

APPLICATION TO THE ZONING BOARD OF APPEALS

For 3/28/12 Meeting
(Month/Year)

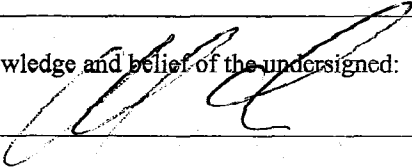
Today's Date: 3/2/2012

Fee: \$350.00

Application No. _____ BP# _____

NOTE: It is now mandatory to meet with the building inspector PRIOR to submitting an application. No application will be accepted unless this has been done. Please call the ZBA Secretary 914-238-4725 to schedule an appointment.

Application is hereby made for a variance with respect to the following premises:

- Owner Name Eric Levine
Address of Subject Property 16 Random Farms Circle
(Street and Town) Chappaqua, NY
Home Phone of Applicant 914-762-8117
- Section 81.7.1.15 Block — Lot 42
Total Lot Area (Sq. ft.) 26,659
- Located in Zone R, 1/2 A on the E side of Random Farms Circle
(R1/4,1/2,1,2A) (N,S,W,E) (Street)
- Type of Variance: Front Rear _____ Side _____ Use _____ Fence _____ FAR _____
Bldg. Cov. _____ Dev. Cov. _____ Other _____ Amt of Proposed Variance: _____ feet or percentage of required setback
- Does this application comply with the schedule of regulations for Floor Area Ratio as required by Town Code?
Y/N/NA Y MAXIMUM PERMITTED 5,082 PROPOSED 4,795
- Does this application comply with Building Coverage regulations as required by Town Code?
Y/N/NA Y MAXIMUM PERMITTED 3,587 PROPOSED 2,601
Does this application comply with Development Coverage regulations as required by Town Code?
Y/N/NA Y MAXIMUM PERMITTED 6,207 PROPOSED 5,404
- A brief explanation for grounds of application for variance (including # of feet or percentage and location of variance) PLEASE INCLUDE THE SECTION OF THE TOWN CODE YOU ARE SEEKING RELIEF FROM:
Proposed 2-story addition located in the front yard of existing residence requires a front yard of 45'-6" where 50'-0" is required.
- Has any other application been made to the Zoning Board for this property (Y/N) Y ? If yes, when and for what.
October 2008, Rear Yard Variance - Approved but not constructed.
- Does this application require any other Board approvals? If so, please list below and dates you applied.
Planning Board - TBD
- The above statements are true to the best knowledge and belief of the undersigned:
Signed by (Owner or Representative) 
Address and phone if Representative _____

PROJECT I.D. NUMBER

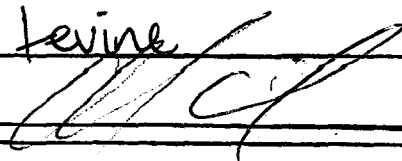
617.20

SEQR

Appendix C

State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
 For UNLISTED ACTIONS Only

PART I—PROJECT INFORMATION (To be completed by Applicant or Project sponsor)

1. APPLICANT /SPONSOR <i>Eric Levine</i>	2. PROJECT NAME <i>Levine Residence</i>
3. PROJECT LOCATION: Municipality <i>New Castle</i> County <i>Westchester</i>	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map) <i>160 Random Farms Circle Chappaqua, NY 10514</i>	
5. IS PROPOSED ACTION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY: <i>New 2-story to existing residence. Modifications to existing stone terrace.</i>	
7. AMOUNT OF LAND AFFECTED: Initially <i>26,659</i> acres SF Ultimately <i>26,659</i> acres SF	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, describe briefly <i>* REQUIRES FRONT YARD VARIANCE</i>	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open space <input type="checkbox"/> Other Describe:	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list agency(s) and permit/approvals <i>NEW CASTLE PLANNING BOARD NEW CASTLE ZONING BOARD</i>	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list agency name and permit/approval	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Applicant/sponsor name: <i>Eric Levine</i>	Date: <i>2/29/12</i>
Signature: 	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

OVER

1

PART II—ENVIRONMENTAL ASSESSMENT (To be completed by Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF.
 Yes No

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.
 Yes No

C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic patterns, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:

C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:

C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:

D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CEA?
 Yes No

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?
 Yes No If Yes, explain briefly

PART III—DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination and significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.

Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide on attachments as necessary, the reasons supporting this determination:

_____ Name of Lead Agency

_____ Print or Type Name of Responsible Officer in Lead Agency _____ Title of Responsible Officer

_____ Signature of Responsible Officer in Lead Agency _____ Signature of Preparer (if different from responsible officer)

_____ Date _____



TOWN OF NEW CASTLE

200 South Greeley Avenue, Chappaqua, New York 10514 • Ph. (914) 238-4723 • Fax (914) 238-5177 • e-mail: building@town.new-castle.ny.us

Zoning Board of Appeals:
Kenneth Cooper, Chairman
Gabriel Rosenfeld,
Chairman Emeritus
Gerry Golub, Secretary
Anthony Giardina
Harvey Boneparth

Building Inspector:
Ralph Tarchine, Jr.

