING SIGN TO BE PLACED AT THE FRONT OF EACH ACCESSIBLE SPACE. ACCESSIBLE ICON TO BE PAINTED IN EACH ACCESSIBLE PARKING SPACE.



NO PARKING SIGN TO BE PLACED IN AREAS WHERE STRIPING IS INDICATED ON THE PROPOSED SITE PLAN.

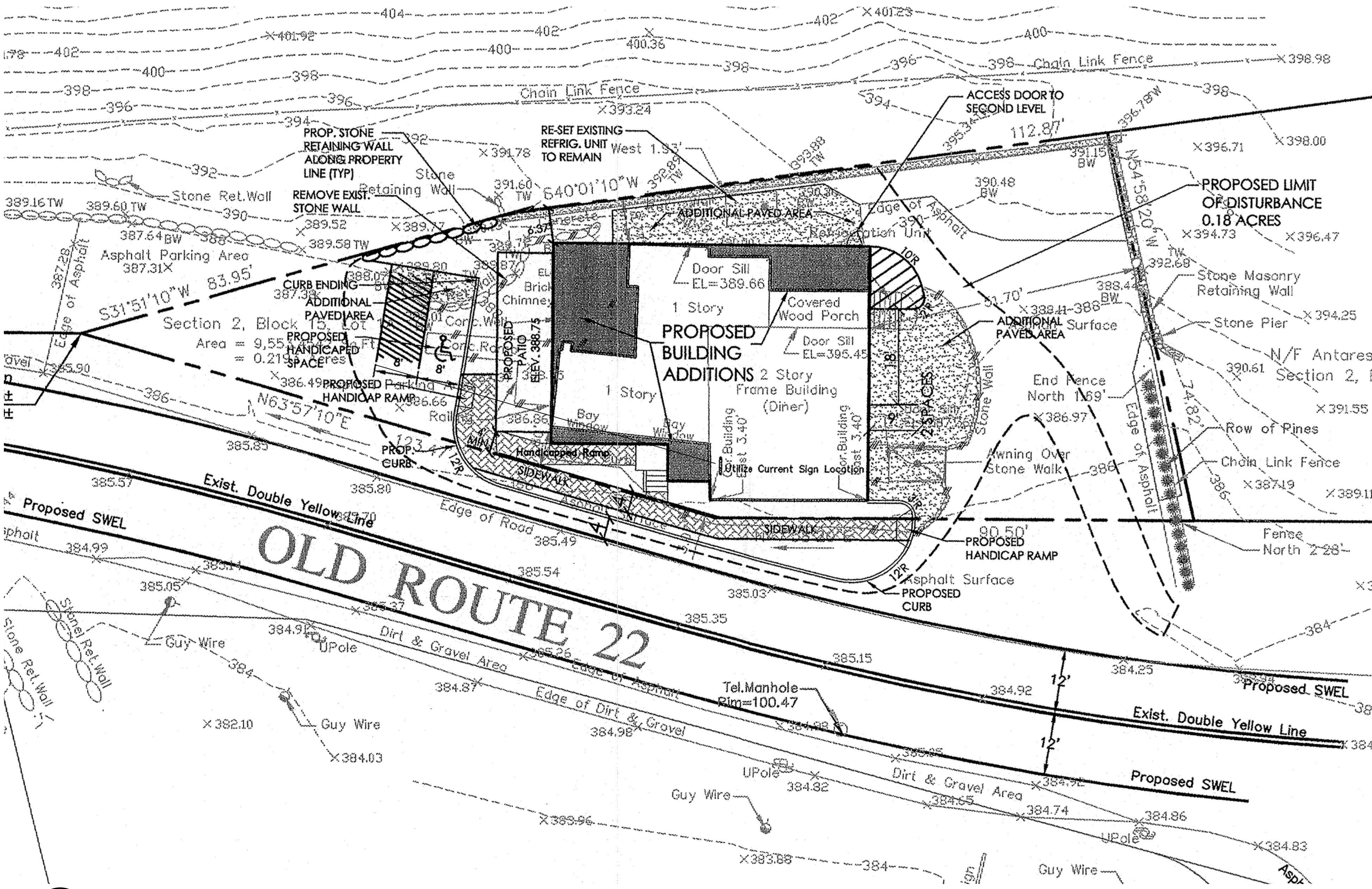
6 Curb Cut Plan
1/2" = 1'-0"



4 Proposed Site Plan
1" = 20"

Zoning Data			
Zone: Roadside Business (RB)	Required	Existing	Proposed
Min. Lot Area	30,000 SF	9,553 SF *	No Change
Min. Frontage	100'	213.52'	No Change
Min. Depth	100'	65'	No Change
Min. Front Yard	10'	4' **	0.5' ***
Min. Side Yard	0	48.7'	No Change
Min. Rear Yard	50'	6.37' **	2.31' ***
Max. Coverage	25.00%	27% (2,577 SF) **	31.65% *** (2,577+326+121=3024SF)
Max. FAR	0.3	0.405 **	0.489 *** (3869+678+121=4668)/9,553
Max. Building Height	2 Stories	2 Stories	No Change
Parking restaurant 1/75 SF or 1/3 seats 2625+668+121=3414/75=45.6	48	11 where 35 were required**	11***
72 seats+32 seats=35			
Accessory Apartment 2			
45.65+2=47.52 say 48			
Accessible Parking spaces	2	1	2

