



Accessory Apartment Site Application

200 South Greeley Avenue, Chappaqua NY 10514 • Ph. (914) 238-4723 • Fax (914) 238-5177
e-mail: bullding@myacwcastle.org

RECEIVED

FEB 25 2018

1/23/18

Planning Board Application for
Accessory Apartment Site

Application Name or Identifying Title:

26 MAPLE

Date of pre-application meeting with Town Planner/Staff:

Feb 7 2018



Accessory Apartment Site Plan Application

Town of New Castle • 200 South Greeley Avenue, Chappaqua NY 10514
Ph. (914) 238-4723 • Fax (914) 238-5177 • E-mail: building@mynewcastle.org

Identification of Property Owner, Applicant, and Professional Representatives

1. Property Owner: ISAKAJ, ALFRED & ANIDA
 - a) Address 26 Maple
 - b) Telephone Number: 347 453 1808 c) Fax —
 - d) E-Mail Address ann_060606@hotmail.com
2. Applicant - If different than Property Owner: Charles Napoli
 - a) Address 332 QUAKER RD Chappaqua
 - b) Telephone Number: 238 3490 c) Fax —
 - d) E-Mail Address Chasarch@verizon.net
 - e) Interest of Applicant, if other than Property Owner:
ARCHITECT
3. Professional Preparing the Plan: Charles Napoli
 - a) Address 332 QUAKER Chappaqua
 - b) Telephone Number: 914 238 3490 c) Fax —
 - d) E-Mail Address Chasarch@verizon.net
4. Other Professional - If any: —
 - a) Address —
 - b) Telephone Number: — c) Fax —
 - d) E-Mail Address —
5. Other Professional - If any: —
 - a) Address —
 - b) Telephone Number: — c) Fax —
 - d) E-Mail Address —
6. Attorney - If any: —
 - a) Address —
 - b) Telephone Number: — c) Fax —
 - d) E-Mail Address —



Accessory Apartment Site Plan Application

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 of publication and the giving of public notice as required, and further acknowledges that he/she shall be responsible for reimbursing the Town for the cost of professional review services required for this application.

Accessory Apartment Site Plan Application Fee:

- \$400.00* plus \$25.00 per parking space

Accessory Apartment Site Plan Application Escrow Account Deposit:

- \$500.00

It is further acknowledged by the Applicant that all bills for the expenses of publication and the giving of public notice as well as professional consultant 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/s:

Charles Lopez

Date: 02/13/19

Date: _____

Signature of Property Owner/s:

[Signature]
Joselyn

Date: 11/02/2019

Date: 11/02/2019

* This amount includes a \$125 Notification Fee.

** If professional consultant review services are required, the Applicant shall be billed directly by the Town as such charges are incurred.

**Town of New Castle
Escrow Account Set Up Form**

New Application

Existing Application

McCarthy Fingar Review

Date: Feb. 5 '19

Site Address: 26 Maple

Tax I.D. Number - Section/Block/Lot: 100.7-3-57

Deposit made by: _____

Amount: \$ 500.00

Address to send statements: 26 maple Chapp ny 10514

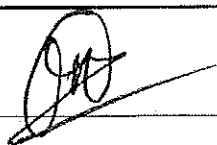
Contact Person: Anida

Telephone No.: 347-453-1808 Email Address: ann_060606@hotmail.com

Identifying Title: (To be completed by Town) _____

Under Town Code Section 60-560(B), at the time of submission of any application listed in Town Code Section 60-560A, the reviewing board may require the establishment of an escrow account, from which withdrawals shall be made to reimburse the Town for the cost of consultant fees and professional staff services. When the balance in such escrow account is reduced to 1/3 of its initial amount, the applicant shall deposit additional funds into such account to bring its balance up to the amount of the initial deposit. The applicant shall be notified when the account is in arrears. If such account is not replenished within 30 days after the applicant is notified, in writing, of the requirement for such additional deposit, the reviewing board may suspend its review of the application. A building permit or certificate of occupancy or use shall not be issued unless the applicant has reimbursed the Town for all expenses due and owing. After all pertinent costs have been paid, the Town shall refund the applicant any funds remaining on deposit. If the applicant fails to collect the funds remaining on deposit, such funds shall be forfeited to the Town and transferred to the Town's General Fund after two years.