Counsel to the Board:
Lynn E. Weinig

Recording Secretary:
Lori Anderson

Date: _____

Town of New Castle
Zoning Board of Appeals
200 S. Greeley Avenue
Chappaqua, NY 10514

Attention: Lori Anderson
Zoning Board Secretary

TO WHOM IT MAY CONCERN:

Eric Levine hereby authorize
(applicant name)

Matthew Behrens from
(architect/attorney/contractor)

Matthew Behrens - Architect to submit the
(company name)

Zoning Board Application together with supporting documents for the


Zoning Board hearing on 3/28/12
(date of meeting)

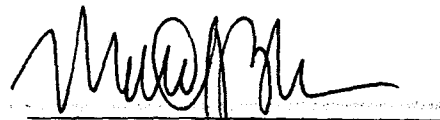
Matthew Behrens will also represent
(company name)

the Levines at the Zoning Board Hearing.
(applicant name)

Thank you for your assistance.

Sincerely,


(Applicant)


(Architect/Contractor/Attorney)

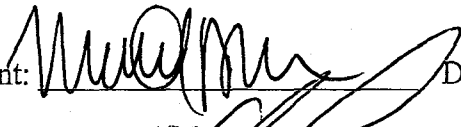
ZONING BOARD OF APPEALS

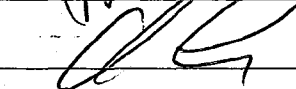
Applicant Acknowledgement

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. Any site for which an application has been submitted shall be subject to inspection upon notice to property owner and applicant at any reasonable time, including weekends and holidays, by the Zoning Board of Appeals or its designated representatives. By making of this application the applicant agrees to indemnify and hold harmless the Town, its officers and employees 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 the application, during construction or within three (3) years after the completion of work.

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.

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:  Date: 3/2/12

Signature of Property Owner:  Date: _____



TOWN OF NEW CASTLE

200 South Greeley Avenue, Chappaqua, New York 10514 • Ph. (914) 238-4724 • Fax (914) 238-5177 • e-mail: jfriend@Town.New-Castle.NY.US

PLANNING BOARD

Chairman:
Robert B. Anesi, Esq.

Members:
Richard P. Brownell, P.E.
Laurie Droughton Matthews
June K. Blanc
Susan Carpenter

Counsel:
Lester D. Steinman, Esq.

Acting Town Engineer:
Robert Ciolfi, P.E.

Secretary:
Janice A. Friend

NOTICE

to Planning Board Applicants & Zoning Board of Appeals Applicants

Please be advised that effective January 1, 2008 applicants will be required to reimburse the town for the cost of legal review services on Land Use Applications for aggregate time billed in excess of 2 hours. The first two hours of legal review work shall be borne as a general Town expense. The cost of legal review work in excess of the first 2 hours will be reimbursed to the Town through withdrawals made from the applicant's established professional consultant review escrow account.

2/12/08

Date 3/2/2017

TOWN OF NEW CASTLE
200 South Greeley Avenue
Chappaqua, New York 10514
Telephone (914) 238-4771

COVERAGE CALCULATIONS WORKSHEET

[See next page for pertinent definitions and other related provisions]

Application Name or Identifying Title: LEVINE RESIDENCE - 16 Random Farms
Tax Map Designation (Section/Block/Lot) or Proposed Lot No. 81.7-1-15 Circle
Lot # 42

A. BUILDING COVERAGE [Enter "0" below if category is not applicable]

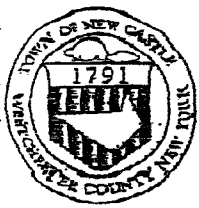
1. Total lot area (sq. ft.) = 26,659
2. Maximum permitted building coverage (sq. ft.) = 3,587
3. Amount of lot area covered by principal building:
2,195 existing (sq. ft.) + proposed 108 (sq. ft.) = 2,303
4. Amount of lot area covered by accessory buildings:
0 existing (sq. ft.) + 0 proposed (sq. ft.) = 0
5. Amount of lot area covered by decks:
150 existing (sq. ft.) + 0 proposed (sq. ft.) = 150
6. Amount of lot area covered by porches:
148 existing (sq. ft.) + 0 proposed (sq. ft.) = 148
7. Proposed building coverage: Lines 3 + 4 + 5 + 6 (sq. ft.) = 2,601

If Line 7 is less than or equal to Line 2, your proposal complies with the Town's regulations; if Line 7 is greater than Line 2, your proposal does not comply with the Town's regulations.

B. DEVELOPMENT COVERAGE [Enter "0" below if category is not applicable]

1. Total lot area (sq. ft.) = 26,659
2. Maximum permitted development coverage (sq. ft.) = 6,207
3. Amount from Line 7 in Section A above (sq. ft.) = 2,601
4. Amount of lot area covered by driveway, parking areas and walkways:
1,690 existing (sq. ft.) + 0 proposed (sq. ft.) = 1,690
5. Amount of lot area covered by terraces:
1,113 existing (sq. ft.) + 0 proposed (sq. ft.) = 1,113
6. Amount of lot area covered by tennis court, platform tennis court, swimming pool and related mechanical equipment:
0 existing (sq. ft.) + 0 proposed (sq. ft.) = 0
7. Amount of lot area covered by all other structures, not including preexisting stone walls:
0 existing (sq. ft.) + 0 proposed (sq. ft.) = 0
8. Proposed development coverage: Lines 3 + 4 + 5 + 6 + 7 (sq. ft.) = 5,404

If Line 8 is less than or equal to Line 2, your proposal complies with the Town's regulations; if Line 8 is greater than Line 2, your proposal does not comply with the Town's regulations.



