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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](mailto:planning@lewisborogov.com)**

**AGENDA**

**Tuesday, August 14, 2018**

**79 Bouton Road, South Salem**

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

**I. PUBLIC HEARINGS**

**Cal #04-18PB**

**MKR Lab Inc., 79 Bouton Road, South Salem, NY 10590, Sheet 31, Block 10805, Lots 31, 50 & 78 (Katonah-Lewisboro School District, owner of record) – Application for a Special Use Permit.**

**Cal #02-10PB**

**Bedford Audubon Society, 35 Todd Road, Katonah, NY 10536, Sheet 5, Block 10776, Lots 7 & 30 Sheet 5, Block 10777, Lot 3 (Bedford Audubon Society, owner of record) – Application for a Special Use Permit.**

**II. DISCUSSION**

Amending Section 220-26(F) of the Town Code to remove the eligibility priorities for middle-income housing.

**III. REQUEST FOR SUBDIVISION BOND REDUCTION/REFERRAL TO TOWN BOARD**

**Cal# 8-02PB**

**JVG Estates (formerly Popoli Subdivision), 1437 Route 35, South Salem, NY 10590 Sheet 0040, Block 10552, Lot 003 (John Luciano, owner of record) - Request for subdivision bond reduction and referral to the Town Board.**

**IV. WETLAND PERMIT REVIEWS**

**Cal# 36-18WP**

**Hunter Residence, 19 South Shore Drive, South Salem, NY 10590, Sheet 33D, Block Camp, Lot 15 (Graeme Hunter and Laurence Robin- Hunter, owners of record) – Application for a dock and weed harvesting.**

**V. SKETCH PLAN REVIEWS**

**Cal #08-17PB, 16-17SW**

**Oakridge Commons, 450 Oakridge Common, South Salem, NY 10590, Sheet 49D, Block 9829, Lot 10 (Smith Ridge Associates, owner of record) - Application for Site Plan Review for installation of a car wash.**

**Cal #06-18PB**

**King Lumber, Meadow Street, Goldens Bridge, NY 10526, Sheet 4A, Block 11111, Lot 2, Sheet 4A, Block 11113, Lots 7 & 9, Sheet 4A, Block 12035, Lot 5 (King Lumber Realty and King Meadow Street Realty – owners of record) - Application for Site Plan Review for lumber yard and U-Haul rental facility.**

**VI. SITE DEVELOPMENT PLAN**

**Cal #11-15PB, Cal#04-16 SW, Cal#09-16 WP**

**Elegant Banquets – Le Chateau, 1410 Route 35, South Salem, NY 10590, Sheet 39, Block 10549, Lot 17 (1410 Rte. 35 LLC, owner of record) – Application for amendment of site development plan for shed installation.**

**Cal #49-18WP**

**Lake Waccabuc Assoc., no # Cove Road, Waccabuc, NY 10597, Sheet 33B, Block 11157, Lot 24 (Lake Waccabuc Assoc., owner of record) – Application for gravel boat ramp installation.**

**VII. WETLAND VIOLATION**

*Cal #2-16WV*

**Palomino Residence, 292 Waccabuc Road, Goldens Bridge, NY 10526, Sheet 7C, Block 12668, Lot 20 (Gustavo Palomino, owner of record)**

**VIII. MINUTES OF January 16, 2018; MINUTES OF February 27, 2018; MINUTES OF March 20, 2018; MINUTES OF March 27, 2018; MINUTES OF April 17, 2018, MINUTES OF June 19, 2018 and MINUTES OF July 21, 2018.**

June 19, 2018,

Dear Lewisboro Planning Board,

I am applying for a Special Use Permit so that my new business, MKR LAB Inc., can occupy its lease for a classroom totaling 965 square feet at Lewisboro Elementary School. MKR LAB, a benefit corporation with a social mandate of providing STEAM (science, technology, engineering, art, and math) education to students, will offer a range of classes to teach basic analog electronics, digital electronics, coding, Raspberry Pi and microcontroller hardware, and robotics to students from Kindergarten through 12<sup>th</sup> grade and beyond. Our goal is to introduce students to the possibilities of all that they can do, giving them insight into how to be creators, not merely end-users.

My husband, Clark, and I have three children in KLSD, in IMES and JJHS and we see a need for this type of programming here in Lewisboro.

The Lewisboro Town Board approved a change to Section 1, Chapter 220, Section 220-2(B) of our town code to redefine Educational Use as:

“A use that is intended to foster the educational advancement of individuals through educational programs, including instruction, training and lessons, provided by a private individual or entity or through a public institution.”

Under the new code MKR LAB conforms with the definition of Educational Use, a permitted principal use and is proceeding to apply for the required special use permit to be located in residential zone R-2A. We meet the requirements detailed in the code:

Section 3, Chapter 220, Section 220-43.5

- A. Location. Our location fronts Bouton Road, a major collector road.
- B. The location has a total property area of 9.7 acres, exceeding the minimum lot area.
- C. Setbacks. No change requested. Property is compliant.
- D. Buffer Area. No change requested. Property is compliant.
- E. Off-street parking. The code requires 1 space for every 200 square feet of gross floor area, 5 spots in our case. The attached site drawing shows 84 parking spaces. The parking lot currently is sparsely used, with a bounty of available spots. It is noteworthy that many of our students will be dropped off and will only park briefly and some will be able to take a KLSD school bus to LES for after school programming.

I am including, along with the special use application, a copy of my business plan, a site drawing with parking, and a floorplan. You can get a sense of the types of classes we will offer at <https://www.mkrlab.org/classes/>. In anticipation of launching, we have been offering one-off workshops at DayDreamer Studio in the Yellow Monkey Village in Cross River, and those past workshops are still on our website. When we are in our own space we anticipate longer courses, perhaps 8 weeks long, with additional workshops during school breaks.

Hours of operation: MKR LAB's core business will be after-school programming. We anticipate two 90-minute sessions per evening: 4:30 – 6 and 6:15 – 7:45. At first we will only run one or two days per week. When we see demonstrated interest for more programming and when we are able to hire more instructors, we will look to expand that to more days per week. We also anticipate offering Saturday daytime programming. When KLSD is closed for a holiday or break we might offer daytime workshops if there is demonstrated interest.

In Lewisboro there are few social opportunities for our teens on the weekends. We might occasionally offer a teen evening on a Friday or Saturday. Our lease limits our operation to between the hours of 9:00 am and 9:00 pm Monday through Saturday and between the hours of 9:00 am and 5:00 pm on Sundays. This is generous and we do not anticipate operating that whole time consistently. Those parameters give us the flexibility to hold an occasional evening workshop or teen event. Given our space, such events will be small and much smaller in impact to the surrounding neighbors than when the public school was open.

Summer: We address this in our business plan. To surmise, we will consider ½ day camp if there is demonstrated interest. We think this might be a great option for teens who have aged out of town camp. We will balance our camp offerings with our own proclivity to unplug and unwind in summer, likely limiting camp to a few weeks and focusing on ½ day offerings so that students spend time outdoors and or on the water.

Thank you for your consideration.

Sincerely,

Sarah Landis

**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 14, 2018 at 7:30 p.m., or soon thereafter, at the Town Offices at 79 Bouton Road, South Salem, New York, regarding the following:

**Cal. #04-18 P.B.**

Application for a Special Use Permit Approval as forth in Chapter 220, §220-32 & §220-43, of the Zoning Ordinance of the Town of Lewisboro by MKR Lab, Inc., 3 Harriet Lane, Goldens Bridge, New York to permit the operation of a maker space for teaching primary and secondary-aged students a STEAM (science, technology, engineering, art and math) curriculum. Said property is located on the easterly side of Bouton Road within the former Lewisboro Elementary School building (79 Bouton Road) and designated on the Tax Maps of the Town of Lewisboro as Sheet 31, Block 10805, Lots 31, 50 & 78 consisting of approximately 9.72 acres. The property is located within the SCR-2A Residential District.

A copy of materials and site documents may be inspected at the office of the Planning Board Administrator, 79 Bouton Road, South Salem, New York during regular Planning Board hours. 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 attend the Public Hearing and all will be provided an opportunity to be heard.

