



TOWN OF NEW CASTLE
TREE REMOVAL PERMIT APPLICATION
200 South Greeley Avenue, Chappaqua, NY 10514
Office (914) 238-4723 Fax (914) 238-5177

Date Application Received _____
Permit Number Assigned _____
Public Notice Required ___ Yes ___ No
Fee: Amount Paid: _____

- Please submit one (1) signed copy of Tree Permit Application Form to the Building & Engineering Department. Please use the address noted above. Email signed copy to building@town.new-castle.ny.us, or fax to 914-238-5177.
- Fees \$ 30.00 up to 3 trees, \$ 10.00 for each additional tree, payable to Town of New Castle.

1) Property Owner:

Name: 16 HRR, LLC, c/o Michael Gaetano

Address:

Phone: (Home) 914-741-1800 (Cell)

E-mail: scg@manhattanpmr.com

2) Applicant: (if not homeowner, provide name of agent, tree company and/or arborist)

Agent/Tree Company:

Phone: (Work/Cell)

E-mail

Address

3) Property where work will be performed:

Address: 16 Hollow Ridge Road

Tax Map ID: Section 101.15 Sheet _____ Block 2 Lot(s) 1.4 Zoning District: R-2A

4) Purpose of Tree Removal: (If additional space is needed, please attach a separate sheet)

- Clearing (10 or more trees to be removed)
- Removal of Tree(s) within Regulated Landscape Buffer Zone (applies to trees 4" dbh or greater) (Buffer: R-1/4 acre = 5 feet; R-1/2 acre = 10 feet; R-1 acre = 15 feet; R-2 acre = 25 feet)
- Removal of Tree(s) Outside of Regulated Landscape Buffer Zone (applies to trees 8" dbh or greater)
- Removal of a Specimen Tree(s) (all trees 24" dbh or greater)
- Other, please explain:

5) List Trees to be Removed: (If additional space is needed, please attach a separate sheet)

Species	Size (dbh) @4.5 feet above ground	Location (Front, Side, or Rear Yard)	Condition	Reason for Removal (Hazardous Tree, Tree in Way of Planned Improvements, etc.)
1.				
2.				
3.				
4.				
5.				

Total Number of Trees to be Removed See Attached.

6) Public Notice Requirements

If you are removing three (3) or more trees, written notification is required of all property owners within 100 feet of the boundary of the property. Please fill out Attachment A: Notice of Application and Mailing and mail this completed form to your neighbors.

7) Tree Replacement Requirements

Where healthy Trees or Trees considered to be in Fair or better Condition are being removed, you will be required to replace 50% of the total aggregate diameter (DBH) of trees removed with new trees. If Tree Replacement is required, the total required diameter will be included as a Condition of the Permit Approval.

Note: The Condition of each Tree to be removed will be determined by the Town's Environmental Coordinator. You may use your own Arborist to evaluate a Tree's condition and submit the Arborist's findings with your application, however, the final determination will be made by the Town's Environmental Coordinator.

8) Other Permits and Approvals

Please list any other Applications pending with the Town of New Castle that are associated with this permit or the property in question.

___ Building Permit, Permit # _____ ___ Zoning Board ___ Wetlands Permit ___ Planning Board

9) Please Locate Approximate Location of Tree(s) to be Removed. Indicate location of trees on the sketch below or attach a survey of property with location indicated. Attach Digital Photographs, and place a ribbon or tag on each tree to be removed.

Show location of trees:

10) Owner's Authorization and Certification

The Undersigned Applicant (owner) agrees to comply with the Town of New Castle Code, Chapter 121 Tree Preservation, regarding tree removal (the "Tree Ordinance"). The Applicant hereby grants permission to the Town of New Castle for Town employees and or designees to enter the above property to inspect the trees for which removal is being requested. By making this application the applicant agrees to indemnify and hold harmless the Town, its officers, employees and designees or agents against any damage or injury that may be caused by, or arise out of, any entry onto the subject property in connection with the processing of this application.