TOWN OF NEW CASTLE

200 South Greeley Avenue, Chappaqua, New York 10514 • Ph. (914) 238-4723 • Fax (914) 238-5177 • e-mail: building@town.new-castle.ny.us

FLOOR AREA RATIO CALCULATION WORKSHEET

DATE 2/24/12

BUILDING PERMIT NUMBER _____

1. Property owner:

A) Print name: Eric Levine
 Address: 16 Random Farms Circle
 Telephone Number: 914-400-6360 Fax Number _____
 E-Mail Address: camlev@optonline.net

B) Applicant if not owner: _____
 Address: _____
 Phone Number: _____ Fax Number _____
 E-Mail Address: _____

2. Location and description of property:

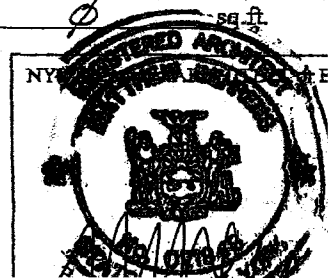
Street address: 16 Random Farms Circle
 Tax designation: Section: _____ Block: _____ Lot: 81.7-1-15
 Zoning District R-1/2A LOT # 42
 Area of lot: .62 acres 26,659 square feet

3. Architect or Engineer Matthew Behrman New York State License Number 021846
 Address: 25 Bedford Road, Sleepy Hollow, NY 10591
 Telephone Number: 914-391-1689 Fax Number _____
 E-Mail Address: matth6728@msn.com

4. Maximum permitted floor area 5,082 sq.ft. (from charts)

Existing First Floor	<u>1693</u> sq.ft.	Proposed First Floor	<u>135</u> sq.ft.
Existing Second Floor	<u>1744</u> sq.ft.	Proposed Second Floor	<u>131</u> sq.ft.
½ Existing Basement	<u>838</u> sq.ft.	½ Proposed Basement	<u>68</u> sq.ft.
½ Existing Garage	<u>254</u> sq.ft.	½ Proposed Garage	<u>Ø</u> sq.ft.
Existing Detached Structure(s)	<u>Ø</u> sq.ft.	Attic if applicable	<u>Ø</u> sq.ft.
Proposed Detached Structure(s)	<u>Ø</u> sq.ft.		
Total floor area existing	<u>4,529</u> sq.ft.		
Total floor area proposed	<u>4,795</u> sq.ft.		

Complies Yes No _____



SYMBOLS LEGEND

EXISTING CONSTRUCTION TO REMAIN

EXISTING CONSTRUCTION TO BE REMOVED
 CONTRACTOR SHALL VERIFY ALL CONSTRUCTION ELEMENTS PRIOR TO REMOVAL OF ANY CONSTRUCTION ELEMENTS. REMOVAL OF ALL SERVICES AFFECTED BY DEMOLITION. -SEE DEMOLITION NOTES SHEET T-1-

NEW CONSTRUCTION

ALL INTERIOR PARTITIONS SHALL BE 2x4 WOOD STUDS WITH 1/2" GYP BOARD ON BOTH SIDES TO CEILING ABOVE. 1/2" GYP BOARD EACH SIDE, PREPARED AS REQUIRED TO RECEIVE NEW PAINT FINISH.

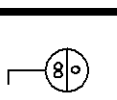
ALL EXTERIOR WALLS SHALL BE 2x6 WOOD STUDS WITH 1/2" GYP BOARD ON BOTH SIDES TO CEILING ABOVE AND EXTERIOR FINISH TO MATCH EXISTING. ROOF JOISTS ABOVE SHALL BE 2x6 WOOD STUDS WITH 1/2" GYP BOARD ON BOTH SIDES TO CEILING ABOVE. EXTERIOR WALLS SHALL BE INSULATED WITH FULL THICK R-19 POLY-FACE BATT INSULATION.

ALL NEW CONSTRUCTION SHALL MATCH EXISTING WOOD STUDS AT THE MID-POINT OF WALL HEIGHT WITH ADJACENT SURFACES.

NEW DOOR SWAGS, LETTER CORRESPONDS TO REFERENCE LETTER IN DOOR SCHEDULE

NEW WINDOW SYMBOL, LETTER CORRESPONDS TO REFERENCE LETTER IN WINDOW SCHEDULE

SECTION / DETAIL REFERENCE



SYMBOLS LEGEND

DUPLER COMPONENT OUTLET MOUNTED @ 1" AFF (0 AND) OUTLETS SHALL BE WHITE NYLON "VOCOM" OR EQUIV.

QUADPLEX OUTLET TO WATCH

CABLE TELEVISION OUTLET. CONTRACTOR SHALL VERIFY EXACT LOCATION WITH OWNER.

NEW WALL-MOUNTED TELEPHONE OUTLET. CONTRACTOR SHALL COORDINATE LOCATION WITH OWNER AND UTILITY COMPANY.

RECESSED INCANDESCENT DOWNLIGHT. CONTRACTOR SHALL VERIFY EXACT LOCATION WITH OWNER AND 75% LUM.