**PLANNING BOARD**  
**TOWN OF LEWISBORO**  
**By: Jerome Kerner**  
**Chair**

**Dated: July 19, 2018**

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

STATE OF NEW YORK

)

Re: MKR LAB at Lewisboro Elementary School

) ss.:

COUNTY OF WESTCHESTER

)

Sarah Landis, being duly sworn, deposes and says that she is over the age of eighteen years and resides at 3 Harriet Lane, Goldens Bridge, New York 10526: On July 26, 2018, I mailed a true copy of the annexed Notice of Public Hearing 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 addresses of the addressees as indicated below:

BARASCH, LYNNE	66 BOUTON RD	South Salem	10590
BURI, CHARLES & MARY	28 SCOTTS LANE	South Salem	10590
CANDEE, ANDREA G.	97 BOUTON RD	South Salem	10590
CASTALDO, LOUIS J. & WILHELM, LAURA, J.	26 SCOTTS LANE	South Salem	10590
CHRISTIE, TIMOTHY S. & DONNA M.	17 SCOTTS LANE	South Salem	10590
CURRY, JOHN J. & EILEEN M.	43 BOUTON RD	South Salem	10590
DORGAN, RICHARD W. TRUSTEE	1 STEWART RD	South Salem	10590
FIELDS, ROBYN E.	6 CAPTAIN LAWRENCE DR	South Salem	10590
FOX, CHRISTINA S. & KRISTINA	70 BOUTON RD	South Salem	10590
GABRIEL, THOMAS & JANINE PRETE	62 BOUTON RD	South Salem	10590
HOBBS, PETER L. ALISON	94 BOUTON RD	South Salem	10590
HUGHES, VALERIE	9 SCOTTS LANE	South Salem	10590
KATONAH-LEWISBORO UNION FREE SCHOOL DISTRICT #1	PO Box 387	Katonah	10536
MARAFIOTI, MICHAEL F. & GOVONI, LARA	78 BOUTON RD	South Salem	10590
MAZZARI, PETER V. & JEANNE MARIE	4 STEWART RD	South Salem	10590
O'BRIEN, WILLIAM & CYNTHIA RYAN	93 BOUTON RD	South Salem	10590
PETERSON, TYLER J.	30 SCOTTS LANE	South Salem	10590
PIZZURRO, CHRIS & LISA	69 BOUTON RD	South Salem	10590
RIEGER, ROBERT & SHELLY JOHNSON-RIEGER	2 CAPTAIN LAWRENCE DR	South Salem	10590
SALERNO, JOSEPH & MICHELLE	6 STEWART RD	South Salem	10590

SFREDDO, EDWARD & BUETI, GRANZINE P.	19 SCOTTS LANE	South Salem	10590
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SIMONE, DANIEL & ANN MARIE	1 SCOTTS LANE	South Salem	10590
SOULIAS, CHARLES & AMANDA	3 STEWART RD	South Salem	10590
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TEBBE, GREGORY & DAPHNE	92 BOUTON RD	South Salem	10590
THIRLWALL, THOMAS C. & PAULINE A.	5 STEWART RD	South Salem	10590
TOWN OF LEWISBORO	PO Box 500	South Salem	10590
TRANCHIDA, ALISON.	14 SCOTTS LANE	South Salem	10590
WILSON, MIZELL JR. & BEVERLEY B.	57 BOUTON RD	South Salem	10590
WINTER, CHRISTIAN & CATHLEEN	64 BOUTON RD	South Salem	10590
WISEHART, CHARLES W. & FAY, KATHLEEN F.	13 SCOTTS LANE	South Salem	10590

*S Landis*

Sarah Landis

Sworn to before me this

~~15~~ day of August, 2018

July 30, 2018 SL

*[Signature]*

Notary Public





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<input type="checkbox"/> Return Receipt (hardcopy)	\$1.50	
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$1.50	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	

Postage \$0.50 \$0.50

Total Postage and Fees \$5.45 \$5.45

Sent To  
Christian + Cathleen Winter  
Street and Apt. No., or PO Box No.  
64 Burton Rd.  
City, State, ZIP+4  
South Salem, NY 10590

0052  
05

Postmark  
Here

07/26/2018

7018 0680 0001 6635 1082

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**OFFICIAL USE**  
SOUTH SALEM, NY 10590

Certified Mail Fee	\$3.45	\$3.45
Extra Services & Fees (check box, add fee as appropriate)		\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$1.50	
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$1.50	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	

Postage \$0.50 \$0.50

Total Postage and Fees \$5.45 \$5.45

Sent To  
Mizell Jr. + Beverly Wilson  
Street and Apt. No., or PO Box No.  
57 Burton Rd.  
City, State, ZIP+4  
South Salem, NY 10590

0052  
05

Postmark  
Here

07/26/2018

7018 0680 0001 6635 1051

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**OFFICIAL USE**  
SOUTH SALEM, NY 10590

Certified Mail Fee	\$3.45	\$3.45
Extra Services & Fees (check box, add fee as appropriate)		\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$1.50	
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$1.50	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	

Postage \$0.50 \$0.50

Total Postage and Fees \$5.45 \$5.45

Sent To  
Alison Tranchida  
Street and Apt. No., or PO Box No.  
14 Scotts Ln.  
City, State, ZIP+4  
South Salem, NY 10590

0052  
05

Postmark  
Here

07/26/2018



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**SOUTH SALEM, NY 10590**

**OFFICIAL USE**

Certified Mail Fee	\$3.45	0052
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	05
<input type="checkbox"/> Return Receipt (hardcopy)	\$1.50	
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$1.50	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.50	
Total Postage and Fees	\$5.45	

Postmark Here

07/26/2018

Sent To  
 Thomas + Pauline Thirlwall  
 Street and Apt. No., or PO Box No.  
 5 Stewart Rd.  
 City, State, ZIP+4®  
 South Salem, NY 10590

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

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**SOUTH SALEM, NY 10590**

**OFFICIAL USE**

Certified Mail Fee	\$3.45	0052
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	05
<input type="checkbox"/> Return Receipt (hardcopy)	\$1.50	
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$1.50	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.50	
Total Postage and Fees	\$5.45	

Postmark Here

07/26/2018

Sent To  
 Gregory + Daphne Tebbe  
 Street and Apt. No., or PO Box No.  
 92 Bouten Rd.  
 City, State, ZIP+4®  
 South Salem, NY 10590

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

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**SOUTH SALEM, NY 10590**

**OFFICIAL USE**

Certified Mail Fee	\$3.45	0052
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	05
<input type="checkbox"/> Return Receipt (hardcopy)	\$1.50	
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$1.50	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.50	
Total Postage and Fees	\$5.45	

Postmark Here

07/26/2018

Sent To  
 Charles + Amanda Soulias  
 Street and Apt. No., or PO Box No.  
 3 Stewart Rd.  
 City, State, ZIP+4®  
 South Salem, NY 10590

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

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**SOUTH SALEM, NY 10590**

**OFFICIAL USE**

Certified Mail Fee	\$3.45	0052
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	05
<input type="checkbox"/> Return Receipt (hardcopy)	\$1.50	
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$1.50	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.50	
Total Postage and Fees	\$5.45	

Postmark Here

07/26/2018

Sent To  
 Daniel + Ann Marie Simone  
 Street and Apt. No., or PO Box No.  
 1 Scotts Ln.  
 City, State, ZIP+4®  
 South Salem, NY 10590

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

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**SOUTH SALEM, NY 10590**

**OFFICIAL USE**

Certified Mail Fee	\$3.45	0052
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	05
<input type="checkbox"/> Return Receipt (hardcopy)	\$1.50	
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$1.50	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.50	
Total Postage and Fees	\$5.45	

Postmark Here

07/26/2018

Sent To  
 Robert + Terri Silver  
 Street and Apt. No., or PO Box No.  
 27 Scotts Ln.  
 City, State, ZIP+4®  
 South Salem, NY 10590

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

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**SOUTH SALEM, NY 10590**

**OFFICIAL USE**

Certified Mail Fee	\$3.45	0052
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	05
<input type="checkbox"/> Return Receipt (hardcopy)	\$1.50	
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$1.50	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.50	
Total Postage and Fees	\$5.45	

Postmark Here

07/26/2018

Sent To  
 Edward Sfredo + Grazzina Breti  
 Street and Apt. No., or PO Box No.  
 19 Scotts Ln.  
 City, State, ZIP+4®  
 South Salem, NY 10590

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

7018 0680 0001 6635 5240

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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SOUTH SALEM, NY 10590

Certified Mail Fee  
\$ 3.45 \$3.45

0052

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

☐ Return Receipt (hardcopy) \$ 1.50

☒ Return Receipt (electronic) \$ 1.50

☐ Certified Mail Restricted Delivery \$ 0.00

☐ Adult Signature Required \$ 0.00

☐ Adult Signature Restricted Delivery \$ 0.00

Postmark  
HerePostage  
\$ 0.50 \$0.50Total Postage and Fees  
\$ 5.45 \$5.45

07/26/2018

Sent To  
Joseph + Michelle Salerno  
Street and Apt. No., or PO Box No.  
6 Stewart Rd.  
City, State, ZIP+4®  
South Salem, NY 10590

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

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7018 0680 0001 6635 5257

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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SOUTH SALEM, NY 10590