I acknowledge that I have read this policy and fully understand that any remaining escrow balance will be released after all pertinent costs are paid and any funds I fail to collect shall be forfeited to the Town and transferred to the Town's General Fund after two years.



Applicant Signature

11/02/2019

Date



Accessory Apartment Site Plan Application

Identification of Property

- a) Street Address: 26 maple
- b) Location (in relation to nearest intersecting street):
140 feet (north, south, east or west) of North Greeley Ave.
- c) Abutting street(s): N. GREELEY
- d) Tax Map Designation: 100.7-3-57
- e) Zoning District: ¼ acre ½ acre 1 acre 2 acre Other _____
- f) Districts: Fire District: New Castle
 School District: CCSD
 Special Districts: -0-
- g) Total land area: .37 acres, 16,117 sq. ft. g) Total land area disturbance: -0- sq. ft.

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 ft.
 - If yes, please identify names: _____
- The boundary of any existing or proposed County or State park or any other recreation area?
 - No Yes, adjacent Yes, within 500 ft.
- The right-of-way of any existing or proposed County or State parkway, thruway, expressway, road, or highway?
 - No Yes, adjacent Yes, within 500 ft.
- 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 ft.
- 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 ft.
- The boundary of a farm operation located in an agricultural district?
 - No Yes, adjacent Yes, within 500 ft.
- Does the Property Owner or Applicant have an interest in any abutting property? Yes No
 - If yes, please identify the tax map designation of that property: _____



Accessory Apartment Site Plan Application

Description of Proposed Development

a) Location of Proposed Accessory Apartment:

Principal Dwelling Unit: _____ Accessory Building:

b) Gross Floor Area of Principal Dwelling: Existing: 1243 sq. ft. Proposed: -0- sq. ft.

c) Gross Floor Area of Accessory Building: Existing: 609 sq. ft. Proposed: -0 sq. ft.

d) Gross Floor Area of Proposed Accessory Apartment: 609 sq. ft.

e) Number of Bedrooms in Proposed Accessory Apartment: 2

f) Number of Accessory Apartments on Property: Existing: 1 Proposed: 0

g) Number of parking spaces: Existing: 2 Proposed: one

h) Earthwork balance: Cut: 0 cubic yards Fill: 0 cubic yards

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

- Areas of special flood hazard? Yes No
 - If yes, application for a Development Permit pursuant to Chapter 70 of the New Castle Town Code may also be required.
- Slopes of 15% or greater? Yes No
 - If yes, application for a Steep Slope Permit pursuant to Chapter 108 of the New Castle Town Code may also be required.
- Trees with a diameter at breast height (DBH) of 4" or greater? Yes No
 - If yes, application for a Tree Removal Permit pursuant to Chapter 121 of the New Castle Town Code may also be required.
- Town-regulated wetlands? Yes No
 - If yes, application for a Town Wetlands Permit pursuant to Chapter 137 of the New Castle Town Code may also be required.
- State-regulated wetlands? Yes No
 - If yes, application for a State Wetlands Permit may also be required.



Accessory Apartment Site Plan Application

Coverage Calculations Worksheet

This worksheet is provided to assist the applicant in gathering information on the existing and proposed building and development coverage of the subject property. See next page for related provisions. PLEASE NOTE: A map depicting existing and proposed building and development coverage must be included with the application materials. A table including all the information calculated below must also be included on the map.

