

AGENDA PACKET

SEPTEMBER 15, 2020 MEETING

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TOWN OF LEWISBORO
Westchester County, New York



Planning Board
79 Bouton Road
South Salem, New York 10590

Tel: (914) 763-5592
Fax: (914) 875-9148
Email: planning@lewisborogov.com

AGENDA

Tuesday, September 15, 2020

Via Zoom videoconferencing and live streaming to Lewisboro TV YouTube channel

Join Zoom Meeting at <https://zoom.us/j/91404649102> Meeting ID: 914 0464 9102
You may call in to the Zoom meeting at 1-929-205-6099 when prompted, enter 914 0464 9102

<https://www.youtube.com/channel/UCNUNE5gXs5rnHcyR4l6dikA>

Note: Meeting will start at 7:30 p.m. and end at or before 11:00 p.m.

I. PUBLIC HEARING, CONTINUATION

Cal #91-19WP, Cal# 10-19SW

McArthur and Salazar Residence, 40 Old Pond Road, South Salem, NY 10590, Sheet 33C, Block 11155, Lots 16, 17 & 44 (William McArthur, owner of record) - Application for Wetland Activity and Stormwater Permits in connection with the reconstruction of a lakeside residence and cottage.

II. SKETCH PLAN REVIEW

Cal #03-20PB, Cal #37-20WP

Gossett Brothers Nursery, 1202 Route 35, South Salem, NY 10590, Sheet 31 Block 10805 Lot 46 (Thomas Gossett for T. Gossett Revocable Trust – owner of record) - Application for Site Development Plan Approval and Wetland Activity Permit Approval for an existing nursery.

Cal #04-20PB

Alpert to Orlinsky Lot line change, Old Church Lane, South Salem, NY 10590, Sheet 46, Block 9825, Lot 46 (Corey Alpert, owner of record) and 92 Old Church Lane, South Salem, NY 10590, Sheet 46, Block 9825, Lot 18 (Ethan & Dana Orlinsky, owners of record) - Application for a lot line change.

III. WETLAND PERMIT REVIEW

Cal #46-20WP

MacEachron Residence, 38 Gilbert Street, South Salem, NY 10590, Sheet 36D, Block 10806, Lots 11 & 12 (Daniel and Devon MacEachron, owners of record) – Application for the reconstruction of a sunroom and deck.

IV. MINUTES OF July 21, 2020 and August 18, 2020.

V. NEXT MEETING DATE: October 20, 2020.

TOWN OF LEWISBORO
Westchester County, New York



Building Department
79 Bouton Road
South Salem, New York 10590

Tel: (914) 763-3060
Fax: (914) 875-9148
Email: jangiello@lewisborogov.com

August 26, 2020

Ms. Janet Andersen, Chair
Town of Lewisboro Planning Board

Re: Cal#11-19PB, #91-19WP and #10-19SW
Old Pond Properties, LLC, 40 Old Pond Rd., sheet 033C, block 11155, lot 16, 17 & 44

Dear Ms. Andersen and Members of the Board,

I have reviewed additional information from J.D. Barret & Associates, LLC, Landscape Architect dated 7/27/2020 and Town Assessor Lise Robertson. I have the following comments:

The lot has frontage of 20' whereas 25' of frontage on a road which has been improved to the satisfaction of the Town is required per Article III Section 220-11 of the Town of Lewisboro Zoning Code.

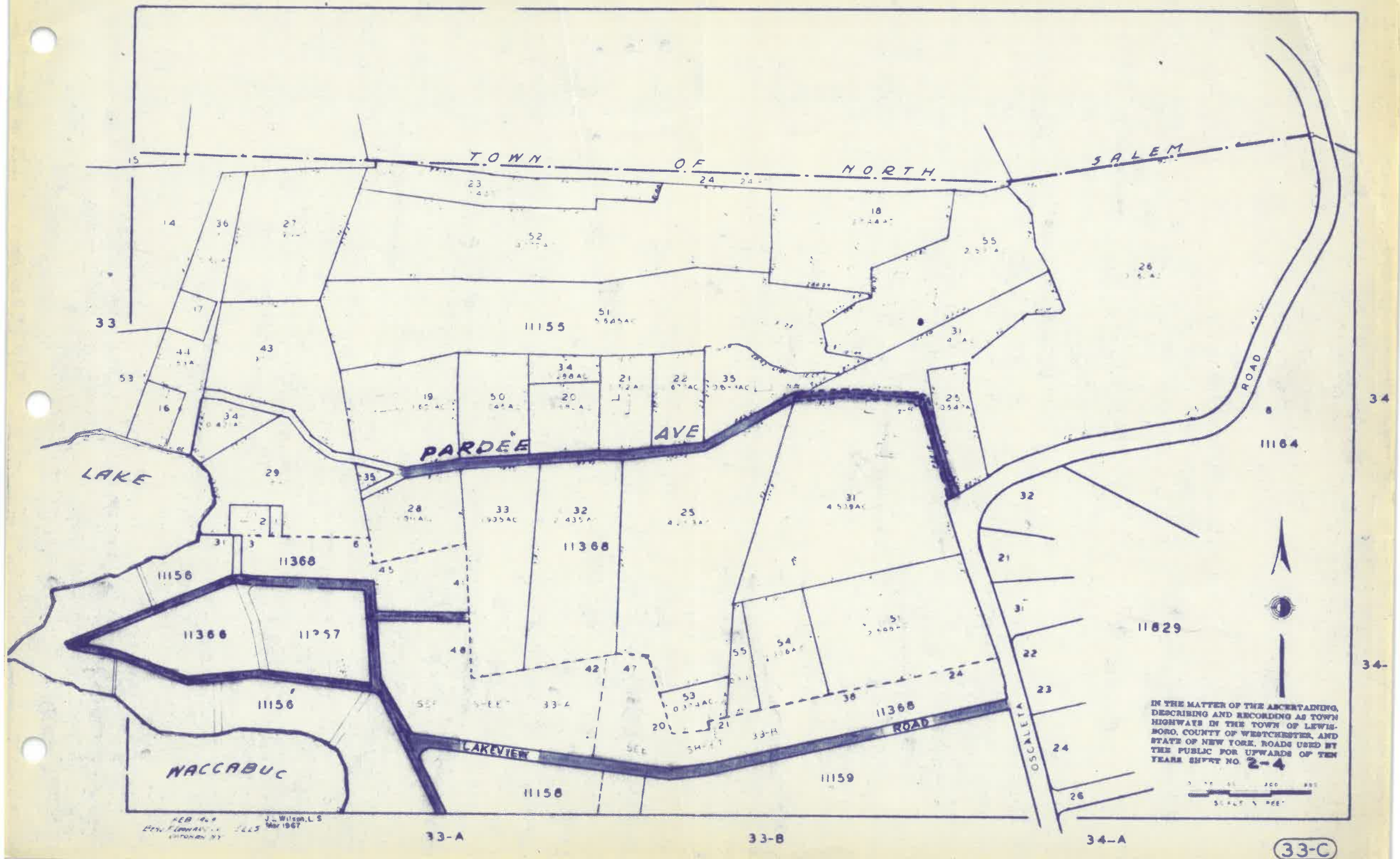
The lot must have frontage on a road which is improved to the satisfaction of the Town and requires a variance of Section 280a of NYS Town Law.

Town Assessor Lise Robertson has provided a tax map of roads acquired by Town Board resolution of 11/10/70. The map depicts the access road to the property as private. Please see the attached map in which Town roads have been shaded.

Please do not hesitate to contact me with any questions.

Sincerely,

Joe Angiello
Building Inspector



33-C

The Bedford Pound Ridge
RECORD REVIEW

INVOICE FOR LEGAL NOTICES

8-17-20

Town of Lewisboro
Attn: Janet Donohue – Town Clerk
PO Box 500
South Salem, NY 10590

INVOICE # RR 243-20

Amount this invoice: \$32.80

INSERTION DATE	SUBJECT	LINE COUNT @ \$0.385
8-7-20	PB: Cal # 91-19WPSW	80
Notary Charge		
		\$30.80
		2.00
TOTAL DUE		\$32.80

Make checks payable to: **The Record Review**

Remit your check to: **The Record Review**
PO Box 330
Dobbs Ferry, NY 10522

Please include invoice number on your check

Affidavit of Publication

STATE OF NEW YORK } SS:
County of Westchester

PAT DOMMERMUTH being duly sworn
says *(s)he is Principal Clerk of

The Bedford Pound Ridge
RECORD REVIEW

a newspaper published in the Town of Bedford, County of Westchester, and State of New York, and that a notice, of which the annexed printed notice is a copy, has been published in TheRecord-Review one times, once each week for one successive weeks, that such publication was made in the issues of: 8-7-20

Pat Dommernuth

Principal Clerk

Sworn before me this 17 day
of August 2020

Paula Thaler

Notary Public

PAULA THALER
Notary Public, State of New York
No. 01TH6302825
Qualified in Westchester County
Commission Expires May 5, 2022

*This affidavit must be made and executed by the Publisher, Principal Clerk or Foreman of the composing room.

TOWN OF LEWISBORO NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that the Planning Board of the Town of Lewisboro, Westchester County, New York will convene a Public Hearing on August 18, 2020 at 7:30 p.m., or soon thereafter, using the videoconferencing app Zoom, regarding the following:

Cal# 91-19WP Cal# 10-19SW

Application for Wetland Activity Permit Approval and Stormwater Permit Approval for the McArthur and Salazar Residence and Cottage, 40 Old Pond Road, South Salem, Sheet 33C, Block 11155 Lots 16, 17 & 44 (Old Pond Properties, LLC, owner of record) in connection with the demolition of the existing residence and garage and construction of a new, 2-bedroom residence and detached 1-bedroom lakeside cabana. The subject property is located at 40 Old Pond Road, consists of three lots of approximately 1.17 acres and is located within a Two Acre One-Family Residential District.

Public health and safety concerns related to the COVID-19 virus mean that the Planning Board will not be meeting in person. Per Governor Cuomo's Executive Order No. 202.1, this meeting will be held via Zoom and a transcript will be provided at a later date. The public will have the opportunity to review digital copies of materials and proposed site documents at <https://www.lewisborogov.com/planningboard>

Interested members of the pub-

lic are encouraged to provide written comments prior to or during the virtual meeting by emailing Ciorsdan Conran, Planning Board Administrator, at planning@lewisborogov.com. Please check the meeting agenda posted on the Board's web page for additional instructions and updates.

The public may view or participate through the Zoom app at <https://zoom.us/j/91029561263>

by clicking "Join a Meeting," and entering Meeting ID: 910 2956 1263. You may call in to the Zoom meeting at 1-929-205-6099 when prompted, enter 910 2956 1263.

Persons wishing to object to the application should file a notice of objection with the Planning Board together with a statement of the grounds of objection prior to the closing of the Public Hearing. All interested parties are encouraged to view the Public Hearing and all will be provided an opportunity to be heard.

PLANNING BOARD
TOWN OF LEWISBORO
By: Janet Andersen
Chair

Dated: July 31, 2020

The Town of Lewisboro is committed to equal access for all citizens. Anyone needing accommodations to view or participate in this meeting is encouraged to notify the Administrator to the Planning Board in advance.

RR243-20

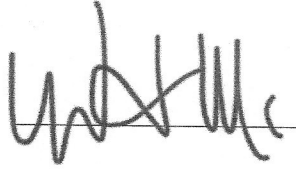
AFFIDAVIT OF POSTING

IN THE MATTER OF AN APPLICATION BY
WILLIAM MCARTHUR & ALEJANDRA
SALAZAR SEEKING WETLANDS ACTIVITY
PERMIT AND STORMWATER PERMIT
APPROVALS FOR PROPOSED IMPROVEMENTS
TO 40 OLD POND ROAD, SOUTH SALEM, NY
10590 IN THE TOWN OF LEWISBORO, NEW
YORK AND DESIGNATED ON THE OFFICIAL
TAX MAP AS SHEET 33, BLOCK 11155, LOTS 16,
17 & 44.

STATE OF NEW YORK)
) ss.
COUNTY OF WESTCHESTER)

WILLIAM MCARTHUR, being duly sworn,
deposes and says: I am over 18 years of age and
maintains offices in Westchester County, State of New
York.

On August 10 2020, a sign was posted at the
proposed entrance to the property at 40 Old Pond
Road, South Salem, NY 10590 noticing the August 18,
2020 Planning Board Public Hearing as was provided
to me by the Town of Lewisboro Planning
Department. A photograph of said posted sign is
annexed hereto.



Sworn to before me this
17th day of August, 2020

Notary Public

MICHAEL F. SIRIGNANO
Notary Public, State of New York
No. 4709295
Qualified in Westchester County
Commission Expires January 31, 20__

McArthur/Salazar Wetlands Activity and Stormwater Permit Applications

AFFIRMATION OF MAILING

MICHAEL FULLER SIRIGNANO, an attorney duly admitted to practice law in the State of New York, affirms the following to be true:

On August 3, 2020, I served a true copy of the annexed Notice to Property Owners by mailing the same by Certified Mail, Return Receipt Requested, in a sealed envelope, with postage prepaid thereon, in a post-office or official depository of the U.S. Postal Service within the State of New York, addressed to the last known address of the addressees listed on Exhibit A.

Affirmed To Be True: Cross River, NY
August 3, 2020



MICHAEL FULLER SIRIGNANO

“EXHIBIT A”

	<u>Owner Name</u>	<u>Property/or Mailing Address</u>	<u>Property Zip Code</u>
1.	70 Cove Road LLC	70 Cove Rd., South Salem, NY	10590
2.	Ackilli, Stephen J. & Betty A.	65 Cove Rd., South Salem, NY	10590
3.	Angelilli, S.J. & R., Sullivan, Dan & Kate	11 Old Pond Rd., South Salem, NY	10590
4.	Cochran, Richard & Seija	29 Old Pond Rd., South Salem, NY	10590
5.	Parker, Fran Mulnick	Cove Rd., South Salem, NY	10590
6.	Heslinga, Matthew	26 Old Pond Rd., South Salem, NY	10590
7.	Tomfohr, John	212 5 th Avenue, Apt. 20B, New York, NY 10010	10590
8.	DeAngelis, Louis A. & Olg I. Irrevocable Trust	34 Old Pond Rd., South Salem, NY	10590
9.	Delaney, Edward J. Jr. & Gail A. Dichter, Misha & Cipa	92 Cove Rd., South Salem, NY	10590
10.	Dichter, Misha & Cipa	145 Central Park West, New York, NY 10023	
11.	Annar, Susan	71 Cove Rd., South Salem, NY	10590
12.	Frank, Malcolm & Owen, Tara A.	53 Cove Rd., South Salem, NY	10590
13.	Gale, Dorothy S.	76 Cove Rd., South Salem, NY	10590
14.	Old Pond Properties, LLC	40 Old Pond Rd., South Salem, NY	10590
15.	Grant, James F. Jr. & Elizabeth	6 Stuart Lake Rd., South Salem, NY	10590
16.	Gureasko, Robert S. Revocable Living Trust	36 Old Pond Rd., South Salem, NY	10590

	<u>Owner Name</u>	<u>Property/or Mailing Address</u>	<u>Property Zip Code</u>
17.	Hammerstein, Oscar A. & Jennifer S.	84 Cove Rd., South Salem, NY	10590
18.	Hershman, Scott E. & Doherty, Therese M.	113 East 35 th Street, New York, NY 10016	10590
19.	Hillyer, Cameron & Jennifer	210 W. 90 th St., Apt. 7B, New York, NY 10024	10590
20.	Lake Waccabuc Assoc. Inc.	Cove Rd., South Salem, NY	10590
21.	Levine, Barbara	79 Cove Rd., South Salem, NY	10590
22.	Maiorino, Jeanette	59 Cove Rd., South Salem, NY	10590
23.	McAleer, Eileen T.	63 Cove Rd., South Salem, NY	10590
24.	Miller, Michael & Mary Beth	78 Cove Rd., South Salem, NY	10590
25.	Pancaldo, David & Shaina	61 Cove Rd., South Salem, NY	10590
26.	Reynolds, Robert S.	74 Cove Rd., South Salem, NY	10590
27.	Sedlacek, Kyle	55 Cove Rd., South Salem, NY	10590
28.	Shields, Amy C.	75 Cove Rd., South Salem, NY	10590
29.	Smith, Mary Lou	57 Cove Rd., South Salem, NY	10590
30.	Westchester Land Trust	403 Harris Rd., Bedford Hills, NY 10507	10590

TOWN OF LEWISBORO

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TOWN OF LEWISBORO**
By: Janet Andersen
Chair

Dated: July 31, 2020

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OFFICIAL USE
South Salem, NY 10590

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$0.00
- ☐ Return Receipt (electronic) \$0.00
- ☐ Certified Mail Restricted Delivery \$0.00
- ☐ Adult Signature Required \$0.00
- ☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$8.95

Sent To
Edmore S. Gursaske Rev. Living Trust
Street and Apt. No., or PO Box No.
36 Old Pond Rd
City, State, ZIP+4®
South Salem, NY 10590

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE
South Salem, NY 10590

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$0.00
- ☐ Return Receipt (electronic) \$0.00
- ☐ Certified Mail Restricted Delivery \$0.00
- ☐ Adult Signature Required \$0.00
- ☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$8.95

Sent To
Stephen J. & Betty A. Actelli
Street and Apt. No., or PO Box No.
65 Cove Rd
City, State, ZIP+4®
South Salem, NY 10590

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

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OFFICIAL USE
South Salem, NY 10590

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$0.00
- ☐ Return Receipt (electronic) \$0.00
- ☐ Certified Mail Restricted Delivery \$0.00
- ☐ Adult Signature Required \$0.00
- ☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$8.95

Sent To
70 Cove Road LLC
Street and Apt. No., or PO Box No.
70 Cove Rd
City, State, ZIP+4®
South Salem, NY 10590

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE
South Salem, NY 10590

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$0.00
- ☐ Return Receipt (electronic) \$0.00
- ☐ Certified Mail Restricted Delivery \$0.00
- ☐ Adult Signature Required \$0.00
- ☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$8.95

Sent To
James F. & Elizabeth Grant, Jr.
Street and Apt. No., or PO Box No.
6 Stewart Lake Rd
City, State, ZIP+4®
South Salem, NY 10590

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE
South Salem, NY 10590

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$0.00
- ☐ Return Receipt (electronic) \$0.00
- ☐ Certified Mail Restricted Delivery \$0.00
- ☐ Adult Signature Required \$0.00
- ☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$8.95

Sent To
Old Pond Properties, LLC
Street and Apt. No., or PO Box No.
40 Cove Rd.
City, State, ZIP+4®
South Salem, NY 10590

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®.