Certified Mail Fee  
\$ 3.45 \$3.45

0052

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

☐ Return Receipt (hardcopy) \$ 1.50

☒ Return Receipt (electronic) \$ 1.50

☐ Certified Mail Restricted Delivery \$ 0.00

☐ Adult Signature Required \$ 0.00

☐ Adult Signature Restricted Delivery \$ 0.00

Postmark  
HerePostage  
\$ 0.50 \$0.50Total Postage and Fees  
\$ 5.45 \$5.45

07/26/2018

Sent To  
Robert Rieger + Shelly Johnson - Rieger  
Street and Apt. No., or PO Box No.  
2 Captain Lawrence Dr.  
City, State, ZIP+4®  
South Salem, NY 10590

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

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7018 0680 0001 6635 5271

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SOUTH SALEM, NY 10590

Certified Mail Fee  
\$ 3.45 \$3.45

0052

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

☐ Return Receipt (hardcopy) \$ 1.50

☒ Return Receipt (electronic) \$ 1.50

☐ Certified Mail Restricted Delivery \$ 0.00

☐ Adult Signature Required \$ 0.00

☐ Adult Signature Restricted Delivery \$ 0.00

Postmark  
HerePostage  
\$ 0.50 \$0.50Total Postage and Fees  
\$ 5.45 \$5.45

07/26/2018

Sent To  
Tyler Peterson  
Street and Apt. No., or PO Box No.  
30 Scotts Ln.  
City, State, ZIP+4®  
South Salem, NY 10590

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

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7018 0680 0001 6635 5285

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SOUTH SALEM, NY 10590

Certified Mail Fee  
\$ 3.45 \$3.45

0052

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

☐ Return Receipt (hardcopy) \$ 1.50

☒ Return Receipt (electronic) \$ 1.50

☐ Certified Mail Restricted Delivery \$ 0.00

☐ Adult Signature Required \$ 0.00

☐ Adult Signature Restricted Delivery \$ 0.00

Postmark  
HerePostage  
\$ 0.50 \$0.50Total Postage and Fees  
\$ 5.45 \$5.45

07/26/2018

Sent To  
William + Cynthia Ryan O'Brien  
Street and Apt. No., or PO Box No.  
93 Bouton Rd.  
City, State, ZIP+4®  
South Salem, NY 10590

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

See Reverse for Instructions

7018 0680 0001 6635 5295

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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SOUTH SALEM, NY 10590

Certified Mail Fee  
\$ 3.45 \$3.45

0052

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

☐ Return Receipt (hardcopy) \$ 1.50

☒ Return Receipt (electronic) \$ 1.50

☐ Certified Mail Restricted Delivery \$ 0.00

☐ Adult Signature Required \$ 0.00

☐ Adult Signature Restricted Delivery \$ 0.00

Postmark  
HerePostage  
\$ 0.50 \$0.50Total Postage and Fees  
\$ 5.45 \$5.45

07/26/2018

Sent To  
Peter Mazzari + Jeanne Marie Mazzari  
Street and Apt. No., or PO Box No.  
4 Stewart Rd.  
City, State, ZIP+4®  
South Salem, NY 10590

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

See Reverse for Instructions

7018 0680 0001 6635 5301

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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SOUTH SALEM, NY 10590

Certified Mail Fee  
\$ 3.45 \$3.45

0052

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

☐ Return Receipt (hardcopy) \$ 1.50

☒ Return Receipt (electronic) \$ 1.50

☐ Certified Mail Restricted Delivery \$ 0.00

☐ Adult Signature Required \$ 0.00

☐ Adult Signature Restricted Delivery \$ 0.00

Postmark  
HerePostage  
\$ 0.50 \$0.50Total Postage and Fees  
\$ 5.45 \$5.45

07/26/2018

Sent To  
Michael Marafioti + Lara Govoni  
Street and Apt. No., or PO Box No.  
78 Bouton Rd.  
City, State, ZIP+4®  
South Salem, NY 10590

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

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7018 0680 0001 6635 5325

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SOUTH SALEM, NY 10590

Certified Mail Fee \$3.45 \$3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$0.00  
☒ Return Receipt (electronic) \$1.50  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.50 \$0.50

Total Postage and Fees \$5.45 \$5.45

Sent To Peter L. Alison Hobbs  
Street and Apt. No., or PO Box No.  
94 Bouton Rd.  
City, State, ZIP+4®  
South Salem, NY 10590

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

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0052  
05

Postmark  
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SOUTH SALEM, NY 10590

Certified Mail Fee \$3.45 \$3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$0.00  
☒ Return Receipt (electronic) \$1.50  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.50 \$0.50

Total Postage and Fees \$5.45 \$5.45

Sent To Thomas + Janine Prete Gabriel  
Street and Apt. No., or PO Box No.  
62 Bouton Rd.  
City, State, ZIP+4®  
South Salem, NY 10590

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7018 0680 0001 6635 5363

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SOUTH SALEM, NY 10590

Certified Mail Fee \$3.45 \$3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$0.00  
☒ Return Receipt (electronic) \$1.50  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.50 \$0.50

Total Postage and Fees \$5.45 \$5.45

Sent To Richard W. Trustee Dorgan  
Street and Apt. No., or PO Box No.  
1 Stewart Rd.  
City, State, ZIP+4®  
South Salem, NY 10590

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Postmark  
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7018 0680 0001 6635 5349

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For delivery information, visit our website at [www.usps.com](http://www.usps.com).  
SOUTH SALEM, NY 10590

Certified Mail Fee \$3.45 \$3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$0.00  
☒ Return Receipt (electronic) \$1.50  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.50 \$0.50

Total Postage and Fees \$5.45 \$5.45

Sent To Christina + Kristina Fox  
Street and Apt. No., or PO Box No.  
to Bouton Rd.  
City, State, ZIP+4®  
South Salem, NY 10590

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

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07/26/2018

7018 0680 0001 6635 5370

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SOUTH SALEM, NY 10590

Certified Mail Fee \$3.45 \$3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$0.00  
☒ Return Receipt (electronic) \$1.50  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.50 \$0.50

Total Postage and Fees \$5.45 \$5.45

Sent To Timothy + Donna Christie  
Street and Apt. No., or PO Box No.  
17 Scotts Ln.  
City, State, ZIP+4®  
South Salem, NY 10590

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

0052  
05

Postmark  
Here

07/26/2018

7018 0680 0001 6635 5387

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For delivery information, visit our website at [www.usps.com](http://www.usps.com).  
SOUTH SALEM, NY 10590

Certified Mail Fee \$3.45 \$3.45  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$0.00  
☒ Return Receipt (electronic) \$1.50  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.50 \$0.50

Total Postage and Fees \$5.45 \$5.45

Sent To John + Eileen Curry  
Street and Apt. No., or PO Box No.  
43 Bouton Rd.  
City, State, ZIP+4®  
South Salem, NY 10590

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

0052  
05

Postmark  
Here

07/26/2018

7018 0680 0001 6635 5400

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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**SOUTH SALEM NY 10590**

Certified Mail Fee	\$3.45	\$3.45	\$0.00
Extra Services & Fees (check box, add fee as appropriate)			
<input type="checkbox"/> Return Receipt (hardcopy)	\$	\$1.50	
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$	\$1.50	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	\$0.00	

0052  
05

Postmark  
Here

Postage  
\$0.50 \$0.50

Total Postage and Fees  
\$5.45 \$5.45

07/26/2018

Sent To Andrea G. Candee

Street and Apt. No., or PO Box No.

97 Bouton Rd.

City, State, ZIP+4®  
South Salem NY 10590

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

See Reverse for Instructions

7018 0680 0001 6635 5417

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**SOUTH SALEM NY 10590**

Certified Mail Fee	\$3.45	\$3.45	\$0.00
Extra Services & Fees (check box, add fee as appropriate)			
<input type="checkbox"/> Return Receipt (hardcopy)	\$	\$1.50	
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$	\$1.50	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	\$0.00	

0052  
05

Postmark  
Here

Postage  
\$0.50 \$0.50

Total Postage and Fees  
\$5.45 \$5.45

07/26/2018

Sent To Charles + Mary Buri

Street and Apt. No., or PO Box No.