Application Name or Identifying Title: 26 MAPLE

Tax Map Designation: 100.7-3-57 Date: 02/13/19

A. Building Coverage - Enter "0" if category is not applicable.

a) Total Lot Area: 16117 (sq. ft.) b) Maximum permitted building coverage: 2889 (sq. ft.)

Amount of lot area covered by:	Existing (sq. ft.)	Proposed (sq. ft.)	Proposed Building Coverage (Existing + Proposed)
Principal building	1240	-0-	1240
Accessory buildings	609	-0-	609
Decks	-0-	-0-	-0-
Porches	280	-0-	280
TOTALS	2130 ²	0	2130 ² < 2889 OK

If Proposed Building Coverage is less than or equal to Maximum Permitted Building Coverage, your proposal complies with the Town's regulations. If Proposed Building Coverage is greater than Maximum Permitted Building Coverage, your proposal complies with the Town's regulations.

A. Development Coverage - Enter "0" if category is not applicable.

a) Total Lot Area: 16117 (sq. ft.) b) Max. permitted development coverage: 4681 (sq. ft.)

Amount of lot area covered by:	Existing (sq. ft.)	Proposed (sq. ft.)	Proposed Development Coverage (Existing + Proposed + Total Proposed Building Coverage)
Driveway, parking areas, and walkways	500	-0-	500 + 2130 = 2630 ²
Terraces	811	-0-	811
Tennis court, platform tennis court, swimming pool and related mechanical equipment	-0-	-0-	-0-
All other structures, not including preexisting stone walls	-0-	-0-	-0-
Total Proposed Development Coverage	-0-	-0-	-0-
TOTALS	500	0	3450 < 4681 OK

If Proposed Development Coverage is less than or equal to Maximum Permitted Development Coverage, your proposal complies with the Town's regulations. If Proposed Development Coverage is greater than Maximum Permitted Development Coverage, your proposal complies with the Town's regulations.



Accessory Apartment Site Plan Application

Floor Area Ratio Calculation Worksheet

For information regarding maximum floor areas, see next page, taken from section §60-420A(8) of the New Castle Town Code.

Date 02/13/19

1. Property Information

- a) Name of Owner ISAKAJ, ALFRED & ANIDA
- b) Street Location 26 MAPLE
- c) Tax Designation: 100.7-3-57 d) Area of Lot: .37 acres, 16117.20 sq. ft.
- e) Zoning District: ¼ acre ½ acre 1 acre 2 acre other _____
- f) Home # 3474531808 Fax # -
- g) Email Address: ahn @ 060606@hotmail.com

2. Applicant Information

- a) Print Name CHARLES NAPOLI
- b) Address 332 QUAKER RD.
- c) Office# 238 3490 Fax # _____
- d) Email Address: Chasarch@verizon.net

3. Architect / Engineer (sign and seal)

- a) Name CHARLES NAPOLI NYS License # 011285
- b) Address 332 QUAKER ROAD
- c) Office# 238.3490 Fax # _____
- d) Email Address: Chasarch@verizon.net

SIGNED AND SEALED

4. Maximum Permitted Floor Area	<u>3158</u> sq. ft.	
Existing First Floor	<u>828</u> sq. ft.	Proposed First Floor <u>alter 609 existing</u> sq. ft.
Existing Second Floor	<u>415</u> sq. ft.	Proposed Second Floor <u>-0-</u> sq. ft.
Existing Attic (if applicable)	<u>-0-</u> sq. ft.	Proposed Attic (if applicable) <u>-0-</u> sq. ft.
½ Existing Basement	<u>-0-</u> sq. ft.	½ Proposed Basement <u>-0-</u> sq. ft.
½ Existing Garage	<u>-0-</u> sq. ft.	½ Proposed Garage <u>-0-</u> sq. ft.
Existing Detached Structure(s)	<u>609</u> sq. ft.	Proposed Detached Structure(s) <u>-0-</u> sq. ft.
Total Floor Area Existing <u>0</u>	<u>1849</u> sq. ft.	Total Floor Area Proposed <u>0</u> <u>-0-</u> sq. ft.
Total Floor Area (Existing + Proposed)	<u>0</u> <u>1849</u> sq. ft.	