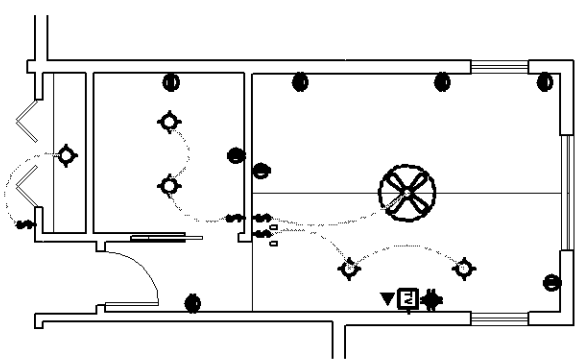
WALL-MOUNTED DECAPAQUE SCENE FINISH. SUPPLIED BY OWNER / INSTALLED BY CONTRACTOR

SINGLE POLE LIGHT SWITCH

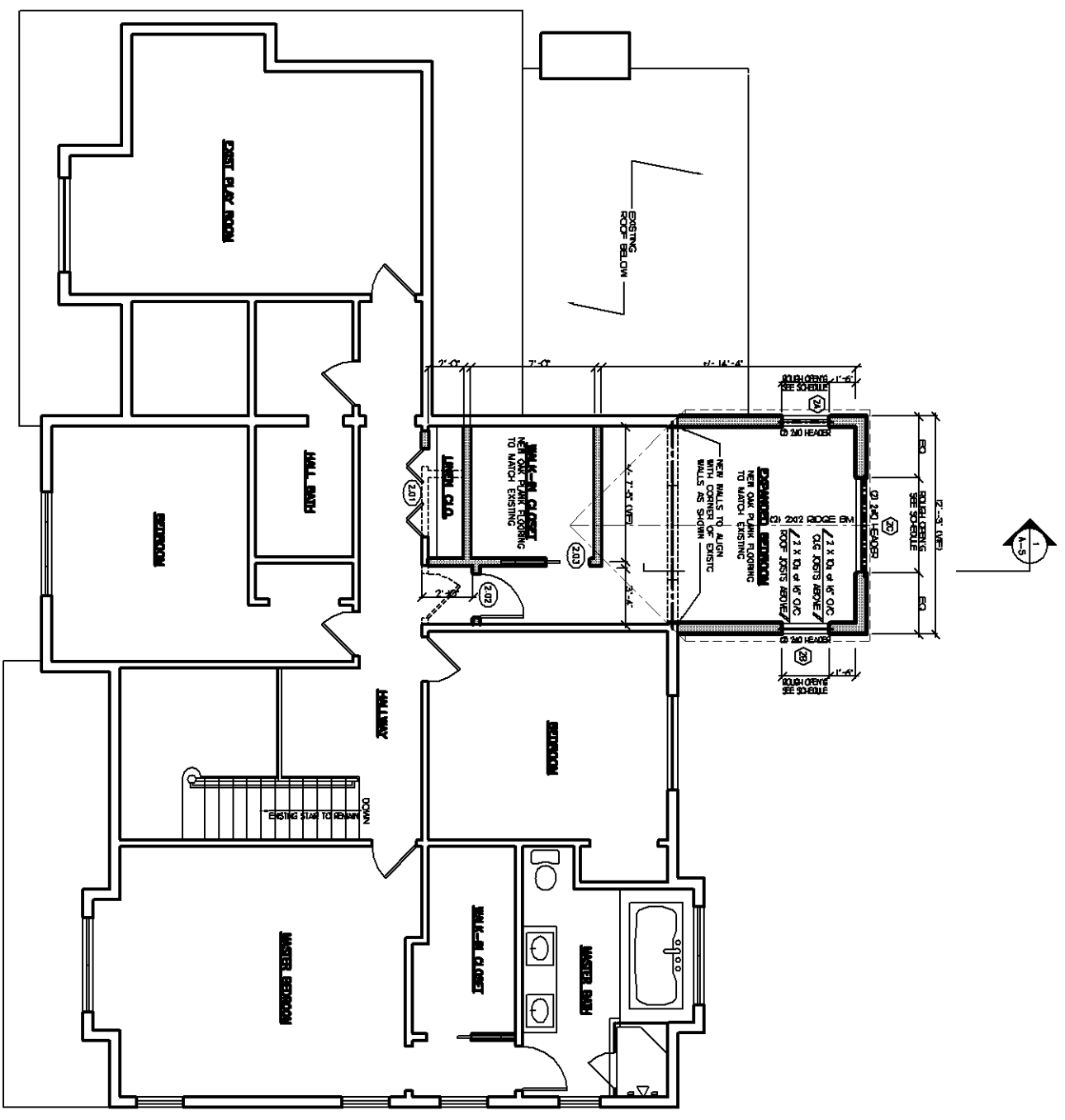
SINGLE POLE SWITCH OR EQUIV.

DUALER SWITCH, "TYPICAL" OR EQUIV.