22 Scotts Ln.

City, State, ZIP+4®  
South Salem, NY 10590

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

See Reverse for Instructions

# MKR LAB PUBLIC HEARING NOTICE MAILING RECEIPT

KATONAH  
292 KATONAH AVE  
KATONAH  
NY

10536-2144  
3542900052

07/26/2018 (800)275-8777 4:07 PM

Product Description	Sale Qty	Final Price
First-Class Mail Letter (Domestic) (KATONAH, NY 10536) (Weight:0 Lb 0.40 Oz) (Estimated Delivery Date) (Saturday 07/28/2018)	1	\$0.50
Certified (@@USPS Certified Mail #) (70180680000166351075)	1	\$3.45
Return Receipt (elec)	1	\$1.50
First-Class Mail Letter (Domestic) (SOUTH SALEM, NY 10590) (Weight:0 Lb 0.40 Oz) (Estimated Delivery Date) (Saturday 07/28/2018)	1	\$0.50
Certified (@@USPS Certified Mail #) (70180680000166355424)	1	\$3.45
Return Receipt (elec)	1	\$1.50
First-Class Mail Letter (Domestic) (SOUTH SALEM, NY 10590) (Weight:0 Lb 0.40 Oz) (Estimated Delivery Date) (Saturday 07/28/2018)	1	\$0.50
Certified (@@USPS Certified Mail #) (70180680000166355189)	1	\$3.45
Return Receipt (elec)	1	\$1.50
First-Class Mail Letter (Domestic) (SOUTH SALEM, NY 10590) (Weight:0 Lb 0.30 Oz) (Estimated Delivery Date) (Saturday 07/28/2018)	1	\$0.50
Certified (@@USPS Certified Mail #) (70180680000166355356)	1	\$3.45
Return Receipt (elec)	1	\$1.50
First-Class Mail Letter (Domestic) (SOUTH SALEM, NY 10590) (Weight:0 Lb 0.30 Oz) (Estimated Delivery Date) (Saturday 07/28/2018)	1	\$0.50
Certified (@@USPS Certified Mail #)	1	\$3.45

Mail  
Letter  
(Domestic)  
(SOUTH SALEM, NY 10590)  
(Weight:0 Lb 0.30 Oz)  
(Estimated Delivery Date)  
(Saturday 07/28/2018)  
Certified 1 \$3.45  
(@@USPS Certified Mail #)  
(70180680000166355301)  
Return 1 \$1.50  
Receipt (elec)  
First-Class 1 \$0.50  
Mail  
Letter  
(Domestic)  
(SOUTH SALEM, NY 10590)  
(Weight:0 Lb 0.30 Oz)  
(Estimated Delivery Date)  
(Saturday 07/28/2018)  
Certified 1 \$3.45  
(@@USPS Certified Mail #)  
(70180680000166355325)  
Return 1 \$1.50  
Receipt (elec)  
First-Class 1 \$0.50  
Mail  
Letter  
(Domestic)  
(SOUTH SALEM, NY 10590)  
(Weight:0 Lb 0.30 Oz)  
(Estimated Delivery Date)  
(Saturday 07/28/2018)  
Certified 1 \$3.45  
(@@USPS Certified Mail #)  
(70180680000166355332)  
Return 1 \$1.50  
Receipt (elec)  
First-Class 1 \$0.50  
Mail  
Letter  
(Domestic)  
(SOUTH SALEM, NY 10590)  
(Weight:0 Lb 0.30 Oz)  
(Estimated Delivery Date)  
(Saturday 07/28/2018)  
Certified 1 \$3.45  
(@@USPS Certified Mail #)  
(70180680000166355349)  
Return 1 \$1.50  
Receipt (elec)  
First-Class 1 \$0.50  
Mail  
Letter  
(Domestic)  
(SOUTH SALEM, NY 10590)  
(Weight:0 Lb 0.30 Oz)  
(Estimated Delivery Date)  
(Saturday 07/28/2018)  
Certified 1 \$3.45  
(@@USPS Certified Mail #)  
(70180680000166355363)  
Return 1 \$1.50  
Receipt (elec)  
First-Class 1 \$0.50  
Mail  
Letter  
(Domestic)  
(SOUTH SALEM, NY 10590)  
(Weight:0 Lb 0.30 Oz)  
(Estimated Delivery Date)  
(Saturday 07/28/2018)  
Certified 1 \$3.45  
(@@USPS Certified Mail #)  
(70180680000166355387)  
Return 1 \$1.50  
Receipt (elec)

Mail  
Letter  
(Domestic)  
(SOUTH SALEM, NY 10590)  
(Weight:0 Lb 0.30 Oz)  
(Estimated Delivery Date)  
(Saturday 07/28/2018)  
Certified 1 \$3.45  
(@@USPS Certified Mail #)  
(70180680000166355264)  
Return 1 \$1.50  
Receipt (elec)  
First-Class 1 \$0.50  
Mail  
Letter  
(Domestic)  
(SOUTH SALEM, NY 10590)  
(Weight:0 Lb 0.30 Oz)  
(Estimated Delivery Date)  
(Saturday 07/28/2018)  
Certified 1 \$3.45  
(@@USPS Certified Mail #)  
(70180680000166355196)  
Return 1 \$1.50  
Receipt (elec)  
First-Class 1 \$0.50  
Mail  
Letter  
(Domestic)  
(SOUTH SALEM, NY 10590)  
(Weight:0 Lb 0.30 Oz)  
(Estimated Delivery Date)  
(Saturday 07/28/2018)  
Certified 1 \$3.45  
(@@USPS Certified Mail #)  
(70180680000166355172)  
Return 1 \$1.50  
Receipt (elec)  
First-Class 1 \$0.50  
Mail  
Letter  
(Domestic)  
(SOUTH SALEM, NY 10590)  
(Weight:0 Lb 0.30 Oz)  
(Estimated Delivery Date)  
(Saturday 07/28/2018)  
Certified 1 \$3.45  
(@@USPS Certified Mail #)  
(70180680000166351068)  
Return 1 \$1.50  
Receipt (elec)  
First-Class 1 \$0.50  
Mail  
Letter  
(Domestic)  
(SOUTH SALEM, NY 10590)  
(Weight:0 Lb 0.30 Oz)  
(Estimated Delivery Date)  
(Saturday 07/28/2018)  
Certified 1 \$3.45  
(@@USPS Certified Mail #)  
(70180680000166351099)  
Return 1 \$1.50  
Receipt (elec)  
First-Class 1 \$0.50  
Mail  
Letter  
(Domestic)  
(SOUTH SALEM, NY 10590)  
(Weight:0 Lb 0.30 Oz)  
(Estimated Delivery Date)  
(Saturday 07/28/2018)  
Certified 1 \$3.45  
(@@USPS Certified Mail #)  
(70180680000166351082)  
Return 1 \$1.50  
Receipt (elec)



First-Class	1	\$0.50
Mail		
Letter		
(Domestic)		
(SOUTH SALEM, NY 10590)		
(Weight:0 Lb 0.30 Oz)		
(Estimated Delivery Date)		
(Saturday 07/28/2018)		
Certified	1	\$3.45
(@@USPS Certified Mail #)		
(70180680000166351051)		
Return	1	\$1.50
Receipt (elec)		
First-Class	1	\$0.50
Mail		
Letter		
(Domestic)		
(SOUTH SALEM, NY 10590)		
(Weight:0 Lb 0.30 Oz)		
(Estimated Delivery Date)		
(Saturday 07/28/2018)		
Certified	1	\$3.45
(@@USPS Certified Mail #)		
(70180680000166350665)		
Return	1	\$1.50
Receipt (elec)		
First-Class	1	\$0.50
Mail		
Letter		
(Domestic)		
(SOUTH SALEM, NY 10590)		
(Weight:0 Lb 0.30 Oz)		
(Estimated Delivery Date)		
(Saturday 07/28/2018)		
Certified	1	\$3.45
(@@USPS Certified Mail #)		
(70180680000166350658)		
Return	1	\$1.50
Receipt (elec)		
First-Class	1	\$0.50
Mail		
Letter		
(Domestic)		
(SOUTH SALEM, NY 10590)		
(Weight:0 Lb 0.30 Oz)		
(Estimated Delivery Date)		
(Saturday 07/28/2018)		
Certified	1	\$3.45
(@@USPS Certified Mail #)		
(70180680000166355202)		
Return	1	\$1.50
Receipt (elec)		
First-Class	1	\$0.50
Mail		
Letter		
(Domestic)		
(SOUTH SALEM, NY 10590)		
(Weight:0 Lb 0.30 Oz)		
(Estimated Delivery Date)		
(Saturday 07/28/2018)		
Certified	1	\$3.45
(@@USPS Certified Mail #)		
(70180680000166355219)		
Return	1	\$1.50
Receipt (elec)		
First-Class	1	\$0.50
Mail		
Letter		
(Domestic)		
(SOUTH SALEM, NY 10590)		
(Weight:0 Lb 0.30 Oz)		
(Estimated Delivery Date)		
(Saturday 07/28/2018)		
Certified	1	\$3.45
(@@USPS Certified Mail #)		
(70180680000166355226)		
Return	1	\$1.50
Receipt (elec)		