DOES PROPOSAL COMPLY?

Yes

No



Accessory Apartment Site Plan Application

Zoning Conformance Table

See next page for table of lot and bulk regulations in residential zoning districts. For additional information regarding lot and bulk regulations in other zoning districts, please see section §60-410B of the New Castle Town Code.

Date 2/14/19

Zoning District: ¼ acre ½ acre 1 acre 2 acre other _____

*check zoning
VWR*

	Required or Allowed	Existing	Proposed
Lot Area	10,890	16,117	16,117
Lot Width	75	171.38	171.38
Front Yard Setback	40	18.6'	EXISTING
Side Yard Setback	10' min 30' ft.	6'	NO CHANGE
Building Height (Principal Building)	2/35'	24'	NO CHANGE
Building Height (Accessory Building)	2/35'	12.25'	NO CHANGE
Minimum Floor Area	1000	609	NO CHANGE

Short Environmental Assessment Form

Part 1 - Project Information

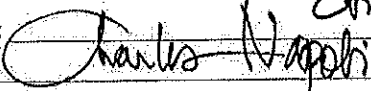
Instructions for Completing

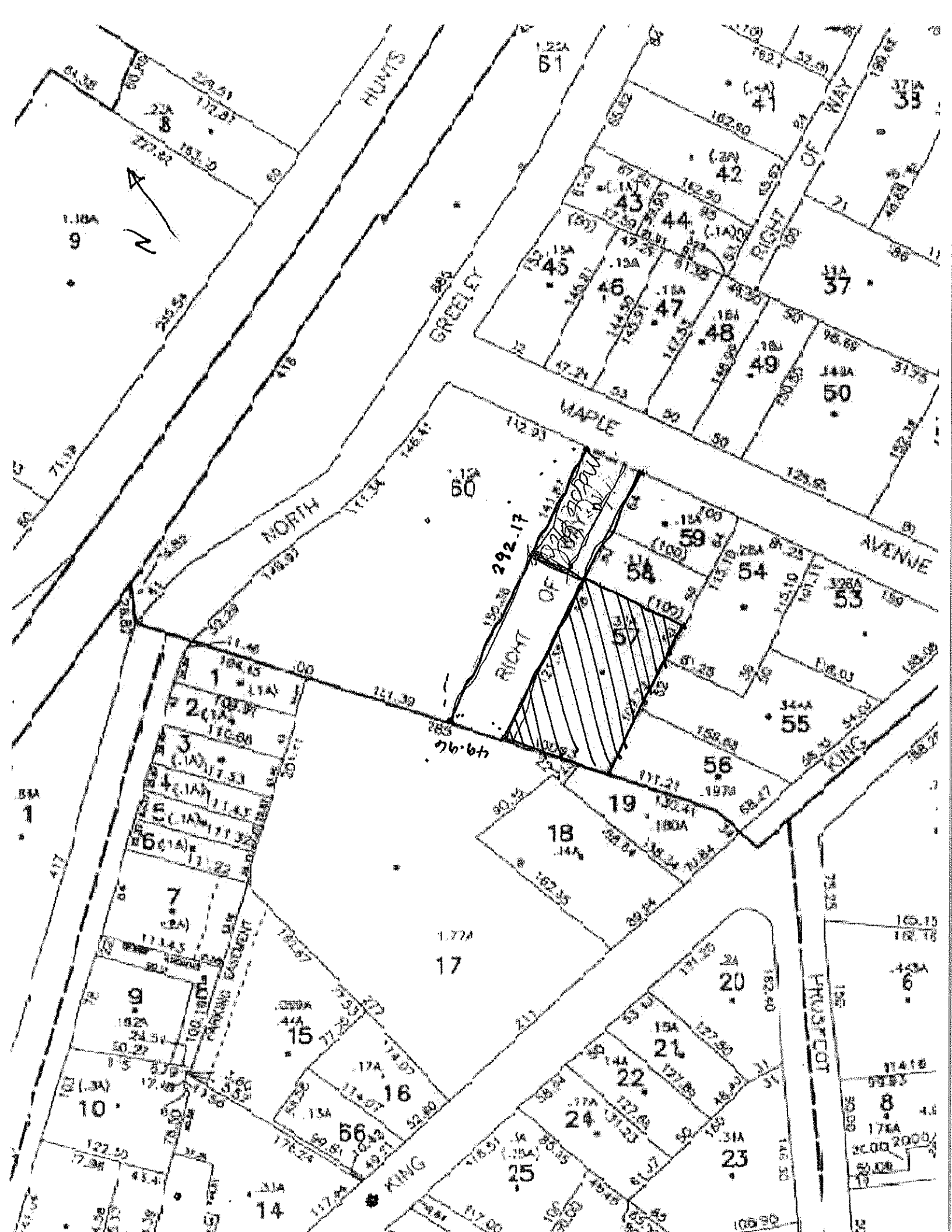
Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available.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

