

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

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

Application for Site Development Plan Approval

Application Name

ALPHONSO LEONCE -5



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

PLANNING DEPARTMENT Adam R. Kaufman, AICP Director of Planning

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APPLICATIONS REQUIRING PLANNING BOARD APPROVAL SCHEDULE OF APPLICATION FEES

Type of Application	Application Fee	
Site Development Plan	\$200.00	
Each proposed Parking Space	\$10	
Special Use Permit (each)	\$200 (each)	
Preliminary Subdivision Plat	\$300 1st Lot \$200 (each additional lot)	
Final Subdivision Plat	\$250 1 st Lot \$100 (each additional lot)	
Tree Removal Permit	\$75	
Wetlands Permit	\$50 (each)	
Short Environmental Assessment Form	\$50	
Long Environmental Assessment Form	\$100	
Recreation Fee	\$10,000 Each Additional Lot	
Discussion Fee Prior to submission of a sketch or preliminary subdivision Plat, an	\$200.00 applicant's	

Any amendment to previously approved applications requires new application forms and Fes

representative wishes to discuss a subdivision proposal to the Planning Board, a discussion fee of

\$200.00 shall be submitted for each informal appearance before the board.

Application Fee's owed \$250'

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:

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Date: 03/29/2022

Signature of Property Owner:

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MUST HAVE BOTH SIGNATURES



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PLANNING BOARD SCHEDULE OF ESCROW ACCOUNT DEPOSITS

Type of Application Deposit*	Amount of Initial Escrow Account		
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 \ (pd 600 owes		
Special Use Permit	\$2,000.00 plus \$50.00 for each required parking space		
Subdivision:	required parking space		
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

Date:

Sign + Date

pd 600 OWES 1400

I. IDENTIFICATION OF PROPERTY OWNER, APPLICANT AND PROFESSIONAL REPRESENTATIVES

Name of Property Owner: ALPHOOSO LEONCE				
Mailing Address: 9W10WAY ROAO WHITE PLAINS NY 10607 Telephone: 914-772-6439 Fax: NA e-mail PETAMP20 OMSN.				
Telephone: 914-772-6439 Fax: NA e-mail PETAMP20 @MSN.				
Name of Applicant (if different):				
Address of Applicant: WA				
Telephone: NA 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 sating such. If no, application cannot be reviewed by Planning Board				
Name of Professional Preparing Site Plan: 7/2000RE STRAWS Address: 63MOORE AVENUE, MT. KISCO, N.Y.10549				
Address: GBMOORE AVENUE, MT. KISCO, N.Y.10549				
Telephone: 9/4.24/43354 Fax: SAW e-mail_				
Name of Other Professional:				
Address:				
Telephone: NA Fax: NA e-mail NA				
Name of Attorney (if any):				
Address:				
Telephone: NA Fax: NA e-mail NA				



II. IDENTIFICATION OF SUBJECT PROPERTY

Street Address:	Y		
Location (in relation to ne			
feet (north, sour			
Abutting Street(s):			2
			Lot
Tax Map Designation (OI	D): Section	Block	Lot
Zoning District:	Total Land A	rea	
Land Area in North Castle	Only (if different)		
Fire District(s)	School Distric	et(s)	_
Is any portion of subject p	roperty abutting or loca	ated within five hundred	(500) feet of the following:
No Yes (adjate of the boundary of a No Yes (adjate of the right-of-way or highway? No Yes (adjate of the existing or prefor which the Coulomb of the coulomb of the coulomb of the coulomb of the existing or prefor which the Coulomb of the coulomb	of any existing or proportion (with	In 500 feet) Il County or State park of in 500 feet) sed County or State park in 500 feet) any stream or drainage of innel lines?	r any other recreation area? kway, thruway, expressway, road
or institution is sit No Yes (ad The boundary of a	uated? jacent) Yes (w		land on which a public building ct?
Does the Property Owner No Yes If yes, please identify the			roperty?
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III. DESCRIPTION OF PROPOSED DEVELOPMENT

Proposed Use: EXPANDING DRIVEWAY /	
Gross Floor Area: Existing 1,080 S.F. Proposed 44M5 S.F.	
Proposed Floor Area Breakdown:	
Retail N/A S.F.; Office N/A S.F.;	
Industrial N/A S.F.; Institutional N/A S.F.;	
Other Nonresidential N/A S.F.; Residential 2,160 S.F.;	
Number of Dwelling Units:	
Number of Parking Spaces: Existing 2 Required 4 Proposed 2	
Number of Loading Spaces: Existing Required Proposed	
Earthwork Balance: Cut 0.5 C.Y. Fill C.Y.	
Will Development on the subject property involve any of the following:	
Areas of special flood hazard? No Yes Yes (If yes, application for a Development Permit pursuant to Chapter 177 of the North Castle Tow. Code may also be required)	n
Trees with a diameter at breast height (DBH) of 8" or greater?	
No Yes (If yes, application for a Tree Removal Permit pursuant to Chapter 308 of the North Castle Tow Code may also be required.)	m
Town-regulated wetlands? No X Yes (If yes, application for a Town Wetlands Permit pursuant to Chapter 340 of the North Castle To Code may also be required.))W1
State-regulated wetlands? No X Yes (If yes, application for a State Wetlands Permit may also be required.)	



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	GROSS LAND COVERAGE CALCULATIONS WORKSH	
Application	on Name or Identifying Title: ALPHONSO LEONEE Date: 3	129122
Tax Map	Designation or Proposed Lot No.: 5.16.4	
Gross Lot	Coverage	= 101 01/5
1.	Total lot Area (Net Lot Area for Lots Created After 12/13/06): (2500 5.F. +	5,124.24 5.F. 2,541 S.F.
	Total lot Area (Net Lot Area for Lots Created After 12/13/06): (25007, 5.7 500) Maximum permitted gross land coverage (per Section 213-22,2C):	2,541 S.F.
3.	BONUS maximum gross land cover (per Section 213-22.2C):	
	Distance principal home is beyond minimum front yard setback x 10 =	2,5418.F.
	TOTAL Maximum Permitted gross land coverage = Sum of lines 2 and 3	
5.	Amount of lot area covered by principal building:	1,0805.F.
6.	Amount of lot area covered by accessory buildings: existing + proposed =	<u> </u>
7.	Amount of lot area covered by decks: existing + proposed =	0
8, [§]	Amount of lot area covered by porches:	305.F.
9.	Amount of lot area covered by driveway, parking areas and walkways:	5555.F.
10.	Amount of lot area covered by terraces: existing + proposed =	6 -
11.	Amount of lot area covered by tennis court, pool and mechanical equip: existing + proposed =	<u> </u>
12.	Amount of lot area covered by all other structures: existing +proposed =	0
13.	Proposed gross land coverage: Total of Lines 5 - 12 =	1,6654.5
the projection does not	13 is less than or equal to Line 4, your proposal counties with the Town's maximum gross largest may proceed to the Residential Project Control for review. If Line 13 is greated to comply with the Town's regulations. 3/29/28 The re and Seal of Professional Preparing Workshop Towns and Seal of	nd coverage regulations and r than Line 4 your proposal
	To the state of th	