First-Class	1	\$0.50
Mail		
Letter		
(Domestic)		
(SOUTH SALEM, NY 10590)		
(Weight:0 Lb 0.30 Oz)		
(Estimated Delivery Date)		
(Saturday 07/28/2018)		
Certified	1	\$3.45
(@@USPS Certified Mail #)		
(70180680000166355233)		
Return	1	\$1.50
Receipt (elec)		
First-Class	1	\$0.50
Mail		
Letter		
(Domestic)		
(SOUTH SALEM, NY 10590)		
(Weight:0 Lb 0.30 Oz)		
(Estimated Delivery Date)		
(Saturday 07/28/2018)		
Certified	1	\$3.45
(@@USPS Certified Mail #)		
(70180680000166355240)		
Return	1	\$1.50
Receipt (elec)		
First-Class	1	\$0.50
Mail		
Letter		
(Domestic)		
(SOUTH SALEM, NY 10590)		
(Weight:0 Lb 0.30 Oz)		
(Estimated Delivery Date)		
(Saturday 07/28/2018)		
Certified	1	\$3.45
(@@USPS Certified Mail #)		
(70180680000166355257)		
Return	1	\$1.50
Receipt (elec)		
First-Class	1	\$0.50
Mail		
Letter		
(Domestic)		
(SOUTH SALEM, NY 10590)		
(Weight:0 Lb 0.30 Oz)		
(Estimated Delivery Date)		
(Saturday 07/28/2018)		
Certified	1	\$3.45
(@@USPS Certified Mail #)		
(70180680000166355271)		
Return	1	\$1.50
Receipt (elec)		
First-Class	1	\$0.50
Mail		
Letter		
(Domestic)		
(SOUTH SALEM, NY 10590)		
(Weight:0 Lb 0.30 Oz)		
(Estimated Delivery Date)		
(Saturday 07/28/2018)		
Certified	1	\$3.45
(@@USPS Certified Mail #)		
(70180680000166355288)		
Return	1	\$1.50
Receipt (elec)		
First-Class	1	\$0.50
Mail		
Letter		
(Domestic)		
(SOUTH SALEM, NY 10590)		
(Weight:0 Lb 0.30 Oz)		
(Estimated Delivery Date)		
(Saturday 07/28/2018)		
Certified	1	\$3.45
(@@USPS Certified Mail #)		
(70180680000166355295)		
Return	1	\$1.50
Receipt (elec)		

Text your tracking number to 28777  
(2USPS) to get the latest status.  
Standard Message and Data rates may  
apply. You may also visit [www.usps.com](http://www.usps.com)  
USPS Tracking or call 1-800-222-1811.

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YOUR OPINION COUNTS

Bill #: 840-51050030-1-1540803-2  
Clerk: 05

First-Class	1	\$0.30
Mail		
Letter		
(Domestic)		
(SOUTH SALEM, NY 10590)		
(Weight:0 Lb 0.30 Oz)		
(Estimated Delivery Date)		
(Saturday 07/28/2018)		
Certified	1	\$3.45
(@USPS Certified Mail #)		
(70180680000166355370)		
Return	1	\$1.50
Receipt (elec)		
First-Class	1	\$0.50
Mail		
Letter		
(Domestic)		
(SOUTH SALEM, NY 10590)		
(Weight:0 Lb 0.30 Oz)		
(Estimated Delivery Date)		
(Saturday 07/28/2018)		
Certified	1	\$3.45
(@USPS Certified Mail #)		
(70180680000166355400)		
Return	1	\$1.50
Receipt (elec)		
First-Class	1	\$0.50
Mail		
Letter		
(Domestic)		
(SOUTH SALEM, NY 10590)		
(Weight:0 Lb 0.30 Oz)		
(Estimated Delivery Date)		
(Saturday 07/28/2018)		
Certified	1	\$3.45
(@USPS Certified Mail #)		
(70180680000166355417)		
Return	1	\$1.50
Receipt (elec)		
Total		\$174.40
Credit Card Remitd		\$174.40
(Card Name:VISA)		
(Account #:XXXXXXXXXXXX0959)		
(Approval #:516270)		
(Transaction #:263)		
(Entry Mode:Chip)		
(AID:A0000000031010)		
(Application Label:Visa Credit)		
(PIN:PIN Not Required)		
(Cryptogram:F6ADA8830B65341A)		
(ARC:00)		
(CVR:5E0300)		
(IAD:06010A03608000)		
(TSI:7800)		
(TVR:8000008000)		



August 5, 2018

Dear Sarah Landis:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**7018 0680 0001 6635 5400.**


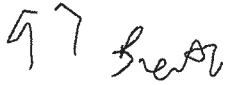
#### Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	August 1, 2018, 2:34 pm
<b>Location:</b>	SOUTH SALEM, NY 10590
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail™ Return Receipt Electronic

#### Shipment Details

<b>Weight:</b>	1.0oz
----------------	-------

#### Recipient Signature

Signature of Recipient:	
Address of Recipient:	

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Sincerely,  
United States Postal Service®  
475 L'Enfant Plaza SW  
Washington, D.C. 20260-0004



August 5, 2018

Dear Sarah Landis:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**7018 0680 0001 6635 5387.**



#### Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	July 31, 2018, 2:19 pm
<b>Location:</b>	SOUTH SALEM, NY 10590
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail™ Return Receipt Electronic

#### Shipment Details

<b>Weight:</b>	1.0oz
----------------	-------

#### Recipient Signature

Signature of Recipient:	
Address of Recipient:	

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

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Washington, D.C. 20260-0004



August 5, 2018

Dear Sarah Landis:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**7018 0680 0001 6635 5349.**



#### Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	August 1, 2018, 2:19 pm
<b>Location:</b>	SOUTH SALEM, NY 10590
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail™ Return Receipt Electronic

#### Shipment Details

<b>Weight:</b>	1.0oz
----------------	-------

#### Recipient Signature

Signature of Recipient:	
Address of Recipient:	

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Washington, D.C. 20260-0004



August 5, 2018

Dear Sarah Landis:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**7018 0680 0001 6635 5332.**


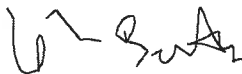
#### Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	August 1, 2018, 2:17 pm
<b>Location:</b>	SOUTH SALEM, NY 10590
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail™ Return Receipt Electronic

#### Shipment Details

<b>Weight:</b>	1.0oz
----------------	-------

#### Recipient Signature

Signature of Recipient:	
Address of Recipient:	

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475 L'Enfant Plaza SW  
Washington, D.C. 20260-0004



August 5, 2018

Dear Sarah Landis:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**7018 0680 0001 6635 5417.**



#### Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	July 28, 2018, 3:10 pm
<b>Location:</b>	SOUTH SALEM, NY 10590
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail™ Return Receipt Electronic

#### Shipment Details

<b>Weight:</b>	1.0oz
----------------	-------

#### Recipient Signature

Signature of Recipient:	
Address of Recipient:	

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

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August 5, 2018

Dear Sarah Landis:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**7018 0680 0001 6635 5288.**



#### Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	July 31, 2018, 2:27 pm
<b>Location:</b>	SOUTH SALEM, NY 10590
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail™ Return Receipt Electronic

#### Shipment Details

<b>Weight:</b>	1.0oz
----------------	-------

#### Recipient Signature

Signature of Recipient:	
Address of Recipient:	

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

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August 5, 2018

Dear Sarah Landis:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**7018 0680 0001 6635 5257.**

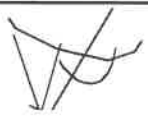

#### Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	July 31, 2018, 2:33 pm
<b>Location:</b>	SOUTH SALEM, NY 10590
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail™ Return Receipt Electronic

#### Shipment Details

<b>Weight:</b>	1.0oz
----------------	-------

#### Recipient Signature

Signature of Recipient:	
Address of Recipient:	

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August 5, 2018

Dear Sarah Landis:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**7018 0680 0001 6635 5301.**



#### Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	July 31, 2018, 2:26 pm
<b>Location:</b>	SOUTH SALEM, NY 10590
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail™ Return Receipt Electronic

#### Shipment Details

<b>Weight:</b>	1.0oz
----------------	-------

#### Recipient Signature

Signature of Recipient:	
Address of Recipient:	

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Washington, D.C. 20260-0004



August 5, 2018

Dear Sarah Landis:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**7018 0680 0001 6635 5363.**



#### Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	July 28, 2018, 3:00 pm
<b>Location:</b>	SOUTH SALEM, NY 10590
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail™ Return Receipt Electronic

#### Shipment Details

<b>Weight:</b>	1.0oz
----------------	-------

#### Recipient Signature

Signature of Recipient:	
Address of Recipient:	

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August 5, 2018

Dear Sarah Landis:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**7018 0680 0001 6635 5325.**

#### Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	July 28, 2018, 12:12 pm
<b>Location:</b>	SOUTH SALEM, NY 10590
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail™
	Return Receipt Electronic

#### Shipment Details

<b>Weight:</b>	1.0oz
----------------	-------

#### Recipient Signature

Signature of Recipient:

Address of Recipient:

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

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August 5, 2018

Dear Sarah Landis:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**7018 0680 0001 6635 5295.**