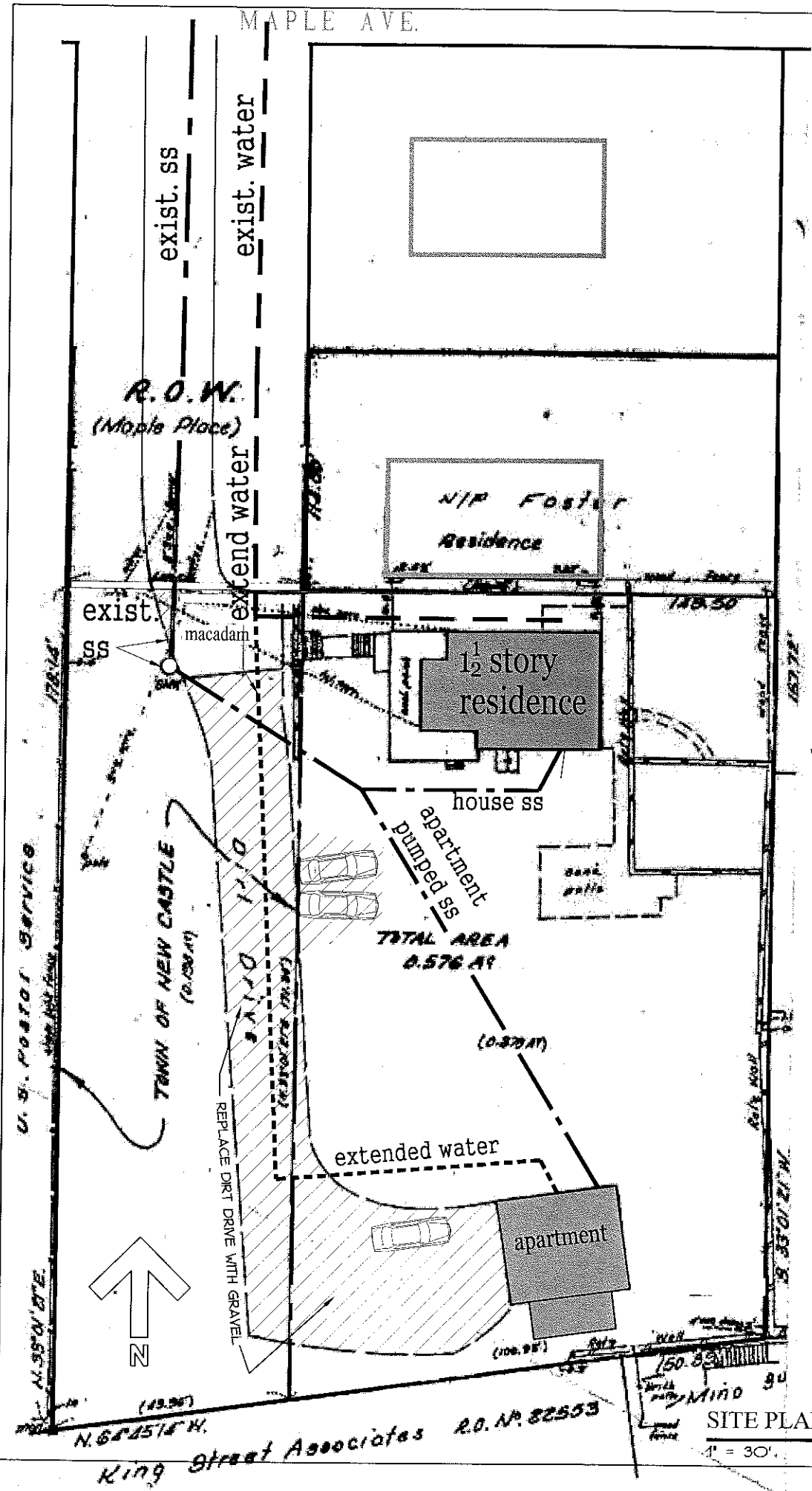
Part 1 - Project and Sponsor Information			
Name of Action or Project: 26 MAPLE ACCESSORY APARTMENT			
Project Location (describe, and attach a location map): 26 MAPLE			
Brief Description of Proposed Action: CONVERT EXISTING ACCESSORY STRUCTURE TO A TWO (2) BEDROOM ACCESSORY APT. of 609 #			
Name of Applicant or Sponsor: CHARLES NAPOLI		Telephone: 298 3490	
Address: 332 QUAKER ROAD		E-Mail: chasarch@verizon.net	
City/PO: CHAPPAQUA		State: NY	Zip Code: 10514
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?		.37 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?		.37 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 checked="" type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input checked="" type="checkbox"/> Other (specify): Post office			
<input type="checkbox"/> Parkland			