CONNECTING UNITS, MOBILE LIGHT SWITCH ASSUMPTIONS



PART. SECOND FLOOR POWER & LIGHTING PLAN
 SCALE : 1/4" = 1'-0"



SECOND FLOOR CONSTRUCTION & DEMOLITION PLAN
 SCALE : 1/4" = 1'-0"

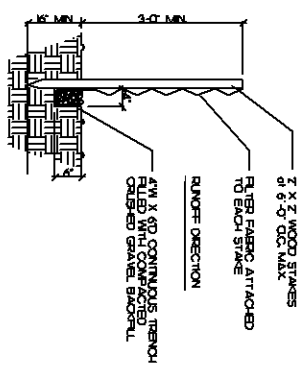
ADDITION / ALTERATION :

LEVINE RESIDENCE
 16 RANDOM FARMS CIRCLE
 CHAPPAQUA, NY

SECOND FLOOR CONSTRUCTION / DEMOLITION PLAN
 DATE : JAN 26, 2012
 SCALE : 1/4"=1'-0"

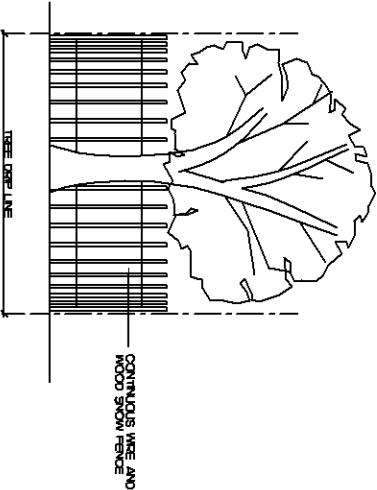
MATTHEW BREHENS
 ARCHITECT
 25 BEDFORD ROAD
 SLEEPY HOLLOW, NY 10991
 914-351-1689

A=2



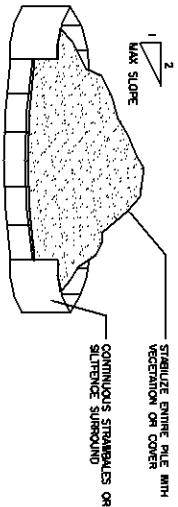
SILT FENCE CONSTRUCTION NOTES:
EXCAVATE A 4" WIDE X 6" DEEP TRENCH
ALONG THE LOWER PERIMETER OF THE SITE
AS INDICATED ON THE SITE PLAN
UNROLL A SECTION AT A TIME AND POSITION
THE TOPS AGAINST THE BACK (DOWNSTREAM)
SIDE OF THE TRENCH
DRIVE THE PEGS INTO THE GROUND UNTIL
THE TOPS OF THE STAKES REST ON THE
BOTTOM OF THE TRENCH & INCHES FROM THE
LAY THE TOP-IN LAP OF THE SILT FABRIC INTO
THE UNDISTURBED BOTTOM OF THE TRENCH.
BACKFILL THE TRENCH AND TAMP THE SOIL.

SILT FENCE DETAIL



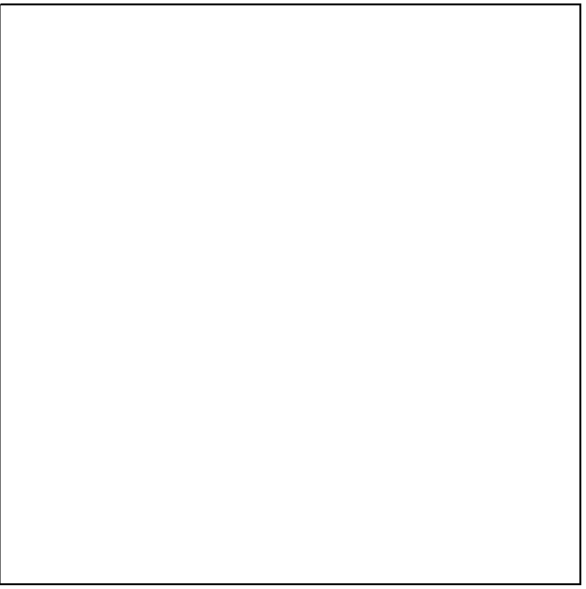
TREE PROTECTION DETAIL

THE PROTECTION NOTES
CONSTRUCTION EQUIPMENT, TRUCKS OR OTHER
VEHICLES SHOULD NOT BE PARKED OR OPERATED
WITHIN THE CANOPY OF TREES TO BE SAVED
RETICULAR PRODUCTS AND CHEMICALS SHOULD
BE KEPT OFF THE GROUND AND AWAY FROM
THE CANOPIES OF PROTECTED TREES
EXCAVATION OR STOCKPILING BEHIND PROTECTED
TREES NOT ACCEPTABLE
NO USE OF SMALL BOARDS OR FENCES BE
MADE TO PROTECT TREES



SOIL STOCKPILING

MATERIAL CHOSEN FOR STOCKPILING MUST BE DRY AND STABLE
MINIMUM SLOPE OF STOCKPILE SHALL BE 1:2
UPON COMPLETION OF SOIL STOCKPILING EACH PILE SHALL BE SURROUNDED WITH
DRIVEN SILT FENCE OR STRAW BALES - THEN STABILIZED WITH VEGETATION OR COVER
SEE SURFACE DETAILS ABOVE