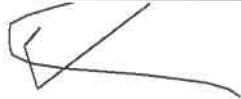

#### Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	July 28, 2018, 3:06 pm
<b>Location:</b>	SOUTH SALEM, NY 10590
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail™ Return Receipt Electronic

#### Shipment Details

<b>Weight:</b>	1.0oz
----------------	-------

#### Recipient Signature

Signature of Recipient:	
Address of Recipient:	

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August 5, 2018

Dear Sarah Landis:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**7018 0680 0001 6635 5271.**



#### Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	July 28, 2018, 3:11 pm
<b>Location:</b>	SOUTH SALEM, NY 10590
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail™ Return Receipt Electronic

#### Shipment Details

<b>Weight:</b>	1.0oz
----------------	-------

#### Recipient Signature

Signature of Recipient:	
Address of Recipient:	

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

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August 5, 2018

Dear Sarah Landis:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**7018 0680 0001 6635 5240.**

#### Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	July 28, 2018, 3:01 pm
<b>Location:</b>	SOUTH SALEM, NY 10590
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail™
	Return Receipt Electronic

#### Shipment Details

<b>Weight:</b>	1.0oz
----------------	-------

#### Recipient Signature

Signature of Recipient:

Address of Recipient:

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

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August 5, 2018

Dear Sarah Landis:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**7018 0680 0001 6635 0665.**


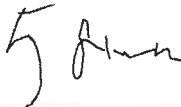
#### Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	July 28, 2018, 3:01 pm
<b>Location:</b>	SOUTH SALEM, NY 10590
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail™
	Return Receipt Electronic

#### Shipment Details

<b>Weight:</b>	1.0oz
----------------	-------

#### Recipient Signature

Signature of Recipient:	
Address of Recipient:	

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,  
United States Postal Service®  
475 L'Enfant Plaza SW  
Washington, D.C. 20260-0004





August 5, 2018

Dear Sarah Landis:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**7018 0680 0001 6635 5219.**

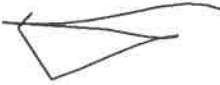
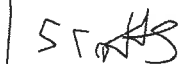
#### Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	July 28, 2018, 3:18 pm
<b>Location:</b>	SOUTH SALEM, NY 10590
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail™ Return Receipt Electronic

#### Shipment Details

<b>Weight:</b>	1.0oz
----------------	-------

#### Recipient Signature

Signature of Recipient:	
Address of Recipient:	

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,  
United States Postal Service®  
475 L'Enfant Plaza SW  
Washington, D.C. 20260-0004



August 5, 2018

Dear Sarah Landis:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**7018 0680 0001 6635 5226.**

#### Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	July 28, 2018, 3:10 pm
<b>Location:</b>	SOUTH SALEM, NY 10590
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail™
	Return Receipt Electronic

#### Shipment Details

<b>Weight:</b>	1.0oz
----------------	-------

#### Recipient Signature

Signature of Recipient:

Address of Recipient:

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,  
United States Postal Service®  
475 L'Enfant Plaza SW  
Washington, D.C. 20260-0004



August 5, 2018

Dear Sarah Landis:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**7018 0680 0001 6635 5202.**



#### Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	July 28, 2018, 3:00 pm
<b>Location:</b>	SOUTH SALEM, NY 10590
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail™ Return Receipt Electronic

#### Shipment Details

<b>Weight:</b>	1.0oz
----------------	-------

#### Recipient Signature

Signature of Recipient:	
Address of Recipient:	

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,  
United States Postal Service®  
475 L'Enfant Plaza SW  
Washington, D.C. 20260-0004



August 5, 2018

Dear Sarah Landis:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**7018 0680 0001 6635 5233.**



#### Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	July 28, 2018, 3:16 pm
<b>Location:</b>	SOUTH SALEM, NY 10590
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail™ Return Receipt Electronic

#### Shipment Details

**Weight:** 1.0oz

#### Recipient Signature

Signature of Recipient:	
Address of Recipient:	

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,  
United States Postal Service®  
475 L'Enfant Plaza SW  
Washington, D.C. 20260-0004



August 5, 2018

Dear Sarah Landis:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**7018 0680 0001 6635 1099.**



#### Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	August 1, 2018, 2:18 pm
<b>Location:</b>	SOUTH SALEM, NY 10590
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail™ Return Receipt Electronic

#### Shipment Details

<b>Weight:</b>	1.0oz
----------------	-------

#### Recipient Signature

Signature of Recipient:	
Address of Recipient:	

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

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Sincerely,  
United States Postal Service®  
475 L'Enfant Plaza SW  
Washington, D.C. 20260-0004



August 5, 2018

Dear Sarah Landis:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**7018 0680 0001 6635 5424.**



#### Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	August 1, 2018, 2:18 pm
<b>Location:</b>	SOUTH SALEM, NY 10590
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail™
	Return Receipt Electronic

#### Shipment Details

<b>Weight:</b>	1.0oz
----------------	-------

#### Recipient Signature

Signature of Recipient:	
Address of Recipient:	

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,  
United States Postal Service®  
475 L'Enfant Plaza SW  
Washington, D.C. 20260-0004



August 5, 2018

Dear Sarah Landis:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**7018 0680 0001 6635 1068.**



#### Item Details

<b>Status:</b>	Delivered
<b>Status Date / Time:</b>	July 31, 2018, 10:56 am
<b>Location:</b>	SOUTH SALEM, NY 10590
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail™ Return Receipt Electronic

#### Shipment Details

<b>Weight:</b>	1.0oz
----------------	-------

#### Recipient Signature

Signature of Recipient:	
Address of Recipient:	

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,  
United States Postal Service®  
475 L'Enfant Plaza SW  
Washington, D.C. 20260-0004



August 5, 2018

Dear Sarah Landis:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**7018 0680 0001 6635 1082.**

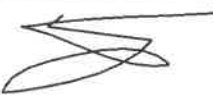
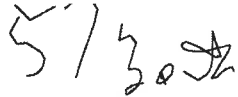
#### Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	July 31, 2018, 2:17 pm
<b>Location:</b>	SOUTH SALEM, NY 10590
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail™ Return Receipt Electronic

#### Shipment Details

<b>Weight:</b>	1.0oz
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#### Recipient Signature

Signature of Recipient:	
Address of Recipient:	

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

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Washington, D.C. 20260-0004





August 5, 2018

Dear Sarah Landis:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**7018 0680 0001 6635 5264.**

#### Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	August 1, 2018, 2:19 pm
<b>Location:</b>	SOUTH SALEM, NY 10590
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail™
	Return Receipt Electronic

#### Shipment Details

<b>Weight:</b>	1.0oz
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#### Recipient Signature

Signature of Recipient:

Address of Recipient:

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,  
United States Postal Service®  
475 L'Enfant Plaza SW  
Washington, D.C. 20260-0004



August 5, 2018

Dear Sarah Landis:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**7018 0680 0001 6635 5196.**



#### Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	July 31, 2018, 2:33 pm
<b>Location:</b>	SOUTH SALEM, NY 10590
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail™
	Return Receipt Electronic

#### Shipment Details

<b>Weight:</b>	1.0oz
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#### Recipient Signature

Signature of Recipient:	
Address of Recipient:	

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,  
United States Postal Service®  
475 L'Enfant Plaza SW  
Washington, D.C. 20260-0004



August 5, 2018

Dear Sarah Landis:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**7018 0680 0001 6635 1051.**

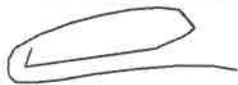

#### Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	July 28, 2018, 3:08 pm
<b>Location:</b>	SOUTH SALEM, NY 10590
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail™ Return Receipt Electronic

#### Shipment Details

**Weight:** 1.0oz

#### Recipient Signature

Signature of Recipient:	
Address of Recipient:	

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

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Sincerely,  
United States Postal Service®  
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Washington, D.C. 20260-0004



August 5, 2018

Dear Sarah Landis:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**7018 0680 0001 6635 5189.**



#### Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	July 28, 2018, 3:08 pm
<b>Location:</b>	SOUTH SALEM, NY 10590
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail™ Return Receipt Electronic

#### Shipment Details

<b>Weight:</b>	1.0oz
----------------	-------

#### Recipient Signature

Signature of Recipient:	
Address of Recipient:	

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,  
United States Postal Service®  
475 L'Enfant Plaza SW  
Washington, D.C. 20260-0004



August 5, 2018

Dear Sarah Landis:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**7018 0680 0001 6635 5318.**

#### Item Details

<b>Status:</b>	Delivered, Left with Individual
<b>Status Date / Time:</b>	July 28, 2018, 3:18 pm
<b>Location:</b>	SOUTH SALEM, NY 10590
<b>Postal Product:</b>	First-Class Mail®
<b>Extra Services:</b>	Certified Mail™ Return Receipt Electronic

#### Shipment Details

<b>Weight:</b>	1.0oz
----------------	-------

#### Recipient Signature

Signature of Recipient:

Address of Recipient:

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,  
United States Postal Service®  
475 L'Enfant Plaza SW  
Washington, D.C. 20260-0004





**NOTICE**

This property is the subject of an application before the Lewisboro Planning Board. A public hearing has been scheduled at which time all interested parties will be afforded an opportunity to be heard.

