

- 45 Bedford Road / On site concrete crushing operation

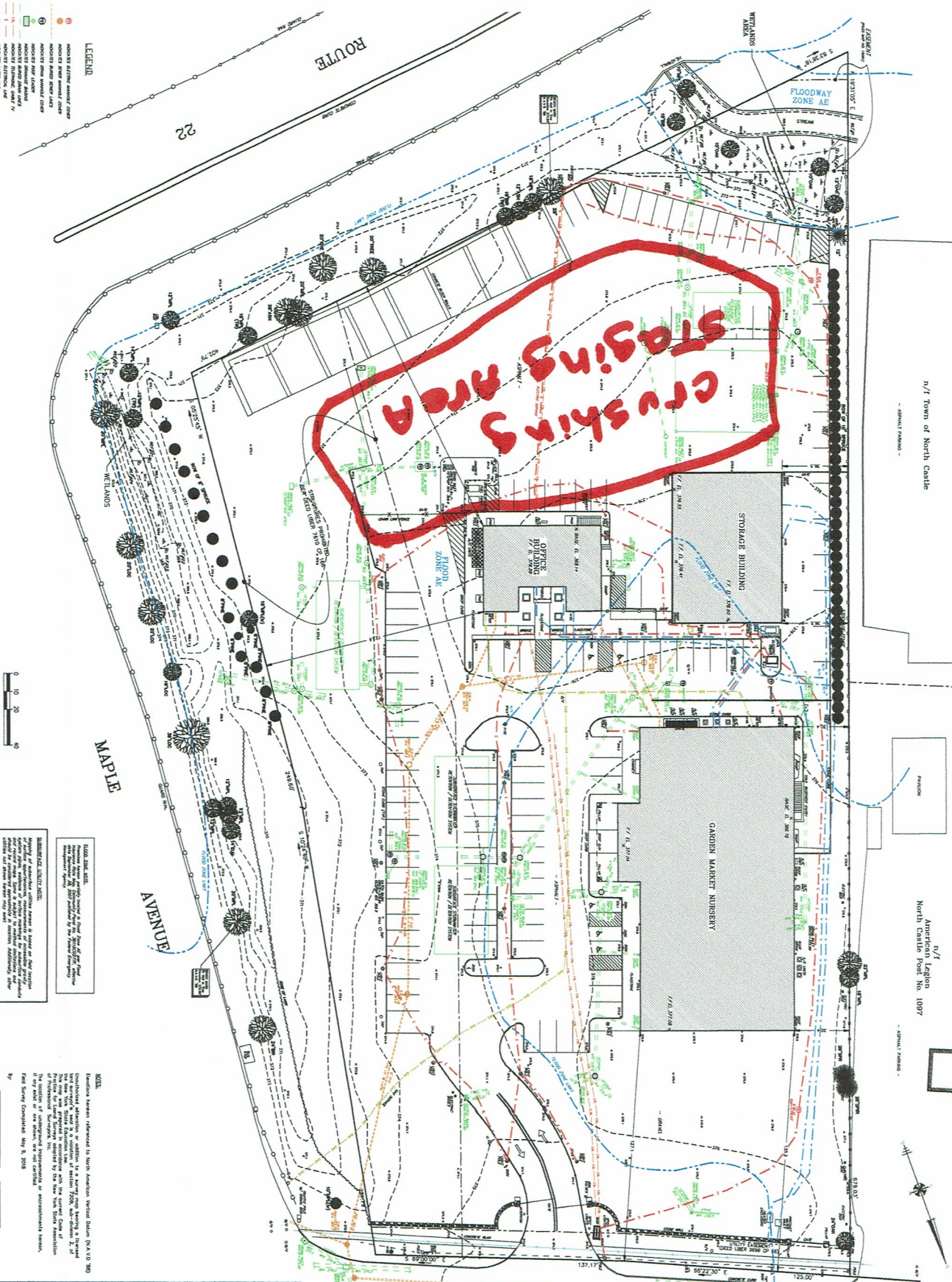
- The purpose of this submittal is to obtain approval to perform a crushing / processing operation at the aforementioned property address. The material to be processed will be the concrete foundations that will be the remains of the existing buildings that are to be demolished, and other misc concrete features that currently exist on the property. The intent for the crushing will allow for utilizing the processed material to backfill the existing basement areas that will be exposed after the building demolition.
- Upon completion of building demolition and removal of the above grade waste materials, we will then proceed to remove and process the concrete foundations (in place) utilizing excavator mounted hydraulic breakers so as to reduce material size to allow for running through a crushing machine. This material will then be placed on a stockpile as shown on the marked-up drawing which will be where the crushing process will occur. Water will be used to suppress any dust that may occur during this time.
- The estimated time to complete the processing / crushing operation will be approximately 4 weeks (after completion of building demolition)
- The hours of operation will be in strict accordance with the town zoning rules.
- Equipment to be utilized
 - (1) Finley 1160 jaw crusher
 - (2) John Deere 350 excavator w/ hydraulic hammer
 - (3) John Deere 624 wheel loader
 - (4) Tri-axle dump truck

Area = 4.218 Acres

n/1 Town of North Castle
- ADJACENT FARMING -

n/1
American Legion
North Castle Post No. 1097
- ADJACENT FARMING -

CRUSKINS STAGING AREA



FIELD BOOK SHEET
 This sheet was prepared by the Surveyor in the field and contains the original data upon which this plan is based. It is the property of the Surveyor and should be kept in his possession.