* Pre-Existing Non-Conforming
** Variance Granted in 2009
*** Variance Required



3 Approved Site Plan
1" = 20"



O'NEILL ARCHITECTS

4 Quicks Lane
Katonah, NY 10536
914 232-7373
917 848-9425
wfon@wfonell.com
www.wfonell.com

Rev. Date: Description:

The Beehive
Old Route 22
Armonk, NY 10504

Patio Expansion

ISSUE DATE
04-27-2021

A.01



O'NEILL ARCHITECTS

4 Quicks Lane
Katonah, NY 10536
914 232-7373
917 848-9425
wfo@wfoincil.com
www.wfoincil.com

Rev. Date: Description:

The Beehive
Old Route 22
Armonk, NY 10504

Awning at Patio and Entrance

ISSUE DATE
04-27-2021

A.02

BEFORE PREVIEW FOR ILLUSTRATION ONLY

AFTER PREVIEW FOR ILLUSTRATION ONLY

VALLEY
REGISTERED ARCHITECTS
518.408.3440
www.valleyinc.com

DATE: 03-25-2021
REVISION: 2
PROJECT NAME: THE BEEHIVE RESTAURANT
ADDRESS: 30 Old Country Rd. Armonk, NY 10504
SIGN TYPE: Canopy
PM: []
Color / Material: []
DESIGNER: Jonathan

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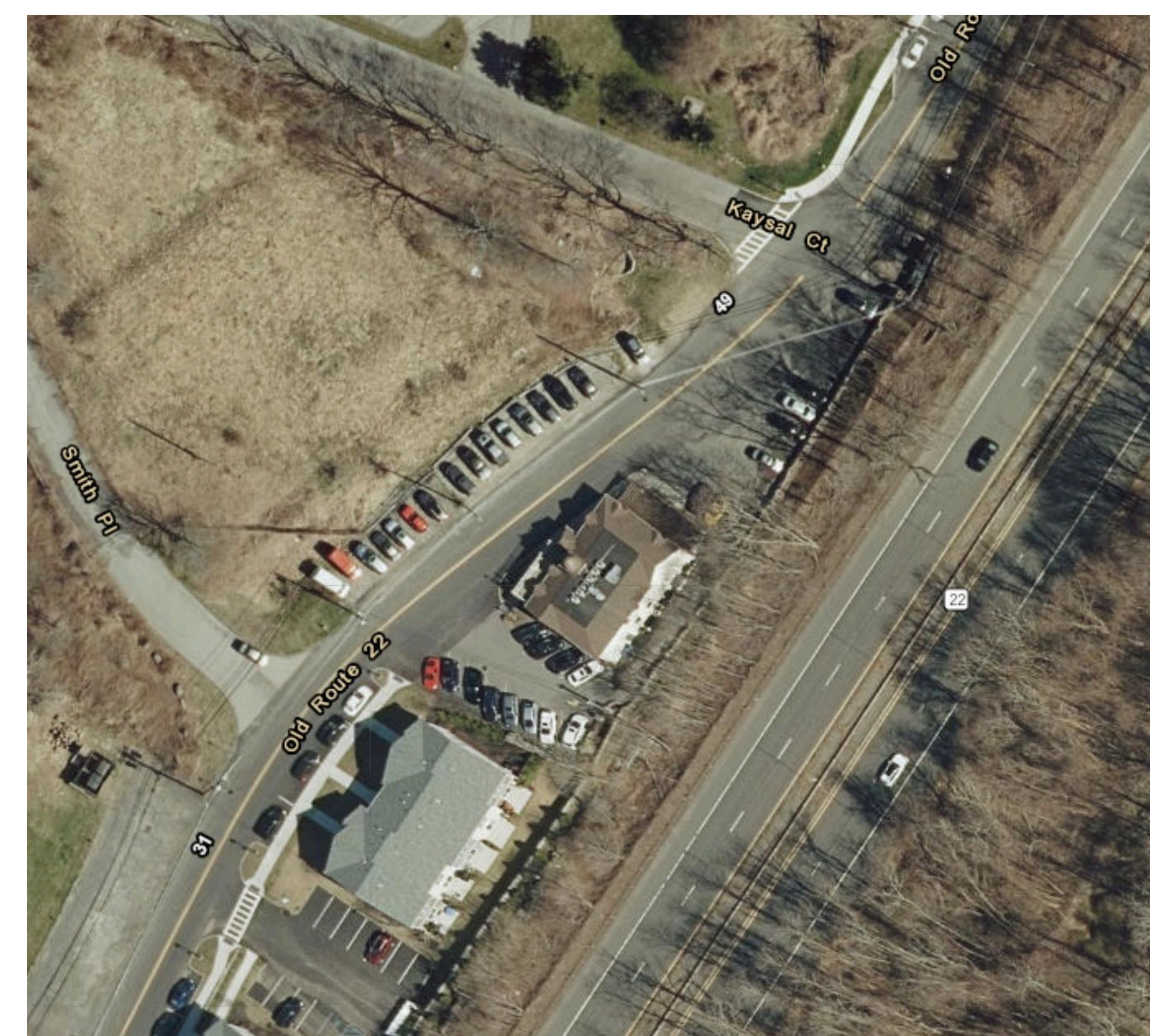
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Aerial View for ARB
NTS

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