	NO	YES	N/A
5. Is the proposed action, a. A permitted use under the zoning regulations?		✓	
b. Consistent with the adopted comprehensive plan?		✓	
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?			✓
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____		✓	
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?		✓	
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: _____			✓
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____			✓
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____			✓
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?		✓	
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: _____		✓	
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 checked="" 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?		✓	
16. Is the project site located in the 100 year flood plain?		✓	
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: <u>ON SITE DRY WELL.</u> <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES			

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)? If Yes, explain purpose and size: _____ _____ _____	NO <input checked="" type="checkbox"/>	YES <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 <input checked="" type="checkbox"/>	YES <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 <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
<p>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</p> <p>Applicant/sponsor name: <u>Charles Napoli</u> Date: <u>Feb 5 '19</u></p> <p>Signature: <u></u></p>		



MAPLE AVE.



A. Building Coverage - Enter "0" if category is not applicable.

a) Total Lot Area: 16117 (sq. ft.) b) Maximum permitted building coverage: ~~4681~~ 2889 (sq. ft.)

Amount of lot area covered by:	Existing (sq. ft.)	Proposed (sq. ft.)	Proposed Building Coverage (Existing + Proposed)
Principal building	1240	-0-	1240
Accessory buildings	609	-0-	609
Decks	-0-	-0-	-0-
Porches	280	-0-	280
TOTALS	2130	0	2130 < 2889 OK

Zoning Conformance Table

See next page for table of lot and bulk regulations in residential zoning districts. For additional information regarding lot and bulk regulations in other zoning districts, please see section 860-1(B) of the New Castle Town Code.