South Salem, NY 10590

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$8.95

Sent To
Dorothy Gale
Street and Apt. No., or PO Box No.
76 Cove Rd
City, State, ZIP+4®
So. Salem, NY 10590

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

South Salem, NY 10590

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$8.95

Sent To
Malcolm & Owen Frank / Tara A. Frank
Street and Apt. No., or PO Box No.
53 Cove Rd
City, State, ZIP+4®
So. Salem, NY 10590

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

South Salem, NY 10590

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$8.95

Sent To
Susan Annar
Street and Apt. No., or PO Box No.
71 Cove Rd
City, State, ZIP+4®
So. Salem, NY 10590

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

New York, NY 10010

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$8.95

Sent To
John Tomfohr
Street and Apt. No., or PO Box No.
512 5th Avenue Apt 20B
City, State, ZIP+4®
N.Y., NY 10010

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

South Salem, NY 10590

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$8.95

Sent To
Matthew Heslinga
Street and Apt. No., or PO Box No.
26 Cove Rd
City, State, ZIP+4®
So. Salem, NY 10590

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

South Salem, NY 10590

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$8.95

Sent To
Fran Mulcaie Parker
Street and Apt. No., or PO Box No.
Cove Rd
City, State, ZIP+4®
So. Salem, NY 10590

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

South Salem, NY 10590

Certified Mail Fee \$3.55
\$2.85
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$8.95

Sent To
Richard & Seija Cochran
Street and Apt. No., or PO Box No.
39 Old Pond Rd.
City, State, ZIP+4®
So. Salem, NY 10590

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

New York, NY 10024

Certified Mail Fee \$3.55
\$2.85
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$8.95

Sent To
Cameron & Jennifer Hillier
Street and Apt. No., or PO Box No.
210 W. 90th St. Apt. 7B
City, State, ZIP+4®
New York, NY 10024

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

South Salem, NY 10590

Certified Mail Fee \$3.55
\$2.85
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$8.95

Sent To
S. & P. Angelilli / Dan & Kate Sullivan PC
Street and Apt. No., or PO Box No.
11 Old Pond Rd.
City, State, ZIP+4®
So. Salem, NY 10590

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

South Salem, NY 10590

Certified Mail Fee \$3.55
\$2.85
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$8.95

Sent To
Lake Waccabuc Assoc Inc.
Street and Apt. No., or PO Box No.
Cove Road
City, State, ZIP+4®
So. Salem, NY 10590

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

New York, NY 10016

Certified Mail Fee \$3.55
\$2.85
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$8.95

Sent To
Scott Harshman & Therese Bohorly
Street and Apt. No., or PO Box No.
113 E. 35th St.
City, State, ZIP+4®
New York, NY 10016

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

South Salem, NY 10590

Certified Mail Fee \$3.55
\$2.85
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.55

Total Postage and Fees \$8.95

Sent To
Barbara Levine
Street and Apt. No., or PO Box No.
79 Cove Rd
City, State, ZIP+4®
So. Salem, NY 10590

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
Barbara Levine
79 Cove Road
South Salem, NY 10590

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
Jeannette Maiorino
59 Cove Road
South Salem, NY 10590

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
Lisa & Cipa Dickler
15 General Park West
New York, NY 10023

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Steven A. & Gina I DeAngelis
Frederick Truett
34 Old Road Road
South Salem, NY 10590



9590 9402 4949 9063 4280 93

2. Article Number (Transfer from service label)

7019 1640 0001 9977 4085

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addresser
C. Date of Delivery ☐ Agent
D. Is delivery address different from item 1? ☐ Yes
if YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail (over \$500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation
☐ Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Stephen J. & Betty A. Actilli
65 Cove Road
South Salem, NY 10590



9590 9402 4949 9063 4279 59

2. Article Number (Transfer from service label)

7019 1640 0001 9977 3927

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Neseddecker Land Trust
403 Harris Road
Bedford Hills, NY 10507



9590 9402 4949 9063 4281 30

2. Article Number (Transfer from service label)

7019 1640 0001 9977 4115

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addresser
C. Date of Delivery ☐ Agent
D. Is delivery address different from item 1? ☐ Yes
if YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail (over \$500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation
☐ Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

John Tomfohr
212 5th Avenue, Apt. 2008
New York, NY 10010



9590 9402 4949 9063 4280 86

2. Article Number (Transfer from service label)

7019 1640 0001 9977 4078

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent
B. Received by (Printed Name) ☐ Addresser
C. Date of Delivery ☐ Agent
D. Is delivery address different from item 1? ☐ Yes
if YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail (over \$500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation
☐ Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Matthew Heslinga
26 Cove Road
South Salem, NY 10590



9590 9402 4949 9063 4280 79

2. Article Number (Transfer from service label)

7019 1640 0001 9977 4061

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature **X** Agent ☒ Address ☐
B. Received by (Printed Name) **ST** C. Date of Delivery **8/6**
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Priority Mail Express®
☐ Adult Signature
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
☐ Insured Mail (over \$500)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

J.J. & R. Angelilli &
Dan and Kate Sullivan LLC
11 Old Ford Road
South Salem, NY 10590



9590 9402 4949 9063 4280 48

2. Article Number (Transfer from service label)

7019 1640 0001 9977 4030

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Susan Annar
71 Cove Road
South Salem, NY 10590



9590 9402 4949 9063 4280 00

2. Article Number (Transfer from service label)

7019 1640 0001 9977 3989

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature **X** Agent ☒ Address ☐
B. Received by (Printed Name) **ST** C. Date of Delivery **8/6**
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Priority Mail Express®
☐ Adult Signature
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
☐ Insured Mail (over \$500)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert S. Reynolds
74 Cove Road
South Salem, NY 10590



9590 9402 4949 9063 4281 78

2. Article Number (Transfer from service label)

7019 1640 0001 9977 4153

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature **X** Agent ☒ Address ☐
B. Received by (Printed Name) **ST** C. Date of Delivery **8/6**
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Priority Mail Express®
☐ Adult Signature
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
☐ Insured Mail (over \$500)

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Kyle Sedlacet
55 Cove Road
South Salem, NY 10590



9590 9402 4949 9063 4279 28

7019 1640 0001 9977 3903

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
in Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery
Insured Mail (over \$500)

Priority Mail Express®
Registered Mail™
Registered Mail Restricted Delivery
Return Receipt for Merchandise
Signature Confirmation™
Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Lou Smith
7 Cove Road
South Salem, NY 10590



9590 9402 4949 9063 4281 47

Article Number (Transfer from service label)

7019 1640 0001 9977 4122

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
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☐ Certified Mail Restricted Delivery
Collect on Delivery
Collect on Delivery Restricted Delivery
Insured Mail (over \$500)

Priority Mail Express®
Registered Mail™
Registered Mail Restricted Delivery
Return Receipt for Merchandise
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Article Addressed to:

Edward Delaney & Gail A.
Delaney
92 Cove Road
South Salem, NY 10590



9590 9402 4949 9063 4281 09

Article Number (Transfer from service label)

7019 1640 0001 9977 4092

PS Form 3811, July 2015 PSN 7530-02-000-9053

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Article Addressed to:

Kyle Sedlacet
55 Cove Road
South Salem, NY 10590



9590 9402 4949 9063 4281 61

7019 1640 0001 9977 4146

PS Form 3811, July 2015 PSN 7530-02-000-9053

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☒ Agent☐ Addressee

B. Received by (Printed Name)

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D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
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in Delivery
☐ Signature Confirmation™
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A. Signature

☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
Collect on Delivery
Collect on Delivery Restricted Delivery
Insured Mail (over \$500)

Priority Mail Express®
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- Complete items 1, 2, and 3.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Maureen T. McAleer
 63 Cove Road
 South Salem, NY 10590



9590 9402 4949 9063 4285 29

Article Number (Transfer from service label)

7019 1640 0001 9977 4184

PS Form 3811, July 2015 PSN 7530-02-000-9053

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- A. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (100)
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
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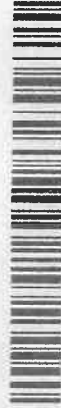
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 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Malcolm & Owen Frank
 & Tara A. Frank
 53 Cove Road
 South Salem, NY 10590



9590 9402 4949 9063 4279 97

2. Article Number (Transfer from service label)

7019 1640 0001 9977 3972

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 B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? ☐ Yes ☐ No
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3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
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☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
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Article Addressed to:

James F. & Elizabeth Grady, Jr.
 1 Square Lake Road
 South Salem, New York 10590



9590 9402 4949 9063 4279 66

Article Number (Transfer from service label)

7019 1640 0001 9977 3941

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☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
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1. Article Addressed to:

David & Shaina Pancaldo
 61 Cove Road
 South Salem, NY 10590



9590 9402 4949 9063 4285 05

2. Article Number (Transfer from service label)

7019 1640 0001 9977 4160

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 D. Is delivery address different from item 1? ☐ Yes ☐ No
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☐ Adult Signature Restricted Delivery
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☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (100)
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Article Addressed to:

Richard & Seija Cochran
6 Cove Road
South Salem, NY 10590



9590 9402 4949 9063 4280 55

Article Number (Transfer from service label)

7019 1640 0001 9977 4047

Form 3811, July 2015 PSN 7530-02-000-9053

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 - ☐ Collect on Delivery Restricted Delivery
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Article Addressed to:

Anthony S. Gale
6 Cove Road
South Salem, NY 10590



9590 9402 4949 9063 4279 80

Article Number

7019 1640 0001 9977 3965

Form 3811, July 2015 PSN 7530-02-000-9053

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☒ X☒ Agent

B. Received by (Printed Name)

C. Date of Delivery

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 - ☐ Adult Signature Restricted Delivery
 - ☐ Certified Mail®
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 - ☐ Collect on Delivery
 - ☐ Collect on Delivery Restricted Delivery
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Article Addressed to:

Amy C. Shields
75 Cove Road
South Salem, NY 10590



9590 9402 4949 9063 4281 54

Article Number (Transfer from service label)

7019 1640 0001 9977 4139

PS Form 3811, July 2015 PSN 7530-02-000-9053

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C. Date of Delivery

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 - ☐ Adult Signature Restricted Delivery
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 - ☐ Collect on Delivery
 - ☐ Collect on Delivery Restricted Delivery
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PS Form 3811, July 2015 PSN 7530-02-000-9053

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COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?
If YES, enter delivery address below:

☐ Agent
☐ Addressee

☐ Yes
☐ No

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
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☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
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☐ Mail Restricted Delivery

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134

(over \$500)

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- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Michael & Mary Beth Miller
78 Core Road
South Salem, NY 10590



9590 9402 4949 9063 4285 12

2. Article Number (Transfer from service label)

7019 1640 0001 9977 4177

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?
If YES, enter delivery address below:

☐ Agent
☐ Addressee

☐ Yes
☐ No

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
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Domestic Return Receipt

TOWN OF LEWISBORO
Westchester County, New York



Building Department
79 Bouton Road
South Salem, New York 10590

Tel: (914) 763-3060
Fax: (914) 875-9148
Email: jangiello@lewisborogov.com

September 2, 2020

Ms. Janet Andersen, Chair
Town of Lewisboro Planning Board

Re: Cal#03-20PB, #37-20WP
Gossett Brothers Nursery, 1202 Route 35, sheet 0031, block 10805, lot 46

Dear Ms. Andersen and Members of the Board,

I have reviewed the site development plan from Timothy L. Cronin III, Engineer dated 7/9/2020 as well as the memo from Jan K. Johannessen, AICPI and Joseph M. Cermele, P.E. dated 8/13/2020. I agree with the comments from our Town Consulting Professionals and will not repeat them here. I have the following comments:

1. The office trailer shown on the plan requires a side yard zoning variance and a building permit.
2. The required parking spaces for each use must be rounded up before providing the total.
3. Off-street loading must be provided per Section 220-57 of the Zoning Code.
4. Storage areas are not included in the Schedule of Off-street Parking Requirements. The number of required parking spaces for these areas shall be determined by the Planning Board per Section 220-56E of the Zoning Code.
5. Full architectural plans are required to determine building code compliance for use as a winery.

Please do not hesitate to contact me with any questions.

Sincerely,

Joe Angiello
Building Inspector

**Submission Form to the Westchester County Planning Board
For Planning and Zoning Referrals
REQUIRING NOTIFICATION ONLY**

County Ref. No. **LEW N20-002**

The Westchester County Planning Board has predetermined that certain categories of planning and zoning applications are matters for local determination only. For any application listed below, submission of this completed form will satisfy the requirements of NYS General Municipal Law and the Westchester County Administrative Code that the local board provided adequate notification to the County Planning Board in accordance with Planning Board procedures. No other material need be sent. Upon receipt, the County Planning Board will complete the bottom section of this form and return it to you to for your records to indicate compliance with referral requirements.

When completed save this form and e-mail to: muniref@westchestergov.com or print and fax to 914-995-3780.

Municipality: **Lewisboro**

Referring Agency (check one): ☒ Planning Board or Commission
☐ Zoning Board of Appeals
☐ City or Common Council/Town Board/Village Board of Trustees

Application Name and Local Case Number: **Gossett Brothers Nursery Cal #03-20PB**

Address: **1202 Route 35, South Salem, NY**

Section: **31** Block: **10805** Lot: **46**

Submitted by (name and title): **Ciorsdan Conran, Planning Board Administrator**

E-mail address (or fax number): **planning@lewisborogov.com**

The above referenced application qualifies for the notification only procedure to the County Planning Board because it falls within the category of action checked below:

- ☐ **Zoning Area Variance** to decrease front yard setback, decrease minimum street frontage or decrease average lot width for property abutting a State or County road or park
- ☐ **Special Use Permit or Use Variance** to allow less than 5,000 square feet of new or renovated floor area and less than 10,000 square feet of land disturbance.
- ☒ **Site Plan** to allow less than 5,000 square feet of new or renovated floor area and less than 10,000 square feet of land disturbance on property within 500 feet of:

- The boundary of a city, town or village
- The boundary of an existing or proposed state or county park, recreation area or road right-of-way
- An existing or proposed county drainage channel line
- The boundary of state- or county-owned land on which a public building/institution is located or
- The boundary of a farm located in an agricultural district.

(Please note: All applications given a Positive Declaration pursuant to SEQR must be referred as a complete application. Do not use this form.)

Do not write below this line.

Date received by the Westchester County Planning Board: **8/25/20**

Notification acknowledged by (name and title): **Michael Vernon, Planner**

TOWN OF LEWISBORO PLANNING BOARD

LEAD AGENCY AGREEMENT

Gossett Brothers Nursery
1202 Route 35
Town of Lewisboro
Westchester County, New York 10590

On behalf of WESTCHESTER COUNTY PLANNING BOARD
(INSERT NAME OF AGENCY)

Today's Date 9/2/20

The above-named Involved Agency hereby:

(Please Check One)



AGREES that the Town of Lewisboro Planning Board serve as Lead Agency for the coordinated environmental review of the proposed action and requests that the undersigned continue to be notified of all filings and hearings on this matter.