LOCATION PLAN

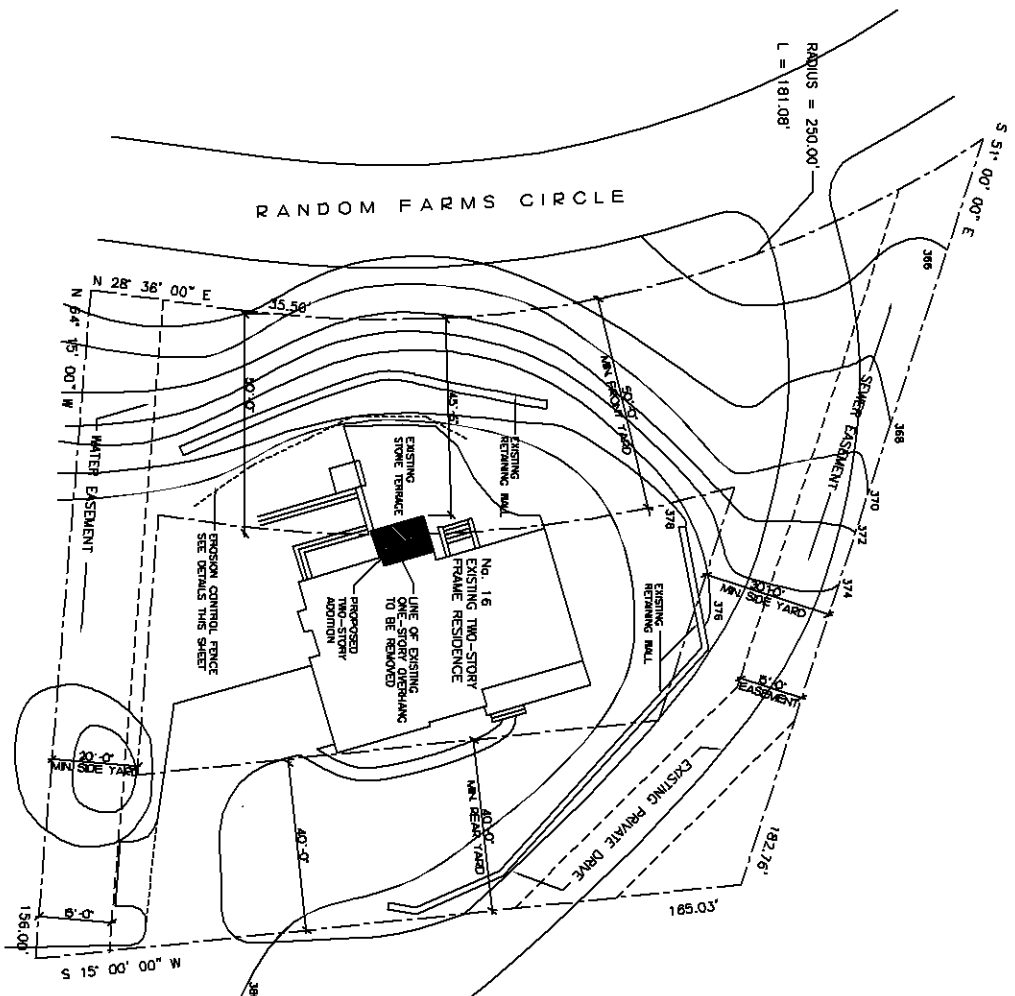


LOT COVERAGE CALCULATIONS

BUILDING COVERAGE	EXISTING	PROPOSED	TOTAL
TOTAL LOT AREA :			26,659 SF
MAX. PERMITTED BUILDING COVERAGE:			3,587 SF
COVERAGE BY PRINCIPAL BUILDING:	2,195 SF	108 SF	2,303 SF
COVERAGE BY ACCESSORY BUILDINGS:	0	0	0
COVERAGE BY DECKS:	150 SF	0	150 SF
COVERAGE BY PORCHES:	148 SF	0	148 SF
TOTAL :			2,601 SF
DEVELOPMENT COVERAGE	EXISTING	PROPOSED	TOTAL
TOTAL LOT AREA :			26,659 SF
MAX PERMITTED DEVELOPMENT COVERAGE:			6,207 SF
BUILDING COVERAGE:			2,601 SF
COVERAGE BY DRIVEWAYS & WALKS:	1,690 SF	0	1,735 SF
COVERAGE BY TERRACES:	1,113 SF	0	1,113 SF
COVERAGE BY ALL OTHER STRUCTURES:	0	0	0
TOTAL :			5,404 SF

ZONING ANALYSIS

DESCRIPTION	REQUIRED	PROVIDED	COMMENTS
ZONING DISTRICT	R-1/2 A		
MINIMUM LOT SIZE	21,780 SF	26,659 SF	
MIN FRONT YARD	50'	45'-6"	VARIANCE REQUIRED
MIN SIDE YARD 1	20'	47'-9"	
MIN SIDE YARD 2	30'	53'-6"	
MIN REAR YARD	40'	40'-0"	



SITE PLAN



NO.	DATE	REVISIONS

ADDITION / ALTERATION :
LEVINE RESIDENCE
16 RANDOM FARMS CIRCLE
CHAPPAQUA, NY

SITE PLAN and DETAILS
PROJ. NO. 308
DATE : FEB 23, 2011Z
SCALE : AS NOTED

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

MATTHEW BEHRENS
ARCHITECT
25 BEDFORD ROAD
SLEEPY HOLLOW, NY 10991
914-351-1689

S-1

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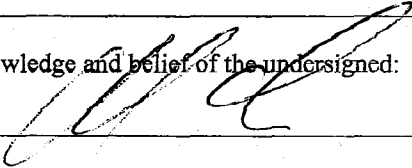
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Does this application comply with Development Coverage regulations as required by Town Code?
Y/N/NA Y MAXIMUM PERMITTED 6,207 PROPOSED 5,404
- A brief explanation for grounds of application for variance (including # of feet or percentage and location of variance) PLEASE INCLUDE THE SECTION OF THE TOWN CODE YOU ARE SEEKING RELIEF FROM:
Proposed 2-story addition located in the front yard of existing residence requires a front yard of 45'-6" where 50'-0" is required.
- Has any other application been made to the Zoning Board for this property (Y/N) Y ? If yes, when and for what.
October 2008, Rear Yard Variance - Approved but not constructed.
- Does this application require any other Board approvals? If so, please list below and dates you applied.
Planning Board - TBD
- The above statements are true to the best knowledge and belief of the undersigned:
Signed by (Owner or Representative) 
Address and phone if Representative _____