Date 2/14/19

Zoning District: 1/2 acre 1/4 acre 1 acre 2 acres other

	Required or Allowed	Existing	Proposed
Lot Area	10,890	16117	16117
Lot Width	75	171.38	171.38
Front Yard Setback	40	18.6'	EXISTING
Side Yard Setback	10 min 30' ft.	6'	NO CHANGE
Building Height (Principal Building)	2/35	24'	NO CHANGE
Building Height (Accessory Building)	2/45	12.25'	NO CHANGE
Minimum Floor Area	1000	609	NO CHANGE

A. Development Coverage - Enter "0" if category is not applicable.

a) Total Lot Area: 16117 (sq. ft.) b) Max. permitted development coverage: 4681 (sq. ft.)

Amount of lot area covered by:	Existing (sq. ft.)	Proposed (sq. ft.)	Proposed Development Coverage (Existing + Proposed + Total Proposed Building Coverage)
Driveway, parking areas, and walkways	500	-0-	500+2130 = 2630 ⁺²
Terraces	811	-0-	811
Tennis court, platform tennis court, swimming pool and related mechanical equipment	-0-	-0-	-0-
All other structures, not including preexisting stone walls	-0-	-0-	-0-
Total Proposed Development Coverage	-0-	-0-	-0-
TOTALS	1311	0	3450 < 4681 OK

ALL WORK TO BE PERFORMED IN ACCORDANCE WITH APPLICABLE CODES; IN THE ABSENCE OF OTHER STANDARDS, THE NEW YORK BASIC BUILDING CODE & CODE MANUAL SHALL GOVERN.

PROTECT FROM DAMAGE ALL STRUCTURES, FINISHES, UTILITIES & EQUIPMENT; ALL EXISTING WALLS ARE SCHEDULED TO REMAIN.