() DOES NOT AGREE to the Town of Lewisboro Planning Board serving as Lead Agency and wishes that _____ serve as Lead Agency. *To contest Lead Agency designation, the undersigned intends to follow the procedures in accordance with SEQRA 6 NYCRR Part 617.6.*

Please return within 30 days of the mailing of this correspondence. In addition, please specify the jurisdiction that your agency has over this project and what issues you believe are relevant in connection with this project.

Ciorsdan Conran, Planning Board Administrator
Town Offices
79 Bouton Road, South Salem, New York 10590
Phone: (914) 763-3060
Fax: (914) 533-0097
Email: planning@lewisborogov.com

LUKAS HERBERT ASSOCIATE PLANNER
Print Name Title

[Signature] 9/2/20
Signature Title

TOWN OF LEWISBORO PLANNING BOARD

LEAD AGENCY AGREEMENT

Gossett Brothers Nursery
1202 Route 35
Town of Lewisboro
Westchester County, New York 10590

On behalf of LEWISBORO PLANNING BOARD
(INSERT NAME OF AGENCY)

Today's Date 9/2/20

The above-named Involved Agency hereby:

(Please Check One)

- ☒ AGREES that the Town of Lewisboro Planning Board serve as Lead Agency for the coordinated environmental review of the proposed action and requests that the undersigned continue to be notified of all filings and hearings on this matter.
- () DOES NOT AGREE to the Town of Lewisboro Planning Board serving as Lead Agency and wishes that _____ serve as Lead Agency. *To contest Lead Agency designation, the undersigned intends to follow the procedures in accordance with SEQRA 6 NYCRR Part 617.6.*

Please return within 30 days of the mailing of this correspondence. In addition, please specify the jurisdiction that your agency has over this project and what issues you believe are relevant in connection with this project.

Ciorsdan Conran, Planning Board Administrator
Town Offices
79 Bouton Road, South Salem, New York 10590
Phone: (914) 763-3060
Fax: (914) 533-0097
Email: planning@lewisborogov.com

JANET ANDERSEN CHAIR
Print Name Title

Janet Andersen cc
Signature Title

September 10, 2020

Janet Andersen, Chair
Town of Lewisboro Planning Board
79 Bouton Road
South Salem, NY 10590

Re: Gossett Brothers Nursery
1202 NYS Route 35
Site Development Plan
Tax Id.: 10805 - 46 - 31

Dear Chairwoman Andersen and Members of the planning Board:

At the August 18, 2020 Lewisboro Planning Board meeting we were placed on the agenda for the September meeting to, among other items, discuss the attached Business Plan.

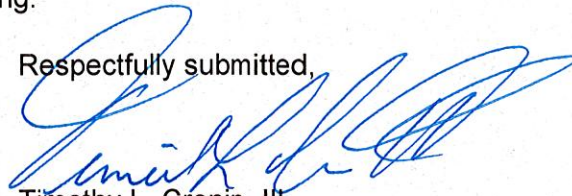
The Business Plan discusses the parking demand for both normal and peak periods. As briefly discussed at the Planning Board meeting we believe that providing 13 spaces on the south side of the nursery and an additional 8 spaces on the north side satisfies both the normal and normal peak demand. If additional parking is required there are locations on the south side of the nursery to accommodate 6 cars and on the north side approximately 15 cars. These additional 21 spaces would be land banked and not used during normal or normal peak periods. Plans are currently being revised to reflect these quantities.

It should also be noted that any event planned for the Winery will generally not coincide with the high demand periods for the nursery.

In addition we have also attached a copy of the mailing receipts for the Lead Agency Declaration anticipated by the Planning Board. Based on discussion with Ms. Conran a number of replies have been received.

Thank you for your time and we look forward to discussing the parking requirements at the September 15, 2020 Planning Board Meeting.

Respectfully submitted,



Timothy L. Cronin, III
Professional Engineer

cc: Gossett Nursery, w/ encl
South Salem Winery, w/ encl.

To: Lewisboro Planning Board
79 Bouton Rd
South Salem, New York
10590

08/24/2020

Gossett Brothers Nursery is a seasonal garden nursery selling plants, flowers, and miscellaneous garden retail. They are open April through December, hours 9:00 AM to 5:00 PM. Typically, the busiest period is May through mid-June, peak times at the Nursery are 10:00 AM-2:00 PM on weekends during which 8-10 parking spots are occupied plus 2-4 spaces in the back for employees. Mother's Day and the four weekends leading to Christmas in December are the busiest days at the nursery. A maximum of 20-25 parking spaces are filled during this time. The Nursery also hosts a farmer's market on Saturdays from 9-1 during which time 5-10 vendors attend and park in the back for four hours. During peak hours the Nursery has and will continue to provide parking attendants as necessary. Gossett's has three full-time employees and two part-time employees.

South Salem Winery is a NYS micro winery offering wine tastings and pairings, wine by the glass, and food (as required by the State Liquor Authority). Wine tastings will be by appointment only. We estimate 2-4 parking spaces will be needed during tastings and 6-8 parking spaces for events. Open April through December. Business hours for the winery will be from 3:00 PM to 8:00 PM. Private events will be offered after nursery hours only. The party size of such events will be determined by Department of Health allowances. The winery will produce about 600 gallons of NYS wine per year. The NYS grape harvest usually takes place from mid-September to mid-October this is the time when all the wine for the year is made. All of which will be sold directly out of the winery/nursery. No wholesale. There are two full-time employees at SSW. Apart from wine and food, SSW t-shirts and glasses will be offered for retail sale.



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Westchester County Planning Board
148 Martine Ave.
White Plains, NY 10601

PS Form 3817, April 2007 PSN 7530-02-000-9065

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Westchester County Dept. of Health
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To:

Lewisboro Zoning Board of Appeals
79 Bouton Road
South Salem, New York 10590

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To:

NY State Dept. of Env. Conservation
79 Farmstead Ln,
Wappingers Falls, New York 12590

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39 Arlo Lane
Cortlandt Manor, NY 10567

To:


NYS Dept. of Agriculture & Markets
12235, 10B Airline Drive
Albany, NY 12205

PS Form 3817, April 2007 PSN 7530-02-000-9065

MEMORANDUM

TO: Chairperson Janet Andersen and
Members of Lewisboro Planning Board

CC: Ciorsdan Conran
Judson Siebert, Esq.
Joseph Angiello

FROM: Jan K. Johannessen, AICP 
Town Consulting Professionals

DATE: September 10, 2020

RE: Lot Line Change Approval
Ethan Orlinsky and Corey L. Alpert
92 & 0 Old Church Lane
Sheet 46, Block 9825, Lots 18 and 46

PROJECT DESCRIPTION

The subject properties consist of two (2) parcels that collectively total ± 10.989 acres of land located on Old Church Lane and within the R-4A Zoning District; both parcels have frontage on Old Church Lane and Lost Nations Road. Tax Parcel 18 currently consists of ± 6.074 acres and is owned by Ethan and Dana Orlinsky; Lot 18 contains a single-family residence, driveway off of Old Church Lane, and a swimming pool. Lot 46 is owned by Corey Alpert, consists of ± 4.915 acres of land and is currently vacant. The proposed action involves the conveyance of ± 0.809 acre of land from Alpert to Orlinsky.

SEQRA

The proposed action has been preliminarily identified as an Unlisted Action under the State Environmental Quality Review Act (SEQRA) and a coordinated review is not required. Before taking action on this pending application, the Planning Board must first issue a Determination of Significance.

REQUIRED APPROVALS/REFERRALS

1. Preliminary and Final Subdivision Plat Approval is required from the Planning Board; a public hearing is required to be held on the Preliminary Subdivision Plat.

2. The proposed subdivision requires realty subdivision approval from the Westchester County Department of Health (WCDH).
3. The application must be referred to the Westchester County Planning Board in accordance with Section 239-m of the General Municipal Law. The Planning Board Administrator will coordinate this referral.

COMMENTS

1. This office defers review of the plan for zoning compliance to the Building Inspector. It is recommended that the application be referred to the Building Inspector for review.
2. In accordance with Section 195-13 of the Town's Subdivision Regulations, the Planning Board may adjust the normal 3-step subdivision application process and waive the public hearing for a line change that does not result in the formation of any new lots or result in a zoning nonconformity; the subject application appears to qualify for this waiver.
3. The Tax Lot Identification numbers shall be provided over each lot, as applicable (i.e., Lot 18 and 46) for reference purposes.
4. A buildable area shall be illustrated and calculated for Lot 46 in accordance with Section 220-10E of the Zoning Code.
5. The conveyance of land, as proposed, will eliminate public road frontage for Lot 46 on Old Church Lane, the legal implications of this should be reviewed by the Building Inspector and Planning Board Attorney. The impacts of the lot line change on the potential development potential of Lot 46 should be further analyzed.
6. The Bulk Zoning Table shall be revised to compare the requirements of the underlying Zoning District to the existing and proposed condition; any potential required variances and existing nonconformities shall be noted below the table. No portions of the zoning table shall be left blank, including replacing dashed lines with numerical values for Lot 18.
7. The location of the existing septic system and well on Lot 18 must be illustrated on the plat.
8. The plan shall be revised to illustrate and dimension all required minimum zoning setbacks lines (front, rear, side yard setbacks) for both parcels.
9. Regarding Lot 18, the plan shall be revised to identify the dimension between buildings/structures and the closest property line(s).

Chairperson Janet Andersen
September 10, 2020
Page 3 of 3

10. Standard signature blocks for the Planning Board, WCDH, and owner shall appear on the plat.

In order to expedite the review of subsequent submissions, the applicant should provide annotated responses to each of the comments outlined herein.

DOCUMENTS REVIEWED

- Survey of Property, prepared by Moody & O'Brien, LLC., dated May 30, 2020
- Town of Lewisboro Planning Board Site Development Plan/Subdivision Plat Application
- Deed

JKJ/dc

T:\Lewisboro\Correspondence\2020-09-10_LWPB_Orlinsky Alpert Lot Line Change - 90 & 92 Old Church Lane_Review Memo.docx

TOWN OF LEWISBORO PLANNING BOARD

79 Bouton Road, South Salem, NY 10590 Tel: (914) 763-5592 Email: planning@lewisborogov.com

Site Development Plan/Subdivision Plat Application - Check all that apply:

Waiver of Site Development Plan Procedures

Site Development Plan Approval

Special Use Permit Approval

Subdivision Plat Approval

☐

Step I

Step I

Step I

☐☐☒

Step II

Step II

Step II

☐☐☐

Step III

☐

Project Information

Project Name: Alpert TO Orlinsky

Project Address: 0 Old Church Lane

Gross Parcel Area: 4.96 Zoning District: R-4A Sheet(s): 46 Block(s): 9825 Lot(s): 46

Project Description: 0.809 being conveyed to Lot 18 From Lot 46

Is the site located within 500 feet of any Town boundary?

YES

☐

NO

☒

Is the site located within the New York City Watershed?

YES

☐

NO

☒

Is the site located on a State or County Highway?

YES

☐

NO

☒

Does the proposed action require any other permits/approvals from other agencies/departments?

Town Board

☐

ZBA

☐

Building Dept.

☐

Town Highway

☐

ACARC

☐

NYSDEC

☐

NYCDEP

☐

WCDH

☐

NYSDOT

☐

Town Wetland

☐

Town Stormwater

☐

Other

Owner's Information

Name: Corey Alpert

Email: Roan92@mac.com

Address: 100 S. Bedford Rd. Mt Kisco NY 10549

Phone: (914) 584-3107

Applicant's Information (if different)

Name: _____ Email: _____

Address: _____ Phone: _____

Authorized Agent's Information

Name: _____ Email: _____

Address: _____ Phone: _____

THE APPLICANT understands that any application is considered complete only when all information and documents required have been submitted and received by the Planning Board. The applicant further understands that the applicant is responsible for the payment of all application and review fees incurred by the Planning Board.

THE UNDERSIGNED WARRANTS the truth of all statements contained herein and in all supporting documents according to the best of his/her knowledge and belief, and authorizes visitation and inspection of the subject property by the Town of Lewisboro and its agents.

APPLICANT'S SIGNATURE

[Signature]

DATE

8/3/20

OWNER'S SIGNATURE

[Signature]

DATE

8/3/20

3

TOWN OF LEWISBORO PLANNING BOARD

79 Bouton Road, South Salem, NY 10590

Email: planning@lewisborogov.com

Tel: (914) 763-5592

Fax: (914) 875-9148

Affidavit of Ownership

State of: New York

County of: Westchester

Cory Alpert, being duly sworn, deposes and says that he/she
resides at 100 South Bedford RD Mt Kisco NY
in the County of Westchester, State of New York
and that he/she is (check one) ☒ the owner, or ☐ the
of 0 Old Church Lane Title
Name of corporation, partnership, or other legal entity

which is the owner, in fee of all that certain log, piece or parcel of land situated, lying and being in the
Town of Lewisboro, New York, aforesaid and know and designated on the Tax Map in the Town of
Lewisboro as:

Block 9825, Lot 46, on Sheet 46

[Signature]
Owner's Signature

Sworn to before me this

29th day of July, 2020

[Signature]
Notary Public - affix stamp

WILSON B. DIEP
Notary Public - State of New York
No. 01D16000207
Qualified in Queens County
My Commission Expires Dec. 15, 2021

TOWN OF LEWISBORO PLANNING BOARD

79 Bouton Road, South Salem, NY 10590
Email: planning@lewisborogov.com
Tel: (914) 763-5592 Fax: (914) 875-9148

Tax Payment Affidavit Requirement

This form must accompany all applications to the Planning Board.

Under regulations adopted by the Town of Lewisboro, the Planning Board may not accept any application unless an affidavit from the Town of Lewisboro Receiver of Taxes is on file in the Planning Board office. The affidavit must show that all amounts due to the Town of Lewisboro as real estate taxes and special assessments on the total area encompassed by the application, together with all penalties and interest thereon, have been paid.

Under New York State law, the Westchester County Clerk may not accept any subdivision map for filing unless the same type of affidavit from the Town of Lewisboro Receiver of Taxes is submitted by the applicant at the time of filing.

This form must be completed by the applicant and must accompany all applications to the Planning Board. Upon receipt, the Planning Board Secretary will send the form to the Receiver of Taxes for signature and notarization. If preferred, the applicant may directly obtain the signature of the Receiver of Taxes and notarization prior to submission.

To Be Completed by Applicant (Please type or print)

COREY ALPERT
Name of Applicant

ALPERT LOT LINE CHANGE
Project Name
OLD CHURCH LANE

Property Description

Property Assessed to:

Tax Block(s): 9825

COREY L. ALPERT

Tax Lot(s): 46

Name
100 S. BEDFORD RD / UNIT 340

Tax Sheet(s): 46

Address
MT. KISCO, NY 10549
City State Zip

The undersigned, being duly sworn deposes and says that a search of the tax records in the office of the Receiver of Taxes, Town of Lewisboro, reveals that all amounts due to the Town of Lewisboro as real estate taxes and special assessments, together with all penalties and interest thereon, affecting the premises described below, have been paid.

Signature - Receiver of Taxes: [Signature]

Sworn to before me this

2 day of June, 2020

Date

June 2 2020

[Signature]
Signature - Notary Public (affix stamp)

JANET L. DONOHUE
NOTARY PUBLIC, STATE OF NEW YORK
No. 01D06259627
Qualified in Westchester County
Commission Expires April 16, 2020

TOWN OF LEWISBORO PLANNING BOARD

79 Bouron Road, South Salem, NY 10590
Email: planning@lewisboronyc.com
Tel: (914) 763-5593 Fax: (914) 875-9148

Tax Payment Affidavit Requirement

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This form must be completed by the applicant and must accompany all applications to the Planning Board. Upon receipt, the Planning Board Secretary will send the form to the Receiver of Taxes for signature and notarization. If preferred, the applicant may directly obtain the signature of the Receiver of Taxes and notarization prior to submission.

To Be Completed by Applicant (Please type or print)

<u>ALPERT</u> Name of Applicant	<u>ALPERT LOT LINE CHANGE</u> Project Name
<u>Property Description</u> Tax Block(s): <u>9825</u> Tax Lot(s): <u>18</u> Tax Sheet(s): <u>40</u>	<u>Property Assessed to:</u> <u>ETHAN ORLINSKY & DANA FREAS</u> Name <u>92 OLD CHURCH LANE</u> Address <u>POUND RIDGE NY 10576</u> City State Zip

The undersigned, being duly sworn deposes and says that a search of the tax records in the office of the Receiver of Taxes, Town of Lewisboro, reveals that all amounts due to the Town of Lewisboro as real estate taxes and special assessments, together with all penalties and interest thereon, affecting the premises described below, have been paid.