*Please contact the Planning Board Secretary at  
**914-763-5592***

*or visit*

**[www.lewisborogov.com](http://www.lewisborogov.com)**  
*for additional information*



**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 14, 2018 at 7:30 p.m., or soon thereafter, at the Town Offices at 79 Bouton Road, South Salem, New York, regarding the following:

**Cal. #2-10 P.B.**

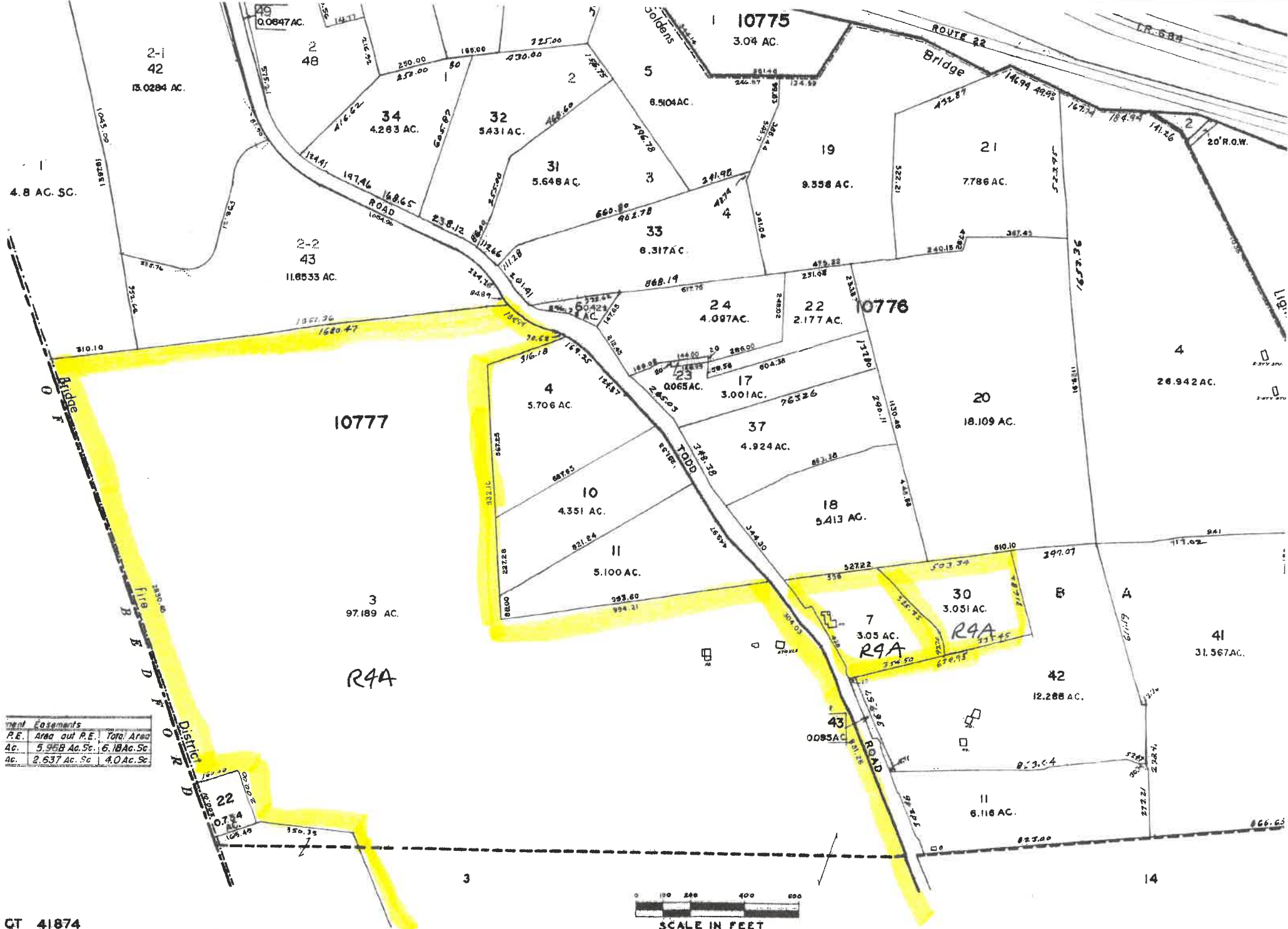
Application for a Special Use Permit Approval as forth in Chapter 220, §220-32 & §220-43, of the Zoning Ordinance of the Town of Lewisboro by Bedford Audubon Society, Inc., 35 Todd Road, Katonah, New York to permit the operation of a Private Nature Preserve. Said property is located on the southerly (#36 Todd Road) and northerly (#35 Todd Road) sides of Todd Road and designated on the Tax Maps of the Town of Lewisboro as Sheet 5, Block 10777, Lot 3 and Sheet 5, Block 10776, Lots 7 & 30 consisting of approximately 102 acres. The property is located within the R-4A Residential District.

A copy of materials and site documents may be inspected at the office of the Planning Board Administrator, 79 Bouton Road, South Salem, New York during regular Planning Board hours. 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 attend the Public Hearing and all will be provided an opportunity to be heard.

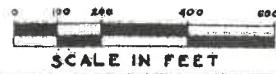
**PLANNING BOARD**  
**TOWN OF LEWISBORO**  
By: Jerome Kerner  
Chair

**Dated: July 19, 2018**

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



ment Easements		
P.E.	Area out P.E.	Total Area
Ac.	5.958 Ac. Sc.	6.18 Ac. Sc.
Ac.	2.637 Ac. Sc.	4.0 Ac. Sc.



QT 41874

g. 1966	Oct. 1970	Aug. 1991
1. 1968	Feb. 1971	July 1994
7. 1969	Mar. 1974	Nov. 1995
1. 1970	Mar. 1976	

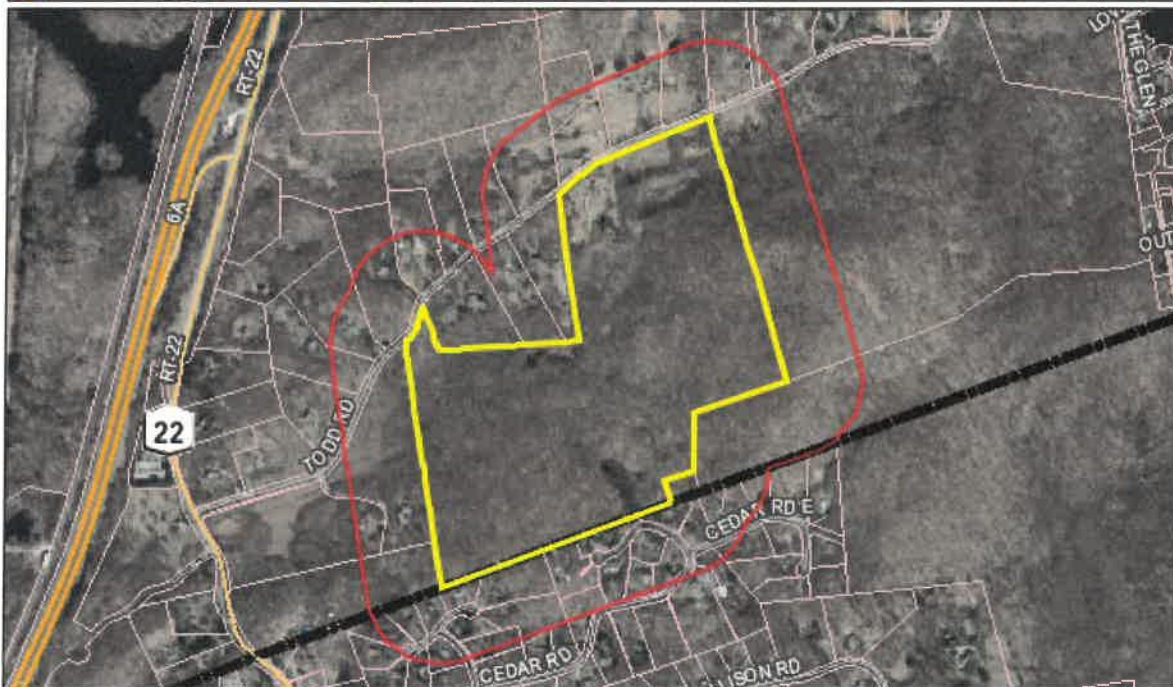
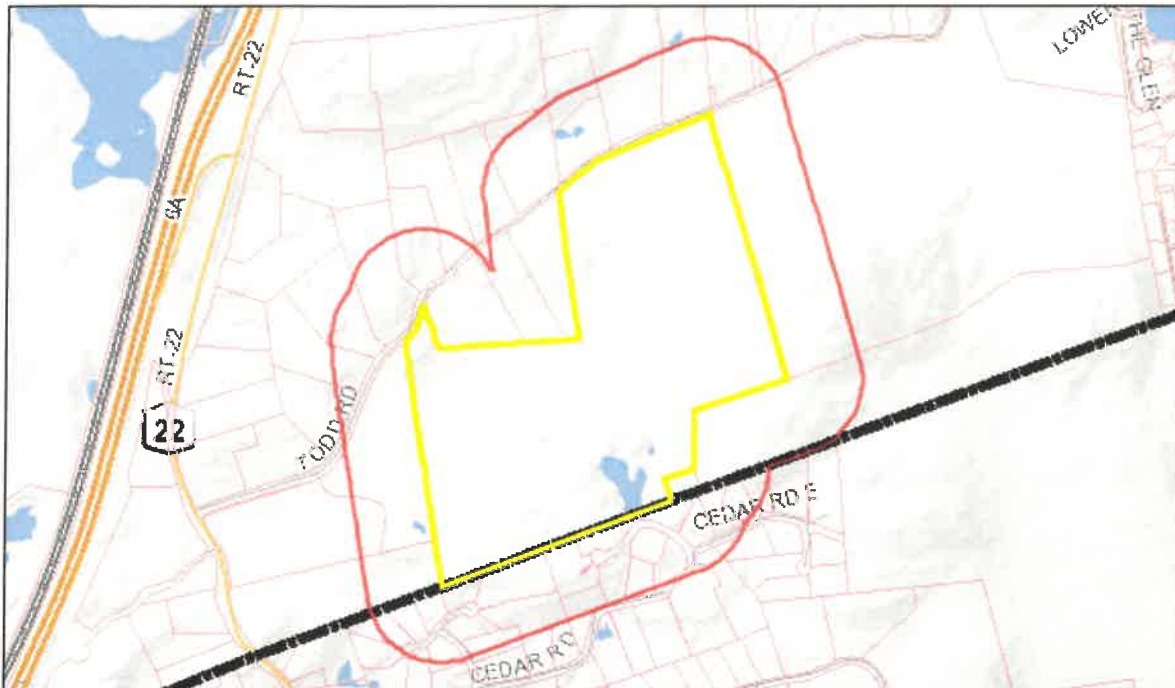