PROJECT I.D. NUMBER

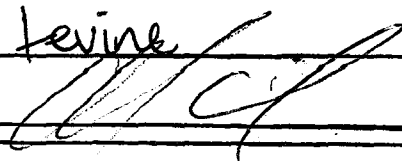
617.20

SEQR

Appendix C

State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
 For UNLISTED ACTIONS Only

PART I—PROJECT INFORMATION (To be completed by Applicant or Project sponsor)

1. APPLICANT /SPONSOR <i>Eric Levine</i>	2. PROJECT NAME <i>Levine Residence</i>
3. PROJECT LOCATION: Municipality <i>New Castle</i> County <i>Westchester</i>	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map) <i>160 Random Farms Circle Chappaqua, NY 10514</i>	
5. IS PROPOSED ACTION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY: <i>New 2-story to existing residence. Modifications to existing stone terrace.</i>	
7. AMOUNT OF LAND AFFECTED: Initially <i>26,659</i> acres SF Ultimately <i>26,659</i> acres SF	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, describe briefly <i>* REQUIRES FRONT YARD VARIANCE</i>	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open space <input type="checkbox"/> Other Describe:	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list agency(s) and permit/approvals <i>NEW CASTLE PLANNING BOARD NEW CASTLE ZONING BOARD</i>	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list agency name and permit/approval	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Applicant/sponsor name: <i>Eric Levine</i>	Date: <i>2/29/12</i>
Signature: 	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

OVER

1

PART II—ENVIRONMENTAL ASSESSMENT (To be completed by Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF.
 Yes No

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.
 Yes No

C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic patterns, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:

C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:

C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:

D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CEA?
 Yes No

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?
 Yes No If Yes, explain briefly

PART III—DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination and significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.

Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide on attachments as necessary, the reasons supporting this determination:

_____ Name of Lead Agency

_____ Print or Type Name of Responsible Officer in Lead Agency _____ Title of Responsible Officer

_____ Signature of Responsible Officer in Lead Agency _____ Signature of Preparer (if different from responsible officer)

_____ Date _____



TOWN OF NEW CASTLE

200 South Greeley Avenue, Chappaqua, New York 10514 • Ph. (914) 238-4723 • Fax (914) 238-5177 • e-mail: building@town.new-castle.ny.us

Zoning Board of Appeals:
Kenneth Cooper, Chairman
Gabriel Rosenfeld,
Chairman Emeritus
Gerry Golub, Secretary
Anthony Giardina
Harvey Boneparth

Building Inspector:
Ralph Tarchine, Jr.

Counsel to the Board:
Lynn E. Weinig

Recording Secretary:
Lori Anderson

Date: _____

Town of New Castle
Zoning Board of Appeals
200 S. Greeley Avenue
Chappaqua, NY 10514

Attention: Lori Anderson
Zoning Board Secretary

TO WHOM IT MAY CONCERN:

Eric Levine hereby authorize
(applicant name)

Matthew Behrens from
(architect/attorney/contractor)

Matthew Behrens - Architect to submit the
(company name)

Zoning Board Application together with supporting documents for the


Zoning Board hearing on 3/28/12
(date of meeting)

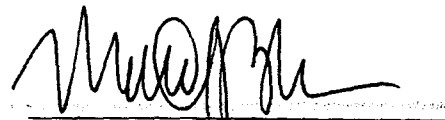
Matthew Behrens will also represent
(company name)

the Levines at the Zoning Board Hearing.
(applicant name)

Thank you for your assistance.

Sincerely,


(Applicant)


(Architect/Contractor/Attorney)

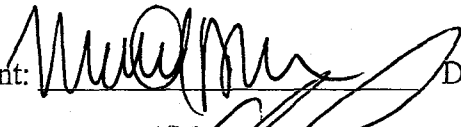
ZONING BOARD OF APPEALS

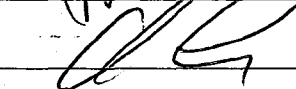
Applicant Acknowledgement

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. Any site for which an application has been submitted shall be subject to inspection upon notice to property owner and applicant at any reasonable time, including weekends and holidays, by the Zoning Board of Appeals or its designated representatives. By making of this application the applicant agrees to indemnify and hold harmless the Town, its officers and employees 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 the application, during construction or within three (3) years after the completion of work.

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.

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:  Date: 3/2/12

Signature of Property Owner:  Date: _____



TOWN OF NEW CASTLE

200 South Greeley Avenue, Chappaqua, New York 10514 • Ph. (914) 238-4724 • Fax (914) 238-5177 • e-mail: jfriend@Town.New-Castle.NY.US

PLANNING BOARD

Chairman:
Robert B. Anesi, Esq.

Members:
Richard P. Brownell, P.E.
Laurie Droughton Matthews
June K. Blanc
Susan Carpenter

Counsel:
Lester D. Steinman, Esq.

Acting Town Engineer:
Robert Ciolfi, P.E.