Signature - Receiver of Taxes: _____

Date

8/3/2020

Sworn to before me this

3 day of August, 2020

Janet L. Donohue

Signature - Notary Public (affix stamp)

JANET L. DONOHUE
NOTARY PUBLIC, STATE OF NEW YORK
No. 01DO6259627
Qualified in Westchester County
Commission Expires April 16, 2020

Sent from my iPad

TOWN OF LEWISBORO PLANNING BOARD

79 Bouton Road, South Salem, NY 10590

Email: planning@lewisborogov.com

Tel: (914) 763-5592

Fax: (914) 875-9148

Affidavit of Ownership

State of: New York
County of: WESTCHESTER

Ethan G. Drilinsky, being duly sworn, deposes and says that he/she
resides at 92 Old Church Lane
in the County of Westchester, State of New York
and that he/she is (check one) ☒ the owner, or _____ the _____
of _____ Title
Name of corporation, partnership, or other legal entity

which is the owner, in fee of all that certain log, piece or parcel of land situated, lying and being in the
Town of Lewisboro, New York, aforesaid and know and designated on the Tax Map in the Town of
Lewisboro as:

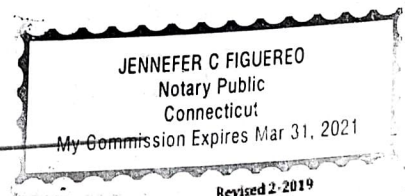
Block 9825, Lot 18, on Sheet 46

[Signature]
Owner's Signature

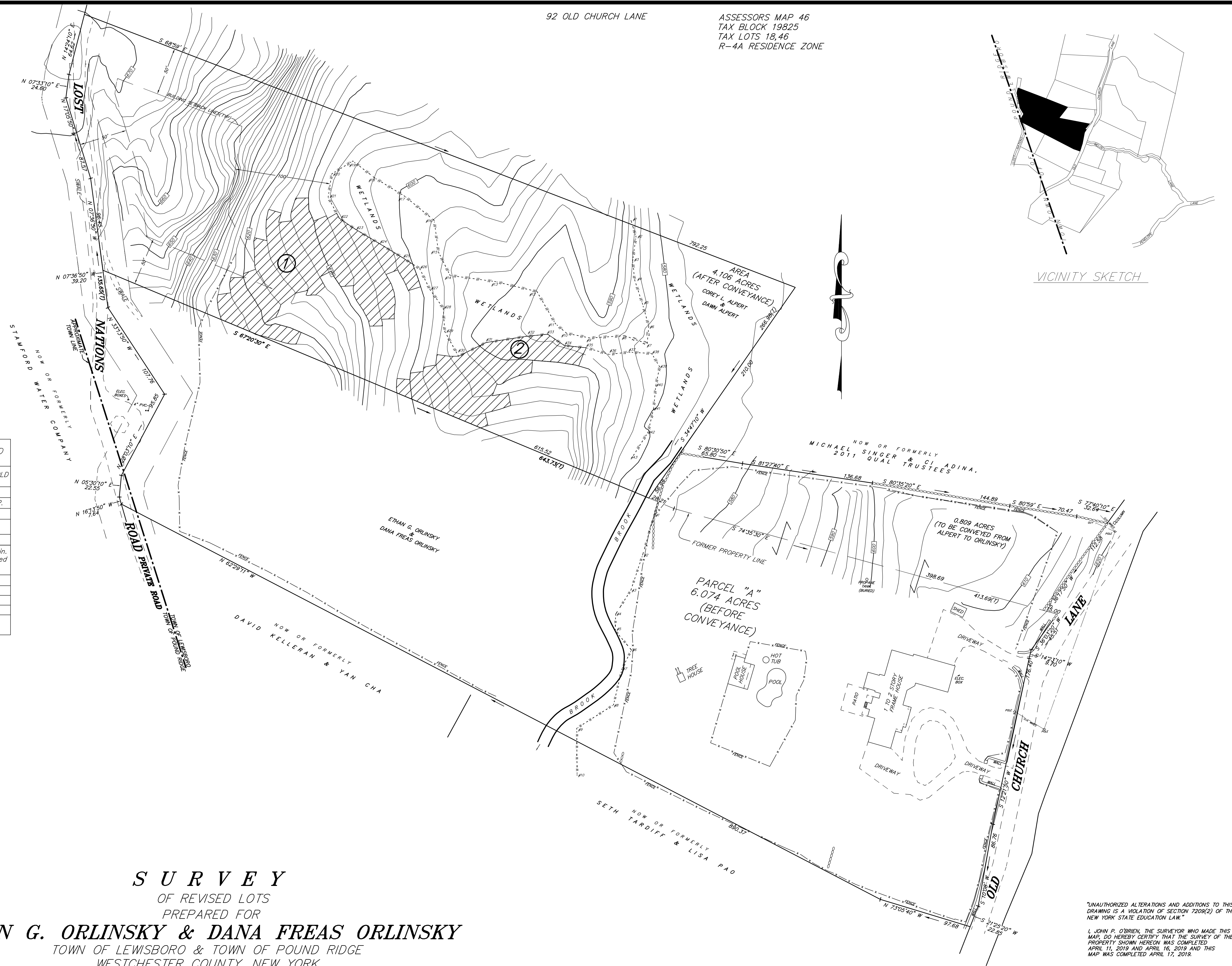
Sworn to before me this

24 day of August, 2020

[Signature]
Notary Public - affix stamp



ZONING CONFORMANCE WORKSHEET								
Application for RESIDENTIAL SITE PLAN TOWN OF LEWISBORO								
46-19825-XXX				THRESHOLD			% THRESHOLD	
(FORMALLY 46-19825-18)	EXISTING	PROPOSED	TOTAL	<u>R-4A</u>	R-2A	R-1A	TOTAL/THRESHOLD	
LOT SIZE	6,074 AC.	6,883 AC.						
(a.) OTHER BUILDINGS	4,460 S.F.	-----	-----	(MAXIMUM ALLOWABLE)			EXIST.	PROP.
(b.) PRINCIPAL BUILDINGS	796 S.F.	-----	-----					
TOTAL BUILDING COVERAGE	5,256 S.F.			6%	9%	12%		
ZONING DISTRICT								
	MINIMUM REQUIRED STBACKS			EXISTING	PROPOSED	INCREASED MIN. STBACKS (Min. required x % threshold rounded up to 5' increment)		
ZONING DISTRICT	R-4A	R-4A	R-4A					
(a.) FRONT YARD	50'	50'	50'					
(b.) SIDE YARD	50'	50'	50'					
(c.) REAR YARD	50'	50'	50'					
(d.) VEGETATED BUFFER								



① CONTIGUOUS AREA 1 15% SLOPES OR LESS = 0.34 ACRES
② CONTIGUOUS AREA 2 15% SLOPES OR LESS = 0.20 ACRES

TOTAL AREA
10.989 ACRES

CONTIGUOUS TAKEN FROM THE WESTCHESTER COUNTY GIS WEBSITE.
NOT FIELD VERIFIED.

--- S. FIELDS SHOWN HEREON WERE DEFINED BY
"SOL & METLAND SCIENCE LLC" ON OCTOBER 15, 2019.

REFER TO A MAP ENTITLED "MAP SHOWING SURVEY AND SUBDIVISION
OF PROPERTY ON THE NORTHWEST SIDE OF OLD CHURCH LANE, TOWN
OF POUND RIDE, AND TOWN OF LEWISBORO, WESTCHESTER COUNTY,
NEW YORK, DATED 1908, 1952 AND MADE BY C. ADDISON YOUNG.

SCALE: 1"=50'

*"UNAUTHORIZED ALTERATIONS AND ADDITIONS TO THIS
DRAWING IS A VIOLATION OF SECTION 7209(2) OF THE
NEW YORK STATE EDUCATION LAW."*

*I, JOHN P. O'BRIEN, THE SURVEYOR WHO MADE THIS
MAP, DO HEREBY CERTIFY THAT THE SURVEY OF THE
PROPERTY SHOWN HEREON WAS COMPLETED
APRIL 11, 2019 AND APRIL 16, 2019 AND THIS
MAP WAS COMPLETED APRIL 17, 2019.*

L.S. 50545


*OFFICE OF MOODY & O'BRIEN, LLC
MAY 29, 2020, NEW CANAAN, CONN.*

FILE 653

MEMORANDUM

TO: Chairperson Janet Andersen and
Members of Lewisboro Planning Board

CC: Ciorsdan Conran
Judson Siebert, Esq.
Joseph Angiello

FROM: Jan K. Johannessen, AICP 
Town Consulting Professionals

DATE: September 10, 2020

RE: Wetland Activity Permit
Daniel and Devon MacEachron
38 Gilbert Street
Sheet 36D, Block 10806, Lot 11

PROJECT DESCRIPTION

The subject property consists of ±0.285 acres of land and is located at 38 Gilbert Street within the R-1/4A Zoning District. The subject property is currently developed with a single-family residence, shed, dock, retaining walls, septic system and private water well. The applicant is proposing to demolish and reconstruct a sunroom and deck located at the rear of the residence. While the proposed sunroom and occupiable floor area of the residence will remain the same, the proposed deck is increasing slightly from 344 s.f. to 425 s.f. As the subject property fronts on Truesdale Lake and the residence is located ±20 feet from the lake edge, a Wetland Activity Permit is required for work proposed within the regulated buffer.

SEQRA

The proposed action has been preliminarily identified as a Type II Action and is therefore categorically exempt from the State Environmental Quality Review Act (SEQRA).

REQUIRED APPROVALS/REFERRALS

1. A Wetland Activity Permit are required from the Planning Board; unless waived by the Planning Board, a public hearing is required to be held on the Wetland Permit.

COMMENTS

1. This office defers review of the plan for zoning compliance to the Building Inspector. It is recommended that the application be referred to the Building Inspector for review.
2. The Site Plan shall include a Bulk Zoning Table comparing the requirements of the underlying Zoning District to the existing and proposed condition; required variances and existing nonconformities shall be noted below the table.
3. While proposed roof leader drains are indicated, please identify that all roof drains will be discharged to foundation side splash blocks and will not be piped.
4. The plans shall be signed/sealed by the Design Professional.
5. The names of the adjacent property owners and the location of any neighboring driveways, structures, buildings, wells and septic areas shall appear on the site plan.
6. If no trees are proposed to be removed, a note to this effect shall be added to the plan.
7. The applicant has submitted a Site Development Plan application, which is not required for single-family residential projects. The only Permit required by the Planning Board is a wetland permit.

In order to expedite the review of subsequent submissions, the applicant should provide annotated responses to each of the comments outlined herein.

PLANS REVIEWED, PREPARED BY MCBRIDE & ASSOCIATES, DATED AUGUST 10, 2020

- Cover Sheet (Drawing T-000.00)
- Existing Conditions (Drawing X-100.00)
- Survey of Property and Topographic Survey (Drawing Z-000.00)
- Proposed Site Plan (Drawing Z-001.00)
- Demolition Plan and Notes (Drawing DM-100.00)
- Construction Plan and Notes (Drawing A-100.00)
- Reflected Ceiling Plan and Notes (Drawing A-200.00)
- Exterior Elevations and Notes (Drawing A-300.00)

Chairperson Janet Andersen

September 10, 2020

Page 3 of 3

- Exterior Elevations and Notes (Drawing A-301.00)
- Building Sections and Notes (Drawing A-400.00)

PLANS REVIEWED, PREPARED BY MCBRIDE & ASSOCIATES, DATED AUGUST 24, 2020

- Cover Sheet (Drawing T-000.00)
- Proposed Site Plan (Drawing Z-001.00)
- Exterior Elevations and Notes (Drawing A-300.00)

DOCUMENTS REVIEWED

- Cover Letter, prepared by Daniel and Devon MacEachron, dated August 10, 2020
- Addendum Letter, prepared by Daniel and Devon MacEachron, dated August 25, 2020
- Town of Lewisboro Planning Board Site Development Plan/Subdivision Plat Application
- Town of Lewisboro Wetland Permit Application
- Deed

JKJ/dc

T:\Lewisboro\Correspondence\2020-09-10_LWPB_MacEachron - 38 Gilbert St_Review Memo.docx

TO: Town of Lewisboro Planning Board

FROM: Lewisboro Conservation Advisory Council

SUBJECT: MacEachron Residence, 38 Gilbert Street
South Salem, NY 10590

DATE: September 9, 2020

The Conservation Advisory Council (CAC) reviewed the applicant's submission of a sketch plan for the reconstruction of a sunroom and deck.

The property and house are on the shores of Truesdale Lake and the entire property is within the wetland buffer. The reconstruction will require removal of the current deck, replacing the footings and reconstruction of the current sun room. The plans also show that some of the rain leaders are being changed.

Given the location of the property, the CAC would like to see both a storm water pollution prevention plan (SWPPP) and a wetland mitigation plan.

Daniel and Devon MacEachron
71 East 77th Street, Apt. 7C
New York, N.Y. 10075

August 10, 2020

Ms. Ciorsdan Conran
Town of Leisboro
Planning Board Administrator
79 Bouton Road
South Salem, N.Y. 10590

Re: Planning Board application for 38 Gilbert Street, South Salem

Dear Ms. Conran:

Thank you for your assistance on the submission requirements for our Planning Board application.

Enclosed, please find the following:

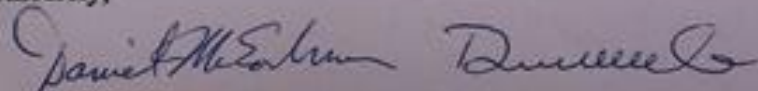
- Three (3) copies of the cover sheet for the Planning Board application (signed by the two of us as owners) as well as three (3) signed Wetland Permit Applications;
- Three (3) copies of the Affidavit of Ownership and the Affidavit of Tax Payment;
- Three (3) copies of the site plan and architectural plans identifying the proposed changes with photos of the existing sun room and deck we are seeking permission to demolish and rebuild;
- A check for the \$205 Step I application fee, and a separate check for \$2,000 to establish escrow, both payable to the Town of Lewisboro.

We have sent via e-mail PDFs all our submission materials to you, as well as to the Town Planner and Wetland Consultant, Jan Johannessen. We have also sent a full-size, hard copy of all our application materials to Mr. Johannessen by Federal Express.

Please do not hesitate to let us know if you have any questions or if there is any additional information or materials needed in support of our application.

We appreciate the Planning Board's consideration of our proposed project.

Sincerely,



TOWN OF LEWISBORO PLANNING BOARD

79 Bouton Road, South Salem, NY 10590 Tel: (914) 763-5592 Email: planning@lewisboronyc.com

Site Development Plan/Subdivision Plat Application - Check all that apply

Waiver of Site Development Plan Procedures ☐

Site Development Plan Approval

Step I ☒Step II ☐

Special Use Permit Approval

Step I ☐Step II ☐

Subdivision Plat Approval

Step I ☐Step II ☐Step III ☐

Project Information

Project Name: 38 Gilbert Street

Project Address: 38 Gilbert Street, South Salem, New York 10590

Gross Parcel Area: 12,423 sf Zoning District: R-1/4A Sheet(s): 36D Block(s): Lot(s):

Project Description: Demolish & rebuild sun room (430 sf) with 285 sf existing masonry foundation & 145 sf cantilevered on steel posts. Approval to excavate approx. 300 sf to expand masonry foundation under area currently cantilevered. Excavate as needed to install supports for new deck & remove timber hot-tub platform.

Is the site located within 500 feet of any Town boundary?

YES ☐NO ☒

Is the site located within the New York City Watershed?

YES ☐NO ☒

Is the site located on a State or County Highway?

YES ☐NO ☒

Does the proposed action require any other permits/approvals from other agencies/departments?

Town Board ☐ZBA ☐Building Dept. ☒Town Highway ☐ACARC ☐NYSDEC ☐NYCDEP ☐WCDH ☐NYSDOT ☐Town Wetland ☒Town Stormwater ☐

Other

Owner's Information

Name: Daniel & Devon MacEachron

Email: daniel.maceachron@blackrock.com

Address: 71 East 77th St., Apt. 7C, New York, N.Y. 10075

Phone: 203-903-3161

Applicant's Information (if different)

Name:

Email:

Address:

Phone:

Authorized Agent's Information

Name:

Email:

Address:

Phone:

THE APPLICANT understands that any application is considered complete only when all information and documents required have been submitted and received by the Planning Board. The applicant further understands that the applicant is responsible for the payment of all application and review fees incurred by the Planning Board.

THE UNDERSIGNED WARRANTS the truth of all statements contained herein and in all supporting documents according to the best of his/her knowledge and belief, and authorizes visitation and inspection of the subject property by the Town of Lewisboro and its agents.