The Applicant hereby acknowledges that any false or misleading statements or information provided on this Tree Removal Permit Application or to the Approving Authority shall result in the invalidation of any previous authorization. In addition, yhe Applicant shall be subject to the penalties and sanctions set forth in the Tree Ordinance for any activities conducted without a required tree permit.

<u>Michael Gaetano</u> Signature of Owner	Michael Gaetano Print Owner's Name	10.11.19 Date
_____ Signature of Agent	_____ Print Agent's Name	_____ Date

NOTE: The completion of this Tree Permit Application Form does not bestow any rights, privileges, licenses, permits or other entitlements upon the applicant and does not relieve the applicant from compliance with all applicable laws, rules and regulations of the Town of New Castle.

ATTACHMENT A:

NOTICE OF APPLICATION AND MAILING

Dear Neighbor

From: (Name) Michael Gaetano, 16 HRR LLC

(Address) 16 Hollow Ridge Road

(Tax Map ID) Section 101.15 Sheet _____ Block 2 Lot(s) 1.4

Re: NOTICE OF PENDING TREE REMOVALS

The Town of New Castle under Chapter 121.5, Tree Preservation Ordinance, requires that any application for removal of three (3) or more trees, be mailed by the applicant via certified mail, to all property owners within 100 feet of the boundaries of the property on which the proposed regulated activity will be conducted. The application is not subject to a public hearing, it is only a professional courtesy to inform you of pending tree removals that are subject to review and approval by the Town of New Castle. If you have questions, please contact me at 914-741-1800.

I certify that I have sent this notice to the homeowners listed below. Attached are return receipts from said mailing.

Name

Address

Peter Larkin & Jennifer Stewart 24 Hollow Ridge Road, Mt. Kisco, NY 10549

14 Hollow Ridge Road LLC 550 Franklin Avenue, Mt. Vernon, NY 10550

John & Tiffany Yanuklis 18 Hollow Ridge Road, Bedford Corners, NY 10549

Thomas J. & Debra P. Barrett 22 Hollow Ridge Road, Bedford Corners, NY 10549

Baitai Li 23 Hollow Ridge Road, Mt. Kisco, NY 10549

Ronald Magro 1140 Castle Hill, Bronx, NY 10462

(If more space required, add a separate page)

Date: October 15, 2019

Signed: M. Gaetano

Phone #: 914-741-1800

(Form to completed and sent to each homeowner via certified mail, return receipt. Fill out list of names and addresses that mailing was sent to, and attach return receipts with application. Building Department will provide a list of adjacent and abutting owners upon request)

TREE REMOVAL LIST PROPOSED

SPECIES OF TREE	SIZE (DBH) OF TREE (INCH)	NUMBER OF TREES TO BE REMOVED	CUMULATIVE SIZE (DBH) (INCH)	REPLANT %	REPLANT SIZE (INCH)	REPLANT TREES @ 2-1/2 DIA. (INCH)
MAPLE	8	13	104	25%	26	10.4
	10	15	150	25%	37.5	15
	12	11	132	25%	33	13.2
	14	6	84	25%	21	8.4
	16	6	96	25%	24	9.6
	18	3	54	50%	27	10.8
	20	2	40	50%	20	8
BIRCH	8	2	16	25%	4	1.6
	12	2	24	25%	6	2.4
	16	1	16	25%	4	1.6
	18	1	18	50%	9	3.6
CHERRY	14	1	14	25%	3.5	1.4
HICKORY	12	1	12	25%	3	1.2
	14	1	14	25%	3.5	1.4
TREE	8	3	24	25%	6	2.4
	10	1	10	25%	2.5	1
	14	3	42	25%	10.5	4.2
	16	3	48	25%	12	4.8
	18	1	18	50%	9	3.6
	20	1	20	50%	10	4
TOTAL TREES TO BE REMOVED		77				
TOTAL SIZE (DBH) OF TREES TO BE REMOVED			936		271.5	108.6