ADJACENT PROPERTY OWNERS
 The names of adjacent property owners have been obtained from the County Assessor's Office and are shown on this plan for informational purposes only. This plan does not constitute an acknowledgment of their ownership or any other interest in the property shown.

NOTICE
 This plan is a preliminary plan and is not intended to be used for any other purpose. It is the responsibility of the user to verify the accuracy of the information shown on this plan. The Surveyor is not responsible for any errors or omissions on this plan.

By: *[Signature]*
 DATE: *[Date]*

Sound View
 ENGINEERS & LAND SURVEYORS, LLC
 229 South 1000 East, Suite 300
 Salt Lake City, UT 84143
 (801) 466-1000
 www.soundviewllc.com

MARVIN GARDENS
 45 BEDFORD ROAD
 TOWN OF NORTH CASTLE
 WESTCHESTER COUNTY, NEW YORK

TOPOGRAPHIC SURVEY

DRAWING NO. 2018-004
 SCALE: 1" = 20'
 DATE: JUNE 7, 2018

TP-1



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

PLANNING DEPARTMENT
Adam R. Kaufman, AICP
Director of Planning

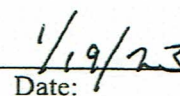
Telephone: (914) 273-3542
Fax: (914) 273-3554
www.northcastleny.com

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


Date:

I. IDENTIFICATION OF PROPERTY OWNER, APPLICANT AND PROFESSIONAL REPRESENTATIVES

Name of Property Owner: <u>45 BEDFORD ROAD LLC</u>
Mailing Address: <u>399 KNOXWOOD RD, WHITE PLAINS, NY 10607</u>
Telephone: <u>914-428-2730</u> Fax: _____ e-mail <u>anthony@galinn.com</u>
Name of Applicant (if different): <u>KINGS Capital Construction</u>
Address of Applicant: <u>660 WHITE PLAINS RD TARRYTOWN, NY 10591</u>
Telephone: <u>914-345-6799</u> Fax: _____ e-mail <u>J.Sperduti@KingsCapitalGroup.com</u>
Interest of Applicant, if other than Property Owner: <u>CONTRACTOR</u>
Is the Applicant (if different from the property owner) a Contract Vendee? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, please submit affidavit stating such. If no, application cannot be reviewed by Planning Board
Name of Professional Preparing Site Plan: <u>JOHN SPERDUTI</u>
Address: <u>660 WHITE PLAINS RD TARRYTOWN, NY 10591</u>
Telephone: <u>973-229-4103</u> Fax: _____ e-mail <u>J.SPERDUTI@KINGS Capital Group.COM</u>
Name of Other Professional: <u>N/A</u>
Address: _____
Telephone: _____ Fax: _____ e-mail _____
Name of Attorney (if any): <u>Anthony F Veneziano Jr, Esq + Assoc.</u>
Address: <u>84 BUSINESS PARK DRIVE SUITE 200, ARMONK, NY 10504</u>
Telephone: <u>(914) 273-1300</u> Fax: _____ e-mail <u>afv@veneziano.com</u>

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: James Kumard Date: 1/19/23
Signature of Property Owner: [Signature] Date: 1-20-23

MUST HAVE BOTH SIGNATURES

Tracey L Guerin
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01GU6413007
Qualified in Westchester County
Commission Expires 01/19/2025

[Signature]

OWNER / APPLICANT AFFIDAVIT

Please PRINT or TYPE all information

PART 1 - OWNER'S AFFIDAVIT

I hereby certify that I am the legally authorized owner of all property involved in this application or have been empowered to sign as the owner on behalf of a corporation, partnership, business, etc. I hereby grant to the applicant of this form full power to sign all documents related to this application, including any conditions or mitigation measures as may be deemed necessary.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 1-20-23 at White Plains, New York
(Date) (City)

Owner's Signature

Print Owner's Full Name

Andy J. Mungler

Tracey L Guerin
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01GU6413007
Qualified in Westchester County
Commission Expires 01/19/2025

PART 2 - APPLICANT'S AFFIDAVIT

I hereby certify that the statements furnished above and in the attached exhibits represent the data and information required for this initial evaluation and that the facts, statements and information presented are true and correct to the best of my knowledge and belief. Further, should the stated information be found false or insufficient, I agree to the return of this form for appropriate revisions, understanding that the Town of North Castle cannot process this form until all applicable information is corrected or provided by the applicant. I hereby certify that I have been legally authorized by the owner to present this application and to sign on behalf of all documents related to this application, including any conditions or mitigation measures as may be deemed necessary.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 1/19/23 at Tarrytown, New York
(Date) (City)

Applicant's Signature

Print Applicant's Full Name

James Kumano

Tracey L Guerin
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01GU6413007
Qualified in Westchester County
Commission Expires 01/19/2025