APPLICANT'S SIGNATURE

DATE

OWNER'S SIGNATURE

DATE

Aug 10, 2020

Application No.: _____
Fee: _____ Date: _____

**TOWN OF LEWISBORO
WETLAND PERMIT APPLICATION**

79 Bouton Road, South Salem, NY 10590
Phone: (914) 763-5592
Fax: (914) 875-9148

Project Address: **38 Gilbert Street, South Salem, NY 10590**
Sheet: **36d** Block: **10806** Lot(s): **11**

Project Description (Identify the improvements proposed within the wetland/wetland buffer and the approximate amount of wetland/wetland buffer disturbance): Excavate approx. 250 sf of area to install new foundation

Owner's Name: **Daniel & Devon MacEachron** Phone: **203-903-3161**
Owner's Address: **71 East 77th St., NY, NY 10075** Email: **daniel.maceachron@blackrock.com**
Applicant's Name (if different): _____ Phone: _____
Applicant's Address: _____ Email: _____
Agent's Name (if applicable): _____ Phone: _____
Agent's Address: _____ Email: _____

TO BE COMPLETED BY OWNER/APPLICANT

What type of Wetland Permit is required? (see §217-5C and §217-5D of the Town Code)

☐ Administrative ☒ Planning Board

Is the project located within the NYCDEP Watershed? ☐ Yes ☒ No

Total area of proposed disturbance: ☐ < 5,000 s.f. ☐ 5,000 s.f. - < 1 acre ☐ ≥ 1 acre

Does the proposed action require any other permits/approvals from other agencies/departments? (Planning Board, Town Board, Zoning Board of Appeals, Building Department, Town Highway, ACARC, NYSDEC, NYCDEP, WCDOH, NYSDOT, etc): Identify all other permits/approvals required: Planning Board and Building Department

Note: Initially, all applications shall be submitted with a plan that illustrates the existing conditions and proposed improvements. Said plan must include a line which encircles the total area of proposed land disturbance and the approximate area of disturbance must be calculated (square feet). The Planning Board and/or Town Wetland Inspector may require additional materials, information, reports and plans, as determined necessary, to review and evaluate the proposed action. If the proposed action requires a Planning Board Wetland Permit, the application materials outlined under §217-7 of the Town Code must be submitted, unless waived by the Planning Board. The Planning Board may establish an initial escrow deposit to cover the cost of application/plan review and inspections conducted by the Town's consultants.

For administrative wetland permits, see attached Administrative Wetland Permit Fee Schedule.

Owner Signature: _____

Date: Aug. 10, 2020

TOWN OF LEWISBORO PLANNING BOARD

79 Bouton Road, South Salem, NY 10590

Email: planning@lewisborogov.com

Tel: (914) 763-5592

Fax: (914) 763-3637

Affidavit of Ownership

State of: New York

County of: Westchester

Daniel and Devon MacEachron, being duly sworn, deposes and says that he/she resides at 71 East 77th Street, Apt. 7C, New York, N.Y. 10075

in the County of New York, State of New York

and that he/she is (check one) ☒ the owner, or ☐ the _____
of _____
Title
Name of corporation, partnership, or other legal entity

which is the owner, in fee of all that certain log, piece or parcel of land situated, lying and being in the Town of Lewisboro, New York, aforesaid and know and designated on the Tax Map in the Town of Lewisboro as:

Block 10806, Lot 11 (11 & 12), on Sheet 36D

Daniel and Devon MacEachron
Owner's Signature

Sworn to before me this
10th day of August, 2020

Notary Public - affix stamp

MICHAEL F. SIRIGNANO
Notary Public, State of New York
No. 4709295
Qualified in Westchester County
Commission Expires January 31, 2023

TOWN OF LEWISBORO PLANNING BOARD

79 Boston Road, South Salem, NY 10590
Email: planning@lewisboronyc.gov
Tel: (914) 763-5592 Fax: (914) 763-3637

Tax Payment Affidavit Requirement

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Under New York State law, the Westchester County Clerk may not accept any subdivision map for filing unless the same type of affidavit from the Town of Lewisboro Receiver of Taxes is submitted by the applicant at the time of filing.

This form must be completed by the applicant and must accompany all applications to the Planning Board. Upon receipt, the Planning Board Secretary will send the form to the Receiver of Taxes for signature and notarization. If preferred, the applicant may directly obtain the signature of the Receiver of Taxes and notarization prior to submission.

To Be Completed by Applicant (Please type or print)

Daniel & Devon MacEachron

38 Gilbert Street

Name of Applicant

Project Name

Property Description

Property Assessed to:

Tax Block(s): 10806

Daniel & Devon MacEachron

Tax Lot(s): 11 (11 & 12)

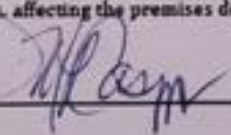
Name 71 East 77th Street, Apt. 7C

Tax Sheet(s): 36 D

Address New York N.Y. 10075

City State Zip

The undersigned, being duly sworn deposes and says that a search of the tax records in the office of the Receiver of Taxes, Town of Lewisboro, reveals that all amounts due to the Town of Lewisboro as real estate taxes and special assessments, together with all penalties and interest thereon, affecting the premises described below, have been paid.

Signature - Receiver of Taxes: 

Date

8/7/2020

Sworn to before me this

7

day of

August

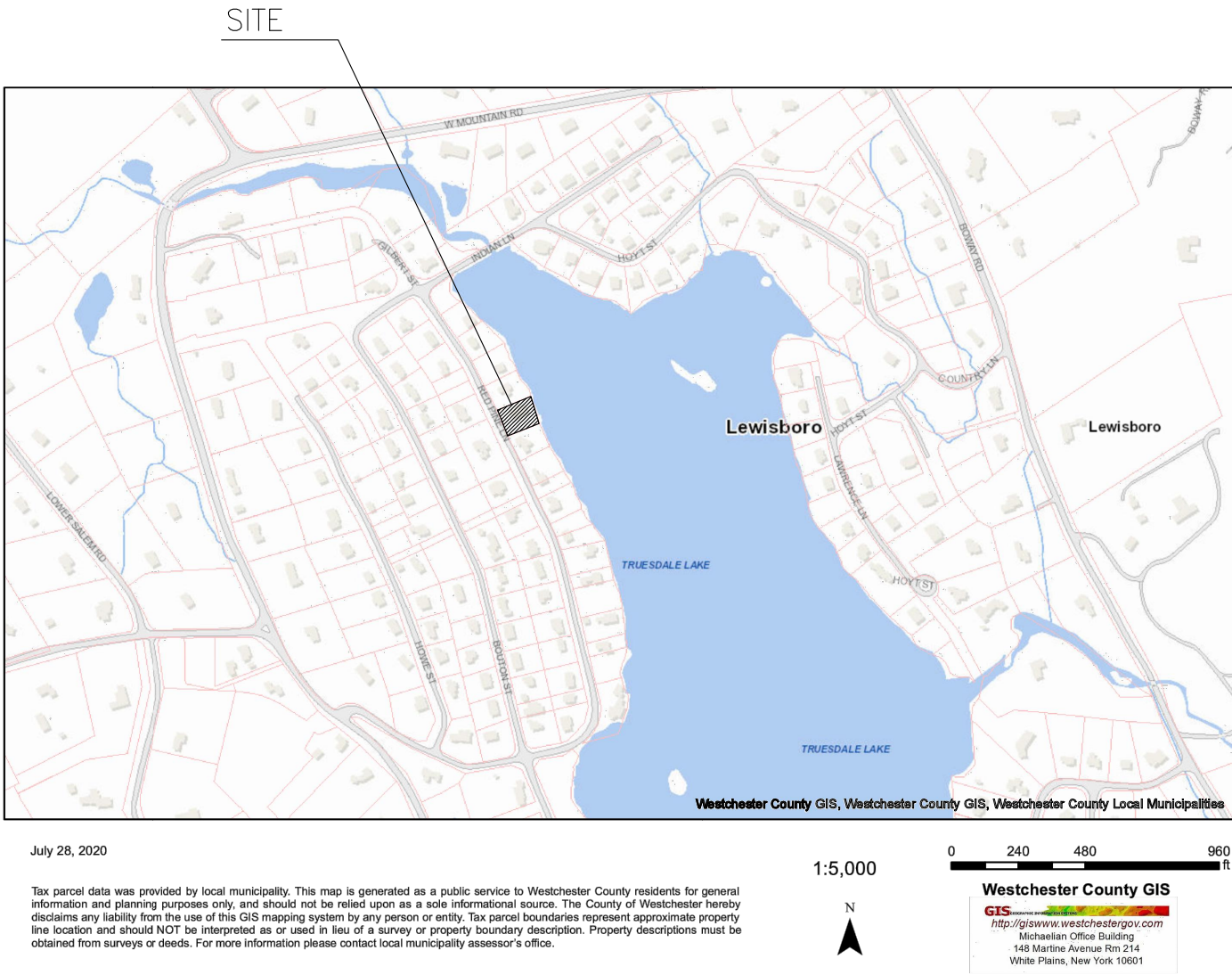
2020


Signature - Notary Public (affix stamp)

JANET L. DONOHUE
NOTARY PUBLIC, STATE OF NEW YORK
No. 01DO6259627
Qualified in Westchester County
Commission Expires April 16, 2024

RENOVATION OF THE RESIDENCE OF DANIEL & DEVON MacEACHRON

38 Gilbert Street, South Salem, NY 10590



LOCATION PLAN

PROJECT ADDRESS:
38 GILBERT STREET
SOUTH SALEM, NY 10590

TAX ID: SECTION 36D BLOCK 10806 LOT 11 (11-12)
ZONED: R-1/4A
LOT AREA: 0.285 ACRES

SCOPE OF WORK DESCRIPTION

NEW ROOF STRUCTURE AT LIVING ROOM. NEW SUNROOM AND DECK STRUCTURE ON EXISTING LIVING ROOM, SUNROOM AND DECK FOOTPRINT. INCLUDES NEW MECHANICAL, PLUMBING, ELECTRICAL, AND LIGHTING. NO SIGNIFICANT SITE WORK OR CHANGE IN GRADING. NO CHANGE IN USE, OCCUPANCY, OR EGRESS.

CODE SUMMARY

BUILDING, MECHANICAL, ELECTRICAL, PLUMBING, ACCESSIBILITY
CODES: 2020 RESIDENTIAL CODE OF NEW YORK STATE

FIRE: 2020 FIRE CODE OF NEW YORK STATE

ENERGY: 2020 ENERGY CONSERVATION CONSTRUCTION CODE OF
NEW YORK STATE

CONSTRUCTION CLASS: VB

AREA SUMMARY

EXISTING HOUSE	NEW HOUSE
FIRST FLOOR: 1840 S.F.	FIRST FLOOR: 1840 S.F.
SECOND FLOOR: 750 S.F.	SECOND FLOOR: 750 S.F.
SUBTOTAL: 2590 S.F.	TOTAL: 2590 S.F.

DECK: 344 S.F.	DECK: 475 S.F.
----------------	----------------

OCCUPANCY INFORMATION

OCCUPANCY: GROUP R-3
RESIDENTIAL: 2590 S.F. @200 S.F./PERSON = 12.95 PERSONS
ROUNDED UP = 13 PERSONS

DRAWING LIST - PERMIT SET

T-000.00	COVER SHEET
X-100.00	EXISTING CONDITIONS
Z-000.00	EXISTING SITE SURVEY
Z-001.00	PROPOSED SITE PLAN AND ZONING INFORMATION
DM-100.00	DEMOLITION PLAN AND NOTES
A-100.00	CONSTRUCTION PLAN AND NOTES
A-200.00	REFLECTED CEILING PLAN AND NOTES
A-300.00	EXTERIOR ELEVATIONS AND NOTES
A-301.00	EXTERIOR ELEVATIONS AND NOTES
A-400.00	BUILDING SECTION AND NOTES

PERMIT SET
PLOT DATE: 8/10/20

Project:
THE RENOVATION OF
THE RESIDENCE OF
DANIEL & DEVON MacEACHRON

38 Gilbert Street
South Salem, NY 10590

COVER SHEET

OWNER:

Daniel and Devon MacEachron
Apartment 7/8c
71 East 77th Street
New York, NY 10075
203.903.3161

Contact: Daniel MacEachron
Email: daniel.maceachron@blackrock.com

ARCHITECT:

McBride & Associates Architects
37 West 28th Street
11th Floor
New York, NY 10001
212.941.0818

Contact: Matthew P. Greer
Email: mpg@mcbride-architects.com

STRUCTURAL ENGINEER:

Archer Engineering Company, P.C.
246 Federal Road
Suite D-23
Brookfield, CT 06804
203.775.5673

Contact: Kevin Archer
Email: kevin@archerengineeringcompany.com

GENERAL CONTRACTOR:

Jason A. Siemers
Siemers Carpentry and Construction
23 Pleasant Street
Bedford, NY 10506
914.275.5944

Contact: Jason A. Siemers
Email: siemerscarpentry@gmail.com

SEAL & SIGNATURE	DATE:	10 AUGUST 2020
	PROJECT NO.:	2084
	DRAWING BY:	EAB/MPG
	CHK BY:	DCM
	DWG NO.:	T-000.00



1 EXISTING VIEW FROM TRUESDALE LAKE
SCALE: N.T.S.



2 EXISTING SIDE ELEVATION
SCALE: N.T.S.



3 EXISTING LAKE ELEVATION
SCALE: N.T.S.



4 EXISTING VIEW FROM TRUESDALE LAKE
SCALE: N.T.S.



5 EXISTING LAKE ELEVATION
SCALE: N.T.S.

PERMIT SET
PLOT DATE: 8/10/20

Project:
THE RENOVATION OF
THE RESIDENCE OF
DANIEL & DEVON MacEACHRON

38 Gilbert Street
South Salem, NY 10590

EXISTING CONDITIONS

SEAL & SIGNATURE	DATE:	10 AUGUST 2020
	PROJECT NO.:	2084
	DRAWING BY:	EAB/MPG
	CHK BY:	DCM
	DWG NO.:	X-100.00

McBride & Associates
37 West 28th Street 11th Floor
New York, NY 10001
P:212.941.0818

R - 1/4A ZONE
TOTAL AREA = 12,423

	EXISTING
RESIDENCE WOOD DECK SHED	1,988 S.F. 344 84
TOTAL BUILDING COVERAGE	2,416 S.F.
PERCENTAGE OF COVERAGE	19.45 %

Area = 12,423 S.F. or 0.285 Acres.
Deed Reference: Control No: 601283201
Tax Identification: Section 36D Block 10806 Lot 11 (11-12).

Notes:

- 1) Elevations shown hereon are generally in accordance with the Westchester County GIS Datum (NAVD88).
- 2) Additional underground easements, utilities or structures, etc. other than those shown hereon may be encountered.
- 3) The subsurface information shown hereon, if any, is not guaranteed as to accuracy or completeness and should be verified by the contractor before any excavation.
- 4) In accordance with the existing Code of Practice for Land Surveys as adopted by The New York State Association of Professional Land Surveyors, Inc.
- 5) Unauthorized alteration or addition to a survey map bearing a Licensed Land Surveyor's seal is a violation of Section 7209, Subdivision 2 of the New York State Education Law.
- 6) All certifications are valid for this map and copies thereof only if said map or copies bear the impressed seal of the surveyor whose signature appears hereon.

Wetland Delineated by:
Mary Jaernig Soils Scientist
17 Fairview Avenue
Ridgefield Ct, 06877
June 5, 2020

SURVEYED: JULY 1, 2020
MAP PREPARED: JULY 16, 2020

BY: *Robert S. Johnson*
NEW YORK STATE LICENSED LAND SURVEYOR NO. 50037
ROBERT S. JOHNSON, P.L.S.



SURVEY OF PROPERTY
AND
TOPOGRAPHIC SURVEY
PREPARED FOR
DANIEL MacEACHRON
and
DEVON MacEACHRON

Being Lots 11 and 12 as shown on a certain map entitled "Map of Section Number 1 of Truesdale Lake Property, etc.", said map filed in the Westchester County Clerk's Office, Division of Land Records: June 29, 1926 as Map No. 3015.