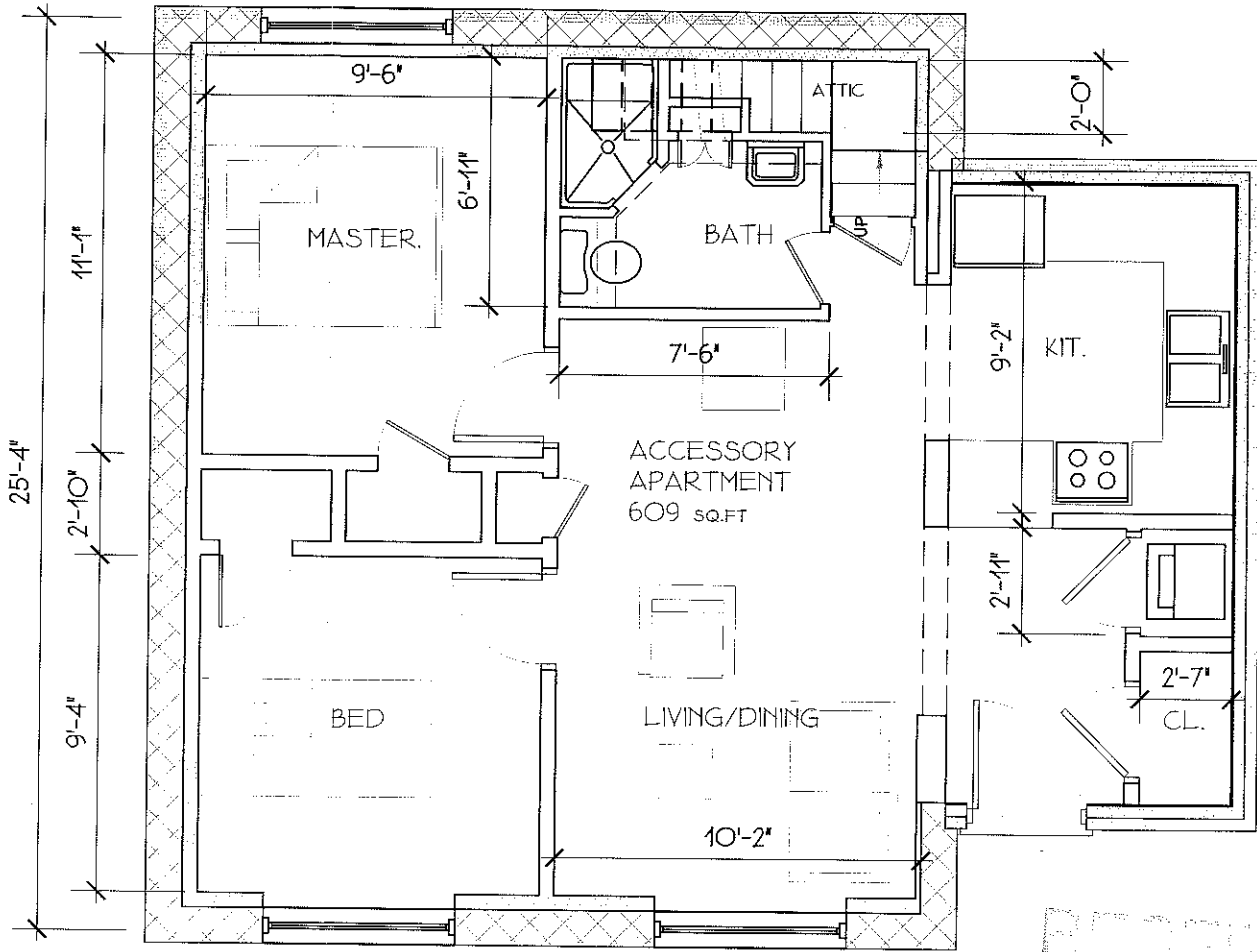
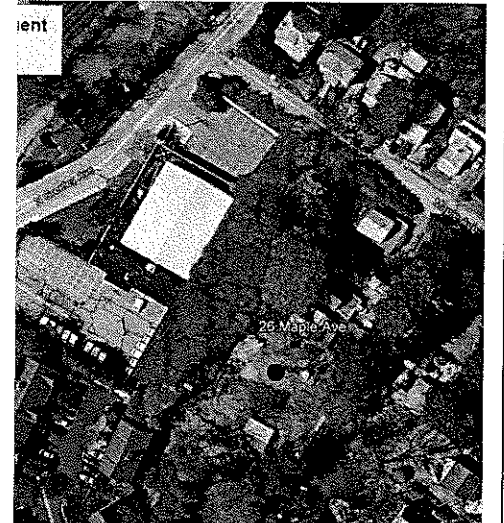
PROVIDE PROTECTIVE DUST AND WATER-TIGHT ENCLOSURES WHERE AND WHEN REQUIRED.

THE CONTRACTOR SHALL BE RESPONSIBLE FOR ADEQUATELY BRACING AND PROTECTING ALL WORK DURING CONSTRUCTION AGAINST DAMAGE, BREAKAGE, COLLAPSE, DISTORTIONS, AND MISALIGNMENT ACCORDING TO APPLICABLE CODES, STANDARDS AND GOOD WORKMAN LIKE PRACTICE.

THE CONTRACTOR SHALL REMOVE ALL DEBRIS FROM THE SITE TO A POINT OF LEGAL DISPOSAL.

PARKING CALCULATIONS

PARKING REQUIRED---3 SPACES
PARKING PROVIDED---3 SPACES



FLOOR PLAN

3/16" = 1'-0"

APPROVED THIS _____ DAY OF _____ 2019
CHAIRMAN, PLANNING BOARD TOWN OF NEW CASTLE

SITE PLAN

1" = 30'

Charles A. Napoli, Architect
332 QUAKER ROAD CHAPPAQUA, NY 10514
914 238 3490

ACCESSORY APARTMENT

26 MAPLE PLACE CHAPPAQUA

SCALE AS NOTED DRAWING NO.

DATE FEB. 15, 2019

REVISIONS

S-1

King Street Associates R.O. No. 82553