Secretary:
Janice A. Friend

NOTICE

to Planning Board Applicants & Zoning Board of Appeals Applicants

Please be advised that effective January 1, 2008 applicants will be required to reimburse the town for the cost of legal review services on Land Use Applications for aggregate time billed in excess of 2 hours. The first two hours of legal review work shall be borne as a general Town expense. The cost of legal review work in excess of the first 2 hours will be reimbursed to the Town through withdrawals made from the applicant's established professional consultant review escrow account.

2/12/08

Date 3/2/2017

TOWN OF NEW CASTLE
200 South Greeley Avenue
Chappaqua, New York 10514
Telephone (914) 238-4771

COVERAGE CALCULATIONS WORKSHEET

[See next page for pertinent definitions and other related provisions]

Application Name or Identifying Title: LEVINE RESIDENCE - 16 Random Farms
Tax Map Designation (Section/Block/Lot) or Proposed Lot No. 81.7-1-15 Circle
Lot # 42

A. BUILDING COVERAGE [Enter "0" below if category is not applicable]

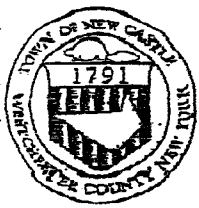
1. Total lot area (sq. ft.) = 26,659
2. Maximum permitted building coverage (sq. ft.) = 3,587
3. Amount of lot area covered by principal building:
2,195 existing (sq. ft.) + proposed 108 (sq. ft.) = 2,303
4. Amount of lot area covered by accessory buildings:
0 existing (sq. ft.) + 0 proposed (sq. ft.) = 0
5. Amount of lot area covered by decks:
150 existing (sq. ft.) + 0 proposed (sq. ft.) = 150
6. Amount of lot area covered by porches:
148 existing (sq. ft.) + 0 proposed (sq. ft.) = 148
7. Proposed building coverage: Lines 3 + 4 + 5 + 6 (sq. ft.) = 2,601

If Line 7 is less than or equal to Line 2, your proposal complies with the Town's regulations; if Line 7 is greater than Line 2, your proposal does not comply with the Town's regulations.

B. DEVELOPMENT COVERAGE [Enter "0" below if category is not applicable]

1. Total lot area (sq. ft.) = 26,659
2. Maximum permitted development coverage (sq. ft.) = 6,207
3. Amount from Line 7 in Section A above (sq. ft.) = 2,601
4. Amount of lot area covered by driveway, parking areas and walkways:
1,690 existing (sq. ft.) + 0 proposed (sq. ft.) = 1,690
5. Amount of lot area covered by terraces:
1,113 existing (sq. ft.) + 0 proposed (sq. ft.) = 1,113
6. Amount of lot area covered by tennis court, platform tennis court, swimming pool and related mechanical equipment:
0 existing (sq. ft.) + 0 proposed (sq. ft.) = 0
7. Amount of lot area covered by all other structures, not including preexisting stone walls:
0 existing (sq. ft.) + 0 proposed (sq. ft.) = 0
8. Proposed development coverage: Lines 3 + 4 + 5 + 6 + 7 (sq. ft.) = 5,404

If Line 8 is less than or equal to Line 2, your proposal complies with the Town's regulations; if Line 8 is greater than Line 2, your proposal does not comply with the Town's regulations.



TOWN OF NEW CASTLE

200 South Greeley Avenue, Chappaqua, New York 10514 • Ph. (914) 238-4723 • Fax (914) 238-5177 • e-mail: building@town.new-castle.ny.us

FLOOR AREA RATIO CALCULATION WORKSHEET

DATE 2/24/12

BUILDING PERMIT NUMBER _____

1. Property owner:

- A) Print name: Eric Levine
 Address: 16 Random Farms Circle
 Telephone Number: 914-400-6360 Fax Number _____
 E-Mail Address: camlev@optonline.net
- B) Applicant if not owner: _____
 Address: _____
 Phone Number: _____ Fax Number _____
 E-Mail Address: _____

2. Location and description of property:

Street address: 16 Random Farms Circle
 Tax designation: Section: _____ Block: _____ Lot: 81.7-1-15
 Zoning District R-1/2A LOT # 42
 Area of lot: .62 acres 26,659 square feet

3. Architect or Engineer Matthew Behrman New York State License Number 021846
 Address: 25 Bedford Road, Sleepy Hollow, NY 10591
 Telephone Number: 914-391-1689 Fax Number _____
 E-Mail Address: mattb728@msn.com

4. Maximum permitted floor area 5,082 sq.ft. (from charts)

Existing First Floor	<u>1693</u> sq.ft.	Proposed First Floor	<u>135</u> sq.ft.
Existing Second Floor	<u>1744</u> sq.ft.	Proposed Second Floor	<u>131</u> sq.ft.
½ Existing Basement	<u>838</u> sq.ft.	½ Proposed Basement	<u>68</u> sq.ft.
½ Existing Garage	<u>254</u> sq.ft.	½ Proposed Garage	<u>Ø</u> sq.ft.
Existing Detached Structure(s)	<u>Ø</u> sq.ft.	Attic if applicable	<u>Ø</u> sq.ft.
Proposed Detached Structure(s)	<u>Ø</u> sq.ft.		
Total floor area existing	<u>4,529</u> sq.ft.		
Total floor area proposed	<u>4,795</u> sq.ft.		

Complies Yes No _____