SITUATE IN THE
TOWN OF LEWISBORO
WESTCHESTER COUNTY, NEW YORK

SCALE: 1" = 10'

H. STANLEY JOHNSON AND COMPANY
LAND SURVEYORS, P.C.
42 SMITH AVENUE P.O. BOX 93
MT. KISCO, N.Y. 10549
TEL. 914-241-3872
FAX. 914-241-0438

PREPARED BY: JRJ CHECKED BY: RSJ

JOB No. F20-044_TOPO

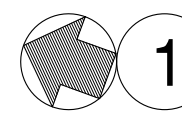
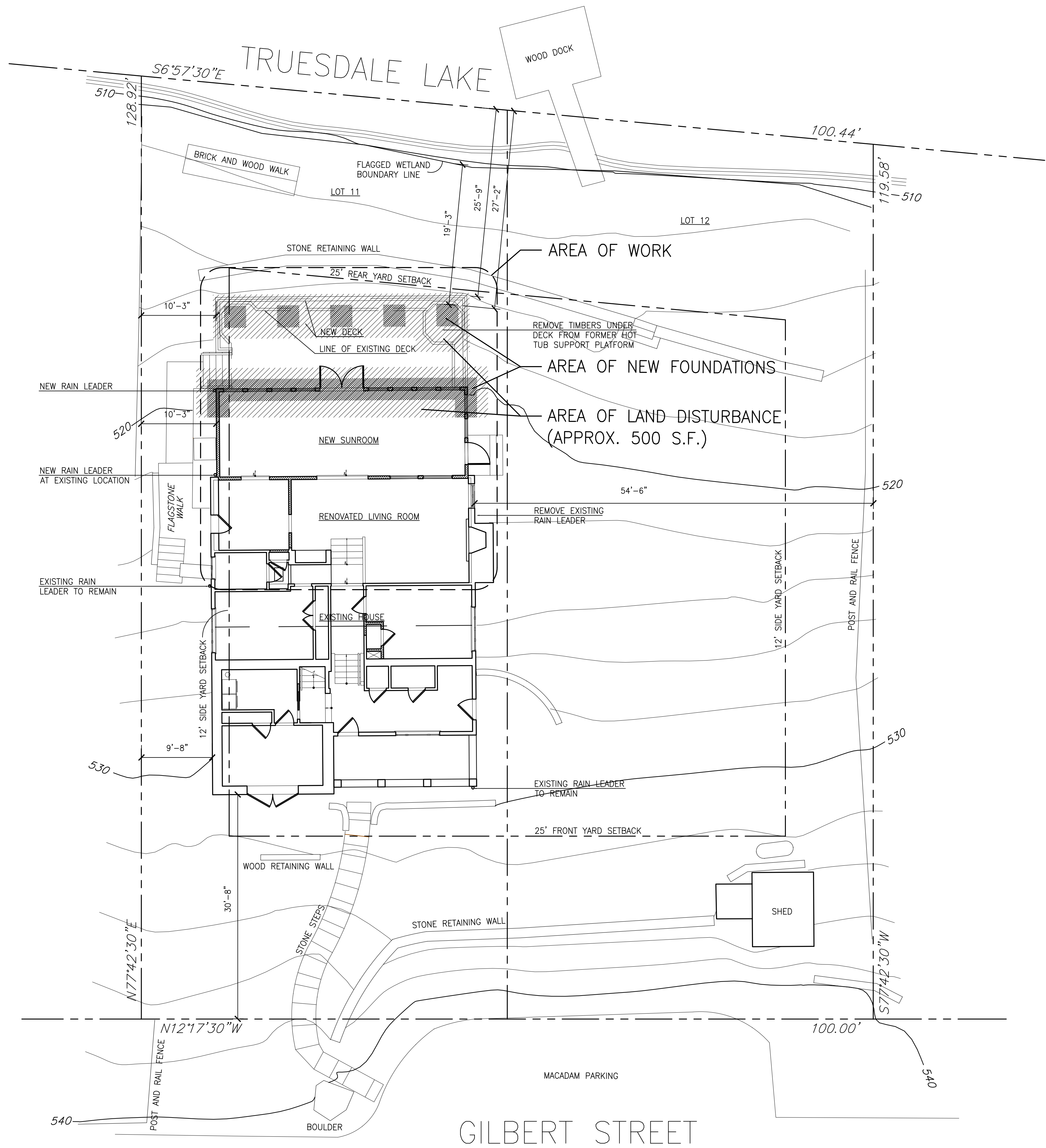
PERMIT SET
PLOT DATE: 8/7/20

Project:
THE RENOVATION OF
THE RESIDENCE OF
DANIEL & DEVON MacEACHRON

38 Gilbert Street
South Salem, NY 10590

SURVEY OF PROPERTY AND
TOPOGRAPHIC SURVEY

SEAL & SIGNATURE	DATE: 7 AUGUST 2020
	PROJECT NO.: 2084
	DRAWING BY: EAB/MPG
	CHK BY: DCM
	DWG NO.: Z-000.00



1 PROPOSED SITE PLAN
SCALE: 1/8" = 1'-0"

PERMIT SET
PLOT DATE: 8/10/20

Project:
THE RENOVATION OF
THE RESIDENCE OF
DANIEL & DEVON MacEACHRON

38 Gilbert Street
South Salem, NY 10590

PROPOSED SITE PLAN

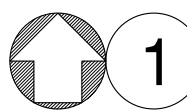
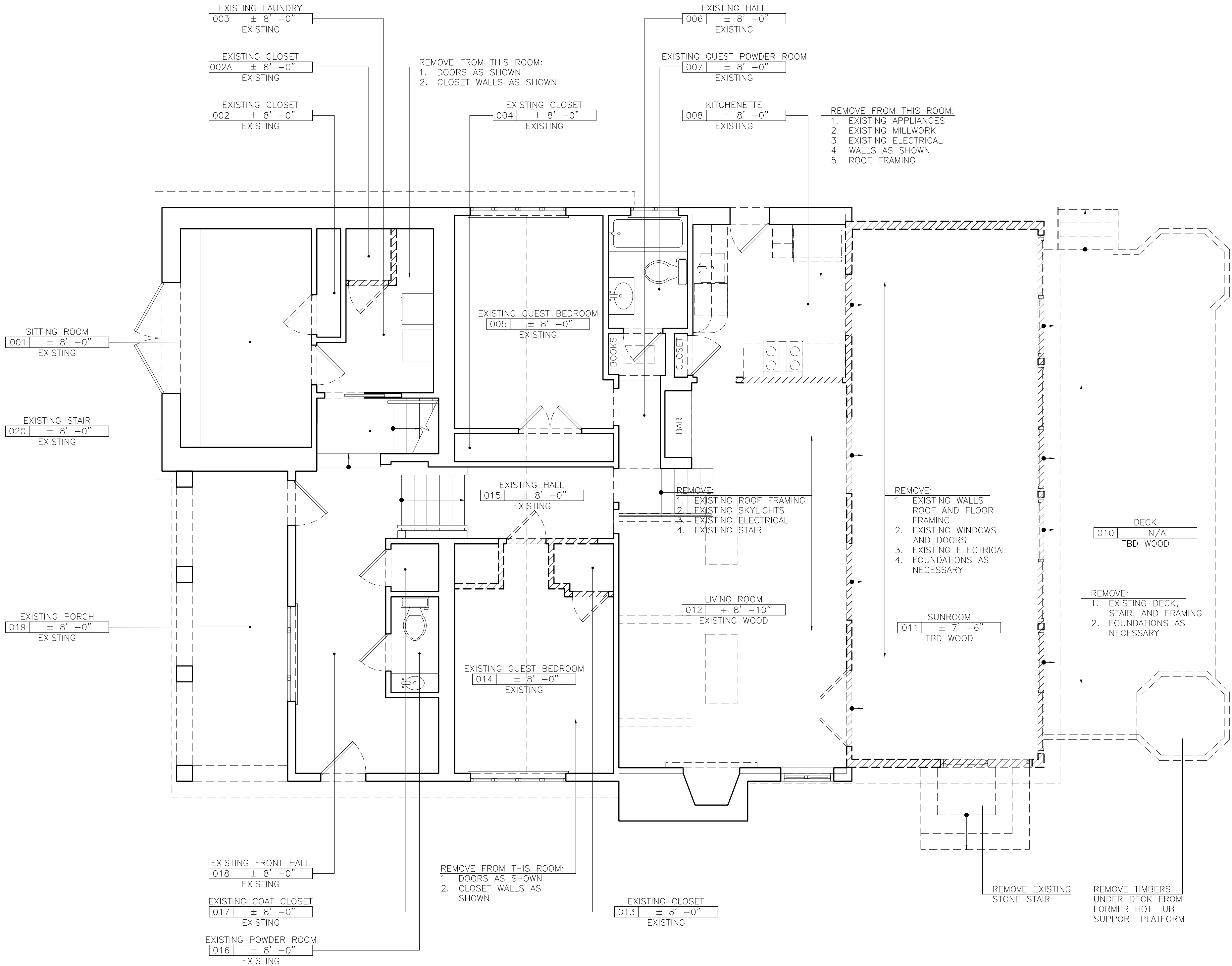
SEAL & SIGNATURE	DATE:	10 AUGUST 2020
	PROJECT NO.:	2084
	DRAWING BY:	EAB/MPG
	CHK BY:	DCM
		DWG NO.:
		Z-001.00

LEGEND: DEMOLITION PLAN

EXISTING CONSTRUCTION	
EXISTING CONSTRUCTION TO BE REMOVED	
EXISTING ELECTRICAL POINT TO BE REMOVED	
ELEVATION REFERENCE	X(A0.00) X DRAWING NUMBER SHEET NUMBER
SECTION REFERENCE	X(A0.00) DRAWING NUMBER SHEET NUMBER
ROOM TAG	ROOM NAME ROOM NUMBER ROOM TAG FLOOR MATERIAL CEILING HEIGHT
WALL TYPE	X
ACCESS PANEL	AP

NOTES: DEMOLITION PLAN

1. CONTRACTOR SHALL VERIFY EXISTING CONDITIONS PRIOR TO BEGINNING DEMOLITION AND REPORT DISCREPANCIES IN EXISTING CONDITIONS DRAWINGS TO ARCHITECT.
2. CONTRACTOR SHALL PROVIDE TEMPORARY SHORING & BRACING, TO ENSURE PLUMBNESS, STABILITY AND SAFETY, WHENEVER REQUIRED TO SUPPORT LOADS THAT MAY BE IMPOSED ON THE STRUCTURE DURING DEMOLITION AND CONSTRUCTION.
3. CONTRACTOR SHALL BE RESPONSIBLE FOR ANY DAMAGE RESULTING FROM DEMOLITION.
4. CONTRACTOR SHALL REMOVE FROM BUILDING SITE ALL DEBRIS, RUBBISH AND OTHER MATERIALS RESULTING FROM DEMOLITION.
5. CONTRACTOR SHALL REMOVE ELECTRICAL WORK AS NOTED OR AS REQUIRED BY PROPOSED CONSTRUCTION.
6. CONTRACTOR SHALL REMOVE EXISTING PLUMBING LINES AS NOTED OR AS REQUIRED BY PROPOSED CONSTRUCTION.
7. CONTRACTOR SHALL REMOVE EXISTING CONSTRUCTION AS REQUIRED BY PROPOSED LAYOUT OF HVAC WORK. ADDITIONAL SELECTIVE DEMOLITION MAY BE REQUIRED DURING CONSTRUCTION.
8. CONTRACTOR SHALL REMOVE EXISTING DUCTWORK AS NOTED OR AS REQUIRED BY PROPOSED CONSTRUCTION.
9. CONTRACTOR SHALL REMOVE ALL EXISTING ACCESSORIES, LIGHT FIXTURES AND APPLIANCES AND SAVE FOR REVIEW BY OWNER AND ARCHITECT.
10. CONTRACTOR SHALL REMOVE EXISTING DOORS & DOOR HARDWARE AS NOTED AND SAVE FOR REVIEW BY OWNER AND ARCHITECT.
11. CONTRACTOR SHALL REMOVE ALL EXISTING WALLPAPER & PAPER-BACKING AS NOTED.



DEMOLITION PLAN

SCALE: 1/4" = 1'-0"

FILING SET
PLOT DATE: 8/10/20

Project:
THE RENOVATION OF
THE RESIDENCE OF
DANIEL & DEVON MacEACHRON

38 Gilbert Street
South Salem, NY 10590

DEMOLITION PLAN
AND NOTES

SEAL & SIGNATURE	DATE:	10 AUGUST 2020
	PROJECT NO.:	2084
	DRAWING BY:	MPG
	CHK BY:	DCM
	DWG NO.:	DM-100.00

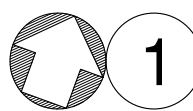
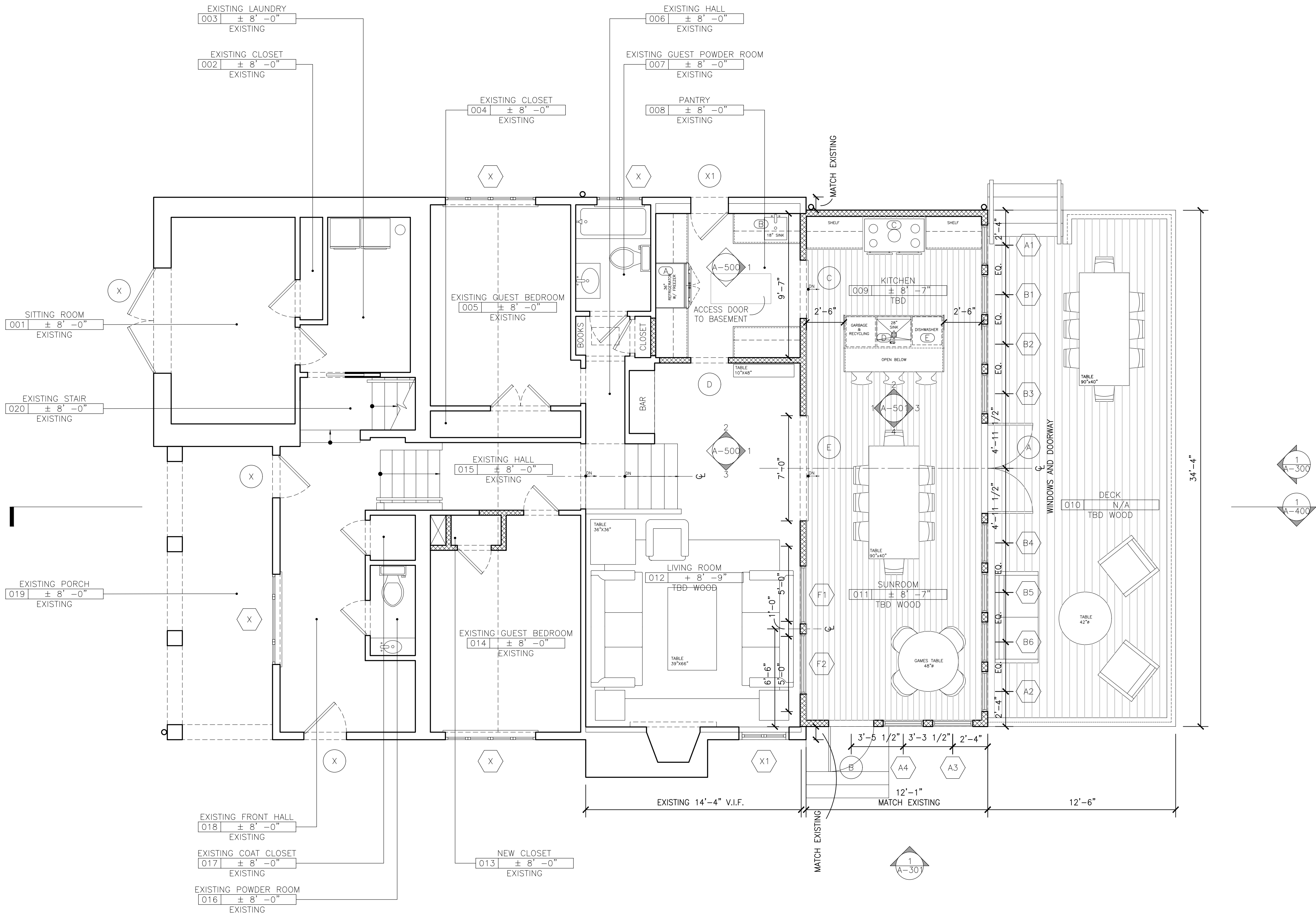
LEGEND: CONSTRUCTION PLAN

EXISTING CONSTRUCTION	
NEW CONSTRUCTION	
AREAS OF FLOOR TO BE PATCHED	
NEW CAST-IN-PLACE CONCRETE	
NEW BRICK CONSTRUCTION	
NEW STONE CONSTRUCTION	
NEW C.M.U. CONSTRUCTION	

ELEVATION REFERENCE		DRAWING NUMBER
		SHEET NUMBER
SECTION REFERENCE		DRAWING NUMBER
		SHEET NUMBER
DETAIL REFERENCE		DRAWING NUMBER
		SHEET NUMBER
ROOM TAG		ROOM NAME
		FLOOR MATERIAL
		CEILING HEIGHT
DOOR NUMBER		000A
WINDOW NUMBER		000A
APPLIANCE NUMBER		X
WALL TYPE		X
REVISION NUMBER		A
ACCESS PANEL		AP

NOTES: CONSTRUCTION PLAN

1. ALL DIMENSIONS SHOWN ARE "FINISH TO FINISH," UNLESS OTHERWISE NOTED.



1

FIRST FLOOR CONSTRUCTION PLAN

SCALE: 1/4" = 1'-0"

FILING SET
PLOT DATE: 8/10/20

Project:
THE RENOVATION OF
THE RESIDENCE OF
DANIEL & DEVON MacEACHRON

38 Gilbert Street
South Salem, NY 10590

CONSTRUCTION PLAN
AND NOTES

SEAL & SIGNATURE

DATE: 10 AUGUST 2020

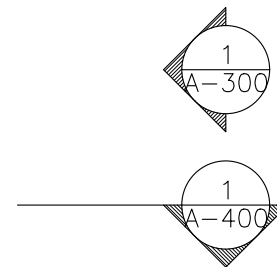
PROJECT NO.: 2084

DRAWING BY: EAB/MPG

CHK BY: DCM

DWG NO.: A-100.00

NOTES: SCOPE OF WORK



FILING SET
PLOT DATE: 8/10/20

38 Gilbert Street
South Salem, NY 10590

SEAL & SIGNATURE

DATE: 10 AUGUST 2020



PROJECT NO.: 2084

CHK BY: DCM

DWG NO.:

A-200.00

--	--

REFLECTED CEILING PLAN

SCALE: 1/4" = 1'-0"

NOTES: SCOPE OF WORK

McBRIDE

McBride & Associates
37 West 28th Street 11th Floor
New York, NY 10001
P:212.941.0818

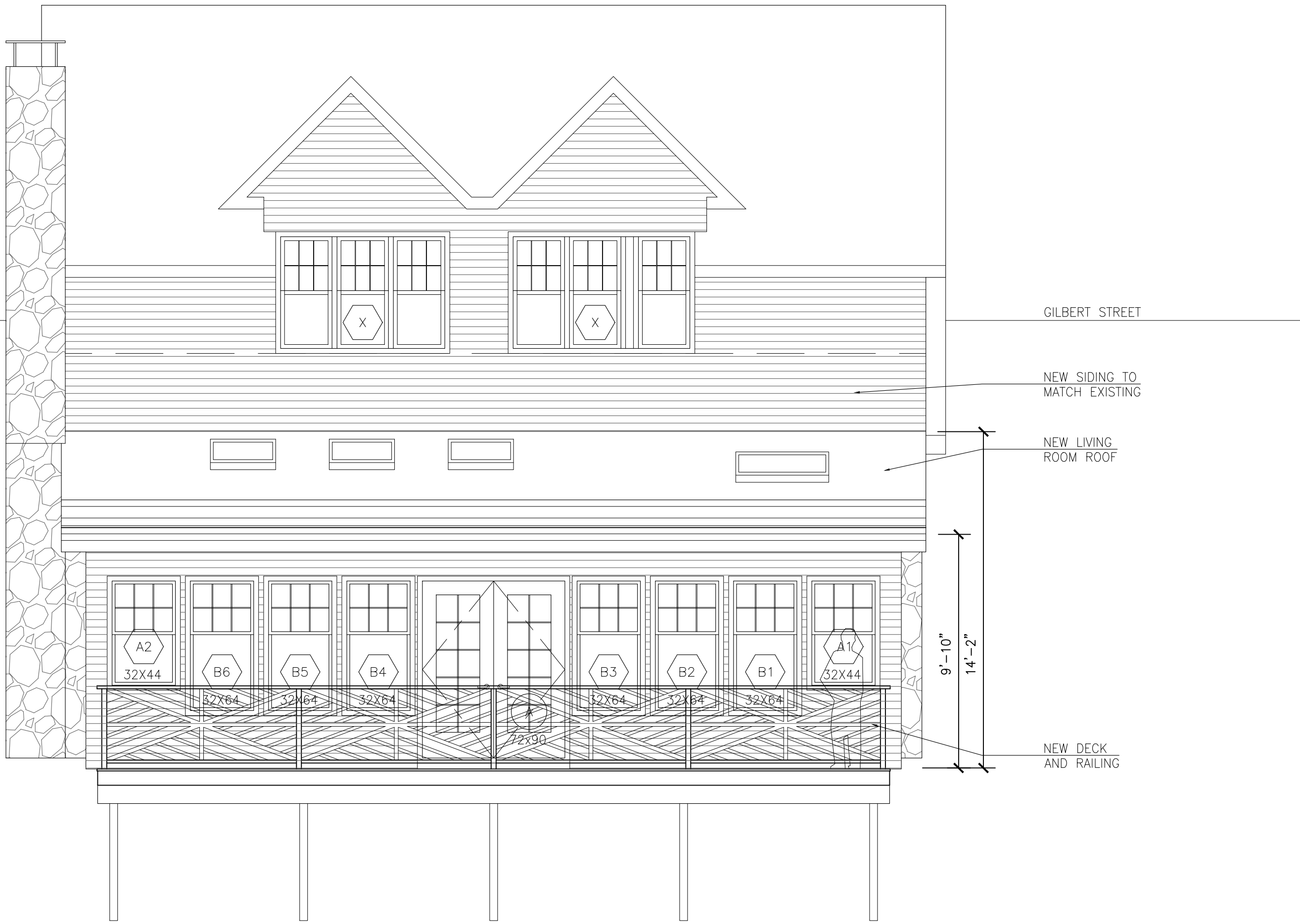
FILING SET
PLOT DATE: 8/7/20

Project:
THE RENOVATION OF
THE RESIDENCE OF
DANIEL & DEVON MacEACHRON

38 Gilbert Street
South Salem, NY 10590

EXTERIOR ELEVATIONS
AND NOTES

SEAL & SIGNATURE	DATE:	7 AUGUST 2020
	PROJECT NO.:	2084
	DRAWING BY:	MPG
	CHK BY:	DCM
DWG NO.:		A-300.00



TRUESDALE LAKE

1 EAST ELEVATION
SCALE: 1/4" = 1'-0"

NOTES: SCOPE OF WORK

McBRIDE

McBride & Associates
37 West 28th Street 11th Floor
New York, NY 10001
P:212.941.0818

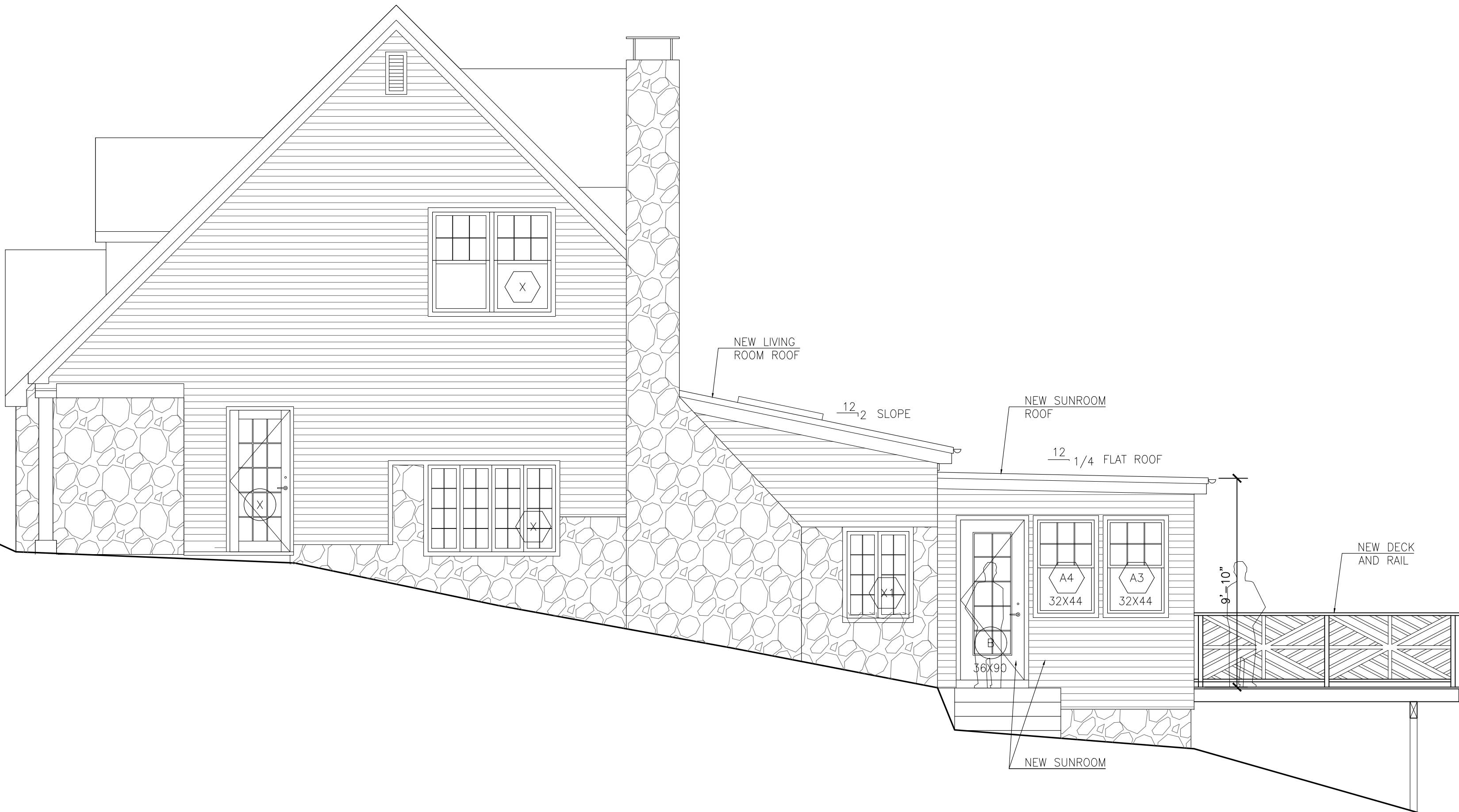
FILING SET
PLOT DATE: 8/10/20

Project:
THE RENOVATION OF
THE RESIDENCE OF
DANIEL & DEVON MacEACHRON

38 Gilbert Street
South Salem, NY 10590

EXTERIOR ELEVATIONS
AND NOTES

SEAL & SIGNATURE	DATE:	10 AUGUST 2020
	PROJECT NO.:	2084
	DRAWING BY:	MPG
	CHK BY:	DCM
DWG NO.:		A-301.00



1 SOUTH ELEVATION
SCALE: 1/4" = 1'-0"

NOTES: SCOPE OF WORK

McBRIDE

McBride & Associates
37 West 28th Street 11th Floor
New York, NY 10001
P:212.941.0818

FILING SET
PLOT DATE: 8/10/20

Project:
THE RENOVATION OF
THE RESIDENCE OF
DANIEL & DEVON MacEACHRON

38 Gilbert Street
South Salem, NY 10590

BUILDING SECTIONS
AND NOTES

SEAL & SIGNATURE

DATE: 10 AUGUST 2020

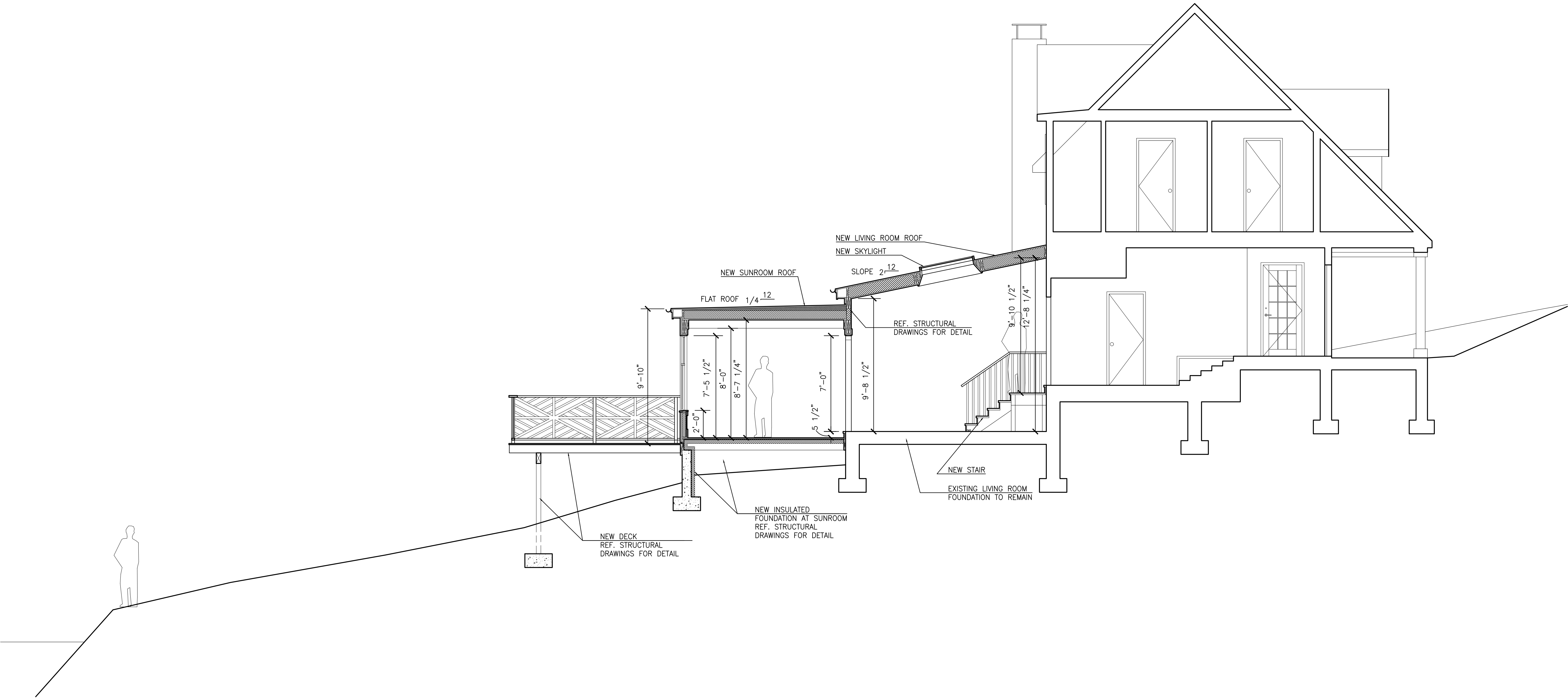
PROJECT NO.: 2084

DRAWING BY: MPG

CHK BY: DCM

DWG NO.:

A-400.00



1 BUILDING SECTION
SCALE: 1/4" = 1'-0"

Daniel and Devon MacEachron
71 East 77th Street, Apt. 7C
New York, N.Y. 10075

August 25, 2020

Ms. Ciorsdan Conran
Town of Lewisboro
Planning Board Administrator
79 Bouton Road
South Salem, N.Y. 10590

Re: Addendum to Planning Board application for 38 Gilbert Street, South Salem

Dear Ms. Conran:

Since submitting our application to the Planning Board on August 11, we have been working with our architect and structural engineer to complete our application for a Building Permit, which separately we are submitting to the Building Department today.

In the course of that more detailed focus on our project, we identified three errors on the plans we previously submitted. We are submitting today three revised sheets to correct those errors, which are:

- 1) The cover sheet (T-000.00): Shortly before filing our plans on August 11, we decided to reduce the depth of the proposed deck from 14'-0" to 12'-6". While the depth was shown correctly on the filing set in plan (sheet A-100.00), the August 11 Cover Sheet shows the area of the proposed deck as 475 s.f. (which represents the 14'-0" depth) and it should have been 425 s.f., as shown on the corrected cover sheet enclosed.
- 2) Sheet Z-001.00: The existing sunroom, for which we are seeking approval to demolish and re-build on the same footprint, is built partially on slab-on-grade and supported in part on lally columns. As we have been working on the Building Department plans, we concluded that the slab-on-grade partial foundation of the existing sunroom needs to be removed so that footings and foundation walls can be installed under the entire sunroom.

This is both best structurally and is necessary to create crawl-space connectivity from the living room and existing kitchen area to the area below the sunroom, providing access to plumbing, electrical and HVAC connections serving the sunroom. We estimate that removal of the existing slab will increase the area of soil disturbance from approximately 500 s.f. (as shown in our August 11 filing) to approximately 800 s.f., as shown on corrected sheet Z-001.00 enclosed.

- 3) The length of the deck as proposed is intended to align with the length of the sunroom, which was shown correctly on the August 11 filing-set plan (sheet A-100.00), but was incorrectly shown on the elevation (sheet A-300.00). The elevation shown on the corrected sheet A-300.00 enclosed now accurately reflects the dimensions of the deck as shown in plan.

Enclosed please find three (3) sets of the three above-referenced sheets. We are also hand-delivering today a copy of this letter and one copy of these revised sheets to Mr. Jan Johannessen at his office in Armonk. In addition, we will send to Mr. Johannessen and you today a PDF copy of this letter and the three revised sheets.

We regret that we did not catch these errors as we prepared the filing set submitted on August 11, but felt we should bring them to your attention to ensure our application to the Planning Board is consistent with our application to the Building Department.

As always, thank you very much for your continuing assistance.

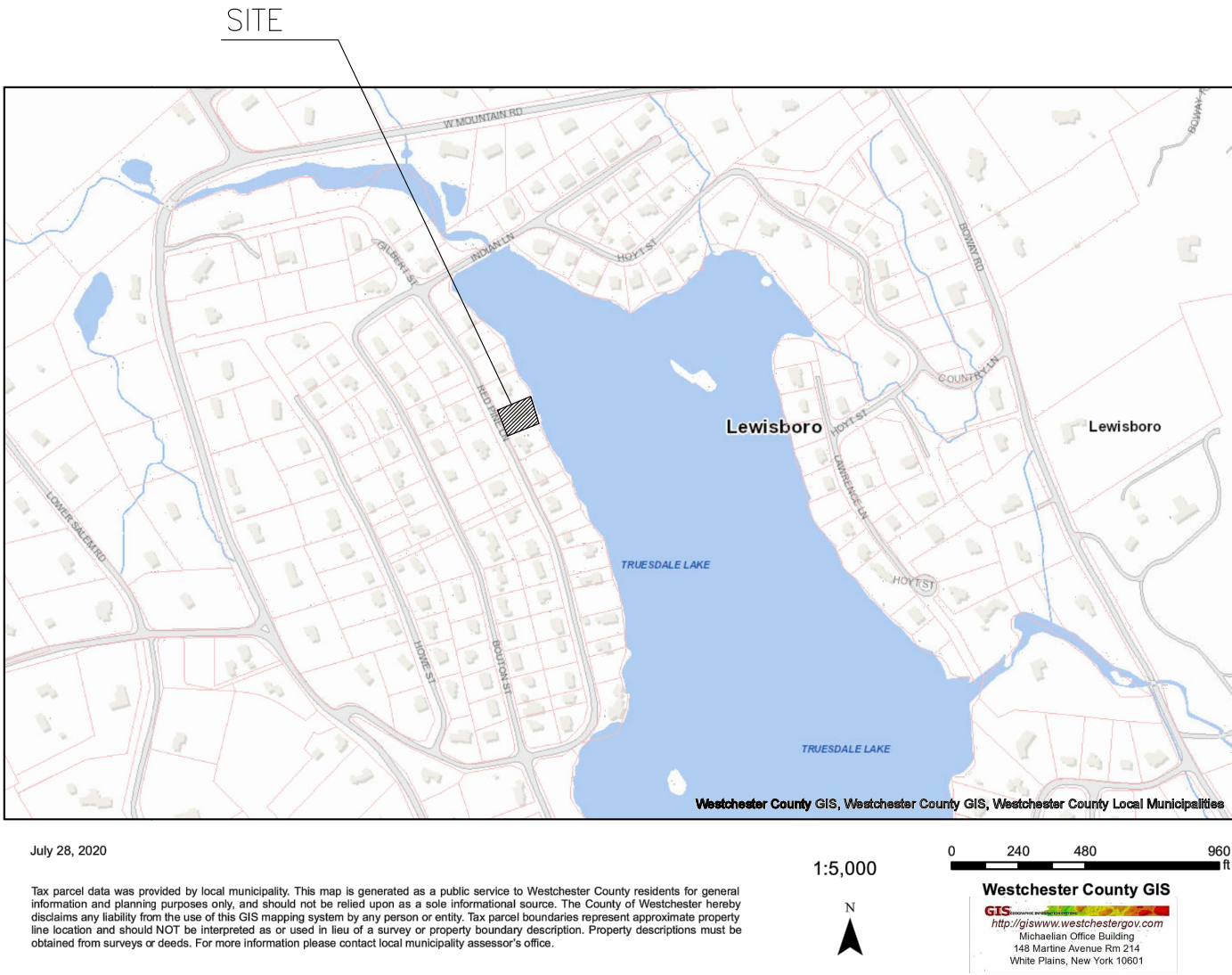
Sincerely,

[Hard copy original signed by Daniel and Devon MacEachron]

Cc: Mr. Jan Johannessen

RENOVATION OF THE RESIDENCE OF DANIEL & DEVON MacEACHRON

38 Gilbert Street, South Salem, NY 10590



LOCATION PLAN

PROJECT ADDRESS:
38 GILBERT STREET
SOUTH SALEM, NY 10590

TAX ID: SECTION 36D BLOCK 10806 LOT 11 (11-12)
ZONED: R-1/4A
LOT AREA: 0.285 ACRES

SCOPE OF WORK DESCRIPTION

NEW ROOF STRUCTURE AT LIVING ROOM. NEW SUNROOM AND DECK STRUCTURE ON EXISTING LIVING ROOM, SUNROOM AND DECK FOOTPRINT. INCLUDES NEW MECHANICAL, PLUMBING, ELECTRICAL, AND LIGHTING. NO SIGNIFICANT SITE WORK OR CHANGE IN GRADING. NO CHANGE IN USE, OCCUPANCY, OR EGRESS.

CODE SUMMARY

BUILDING, MECHANICAL, ELECTRICAL, PLUMBING, ACCESSIBILITY
CODES: 2020 RESIDENTIAL CODE OF NEW YORK STATE

FIRE: 2020 FIRE CODE OF NEW YORK STATE

ENERGY: 2020 ENERGY CONSERVATION CONSTRUCTION CODE OF
NEW YORK STATE

CONSTRUCTION CLASS: VB

AREA SUMMARY

EXISTING HOUSE	NEW HOUSE
FIRST FLOOR: 1840 S.F.	FIRST FLOOR: 1840 S.F.
SECOND FLOOR: 750 S.F.	SECOND FLOOR: 750 S.F.
SUBTOTAL: 2590 S.F.	TOTAL: 2590 S.F.

DECK: 344 S.F.	DECK: 425 S.F.
----------------	----------------

NO CHANGE TO CONDITIONED S.F.

OCCUPANCY INFORMATION

OCCUPANCY: GROUP R-3
RESIDENTIAL: 2590 S.F. @200 S.F./PERSON = 12.95 PERSONS
ROUNDED UP = 13 PERSONS

DRAWING LIST - PERMIT SET

T-000.00	COVER SHEET
X-100.00	EXISTING CONDITIONS
Z-000.00	EXISTING SITE SURVEY
Z-001.00	PROPOSED SITE PLAN AND ZONING INFORMATION
DM-100.00	DEMOLITION PLAN AND NOTES
A-100.00	CONSTRUCTION PLAN AND NOTES
A-200.00	REFLECTED CEILING PLAN AND NOTES
A-300.00	EXTERIOR ELEVATIONS AND NOTES
A-301.00	EXTERIOR ELEVATIONS AND NOTES
A-400.00	BUILDING SECTION AND NOTES
A-601.00	CONSTRUCTION DETAILS
M-100.00	MECHANICAL PLAN
E-100.00	ELECTRICAL PLAN
S-1	FOUNDATION PLAN
S-2	FIRST FLOOR FRAMING PLAN
S-3	SECOND FLOOR AND LOW ROOF, ROOF FRAMING PLAN

PERMIT SET
PLOT DATE: 8/24/20

ISSUED FOR PLANNING BOARD REVIEW - 7 AUGUST 2020

Project:
THE RENOVATION OF
THE RESIDENCE OF
DANIEL & DEVON MacEACHRON

38 Gilbert Street
South Salem, NY 10590

COVER SHEET

OWNER:

Daniel and Devon MacEachron
Apartment 7/8c
71 East 77th Street
New York, NY 10075
203.903.3161

Contact: Daniel MacEachron
Email: daniel.maceachron@blackrock.com

ARCHITECT:

McBride & Associates Architects
37 West 28th Street
11th Floor
New York, NY 10001
212.941.0818

Contact: Matthew P. Greer
Email: mpg@mcbride-architects.com

STRUCTURAL ENGINEER:

Archer Engineering Company, P.C.
246 Federal Road
Suite D-23
Brookfield, CT 06804
203.775.5673

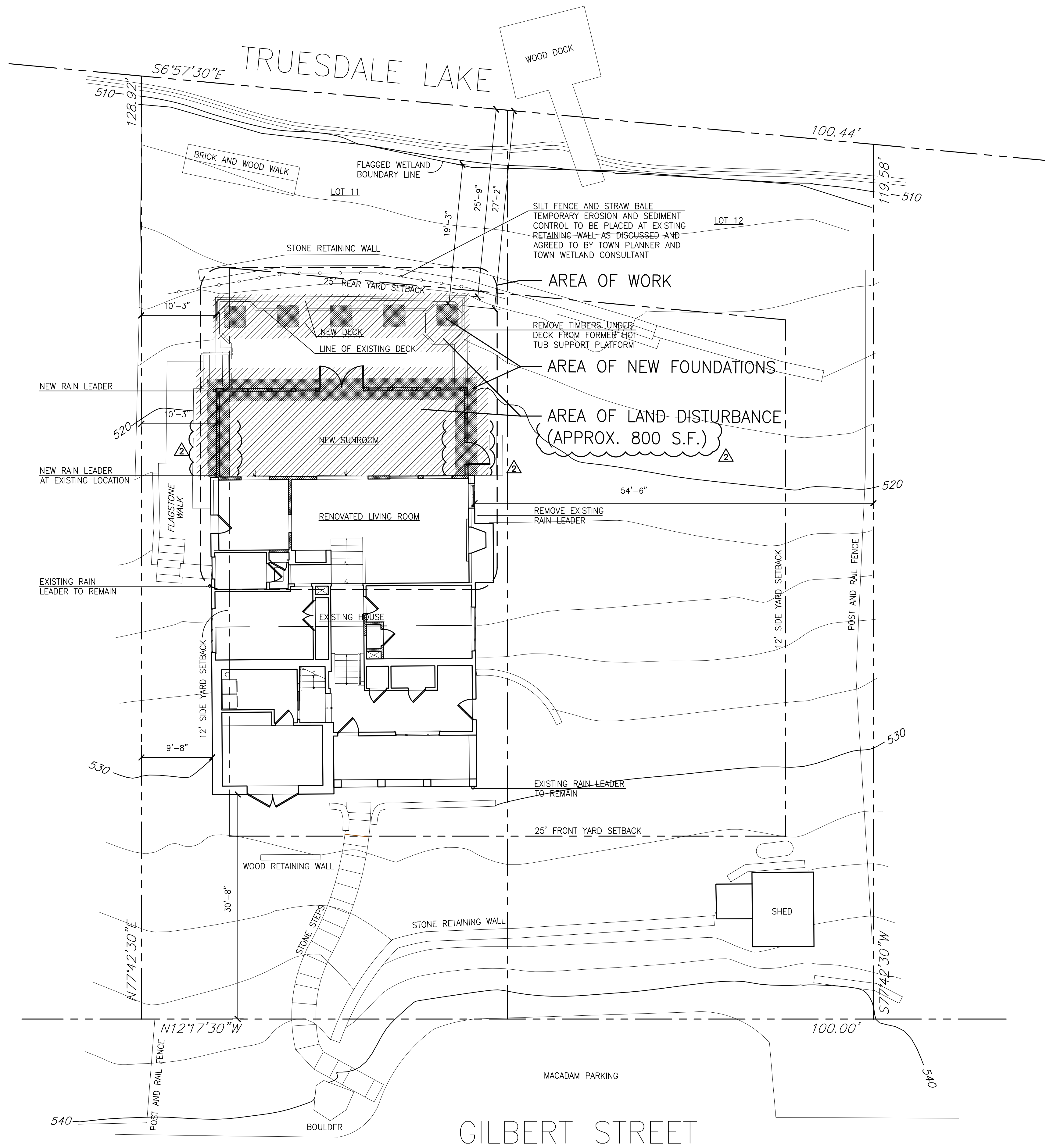
Contact: Kevin Archer
Email: kevin@archerengineeringcompany.com

GENERAL CONTRACTOR:

Jason A. Siemers
Siemers Carpentry and Construction
23 Pleasant Street
Bedford, NY 10506
914.275.5944

Contact: Jason A. Siemers
Email: siemerscarpentry@gmail.com

SEAL & SIGNATURE	DATE: 24 AUGUST 2020
	PROJECT NO.: 2084
	DRAWING BY: EAB/MPG
	CHK BY: DCM
	DWG NO.: T-000.00



1 PROPOSED SITE PLAN
SCALE: 1/8" = 1'-0"

PERMIT SET
PLOT DATE: 8/24/20

△ REVISED AREA OF DISTURBANCE - 21 AUGUST 2020

△ ISSUED FOR PLANNING BOARD REVIEW - 7 AUGUST 2020

Project:
THE RENOVATION OF
THE RESIDENCE OF
DANIEL & DEVON MacEACHRON

38 Gilbert Street
South Salem, NY 10590

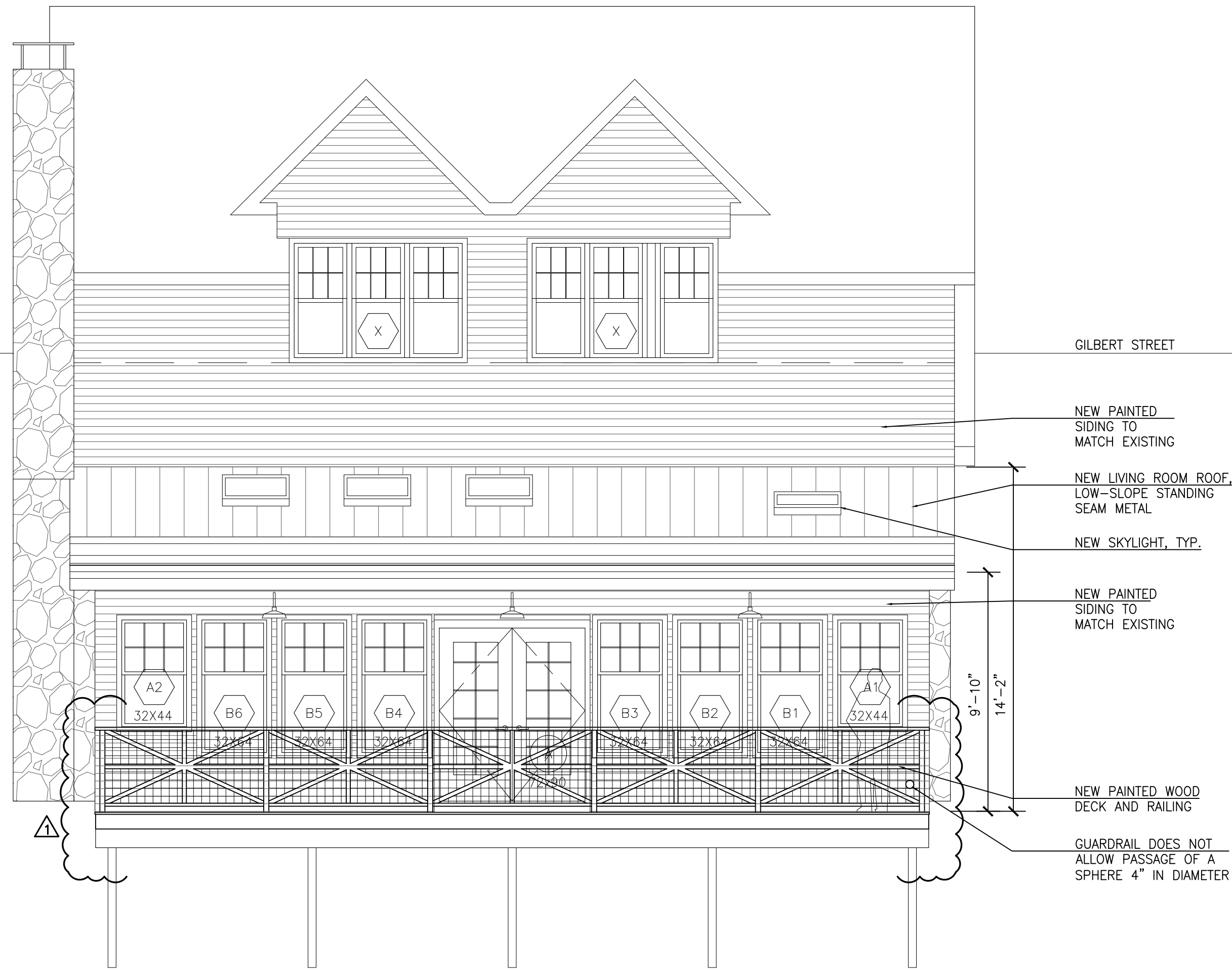
PROPOSED SITE PLAN

SEAL & SIGNATURE	DATE:	24 AUGUST 2020
	PROJECT NO.:	2084
	DRAWING BY:	EAB/MPG
	CHK BY:	DCM
	DWG NO.:	Z-001.00

NOTES: SCOPE OF WORK

McBRIDE

McBride & Associates
37 West 28th Street 11th Floor
New York, NY 10001
P:212.941.0818



PERMIT SET
PLOT DATE: 8/24/20

ISSUED FOR PLANNING BOARD REVIEW - 7 AUGUST 2020

Project:
THE RENOVATION OF
THE RESIDENCE OF
DANIEL & DEVON MacEACHRON

38 Gilbert Street
South Salem, NY 10590

EXTERIOR ELEVATIONS
AND NOTES

1 EAST ELEVATION
SCALE: 1/4" = 1'-0"

SEAL & SIGNATURE	DATE:	24 AUGUST 2020
	PROJECT NO.:	2084
	DRAWING BY:	MPG
	CHK BY:	DCM
DWG NO.:		A-300.00