## Tax Parcel Maps

**Address:** 36 TODD RD

**Print Key:** 41.1-1-28

**SBL:** 04100100010280000000



**Disclaimer:**

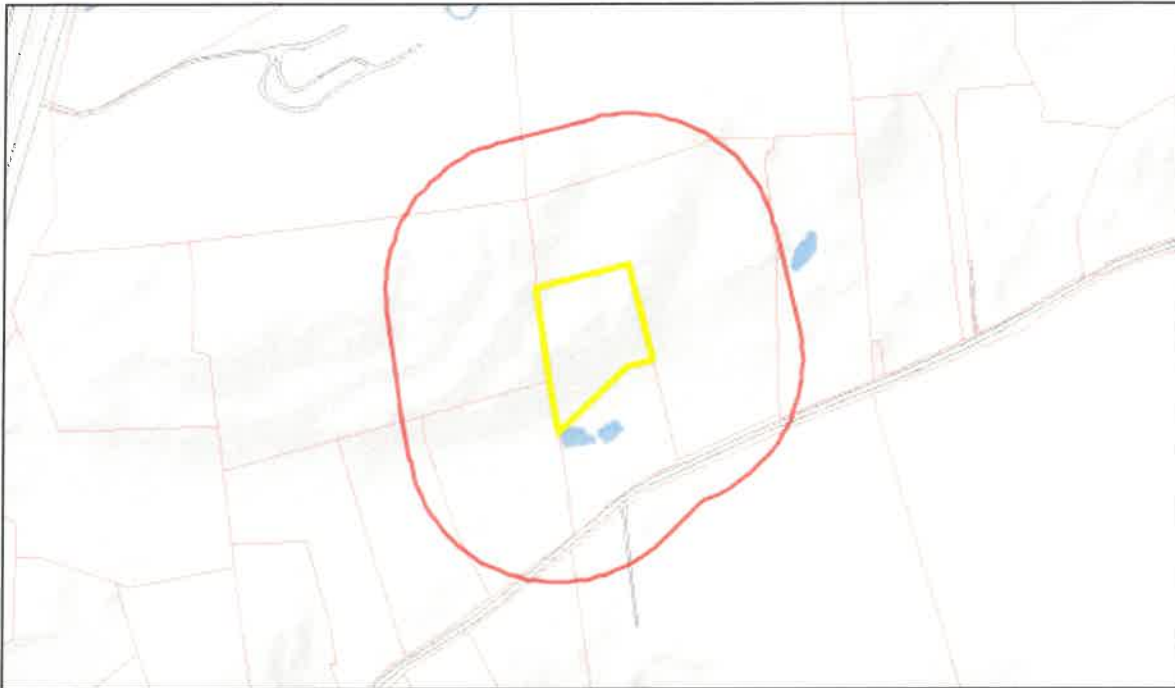
This tax parcel map is provided as a public service to Westchester County residents for general information and planning purposes only, and should not be relied upon as a sole informational source. The County of Westchester hereby disclaims any liability from the use of this GIS mapping system by any person or entity. Tax parcel boundaries represent approximate property line location and should **NOT** be interpreted as or used in lieu of a survey or property boundary description. Property descriptions must be obtained from surveys or deeds. For more information please contact the assessor's office of the municipality.

## Tax Parcel Maps

**Address:** TODD RD

**Print Key:** 40.2-2-6

**SBL:** 04000200020060000000



**Disclaimer:**

This tax parcel map is provided as a public service to Westchester County residents for general information and planning purposes only, and should not be relied upon as a sole informational source. The County of Westchester hereby disclaims any liability from the use of this GIS mapping system by any person or entity. Tax parcel boundaries represent approximate property line location and should **NOT** be interpreted as or used in lieu of a survey or property boundary description. Property descriptions must be obtained from surveys or deeds. For more information please contact the assessor's office of the municipality.

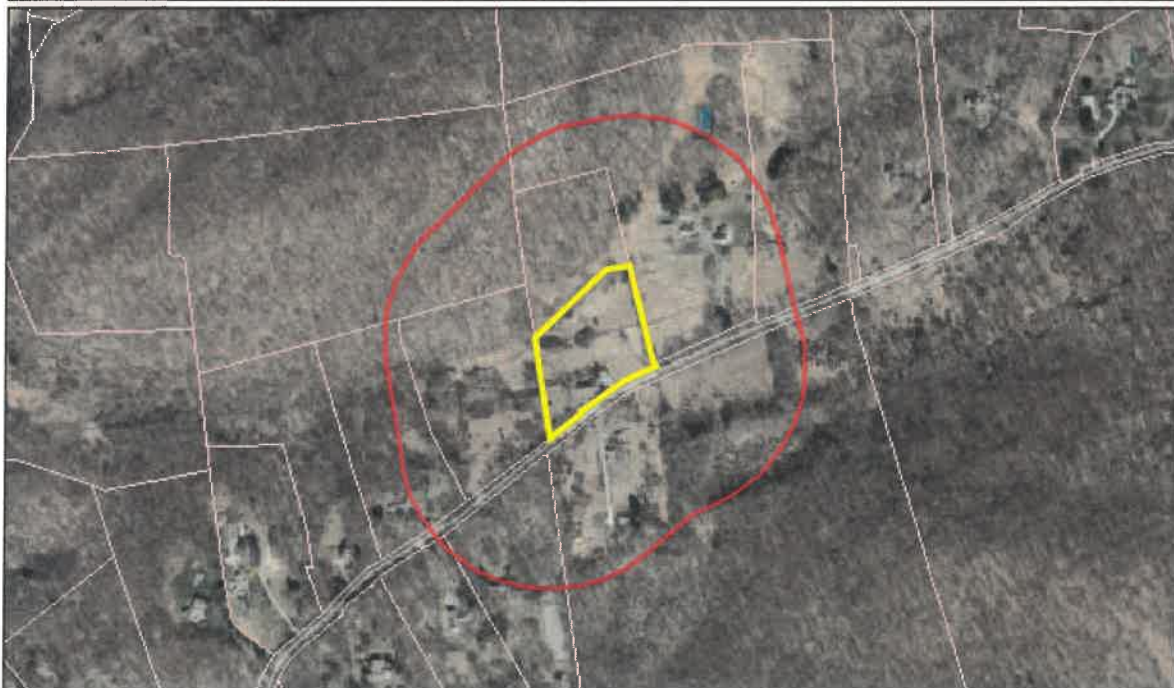
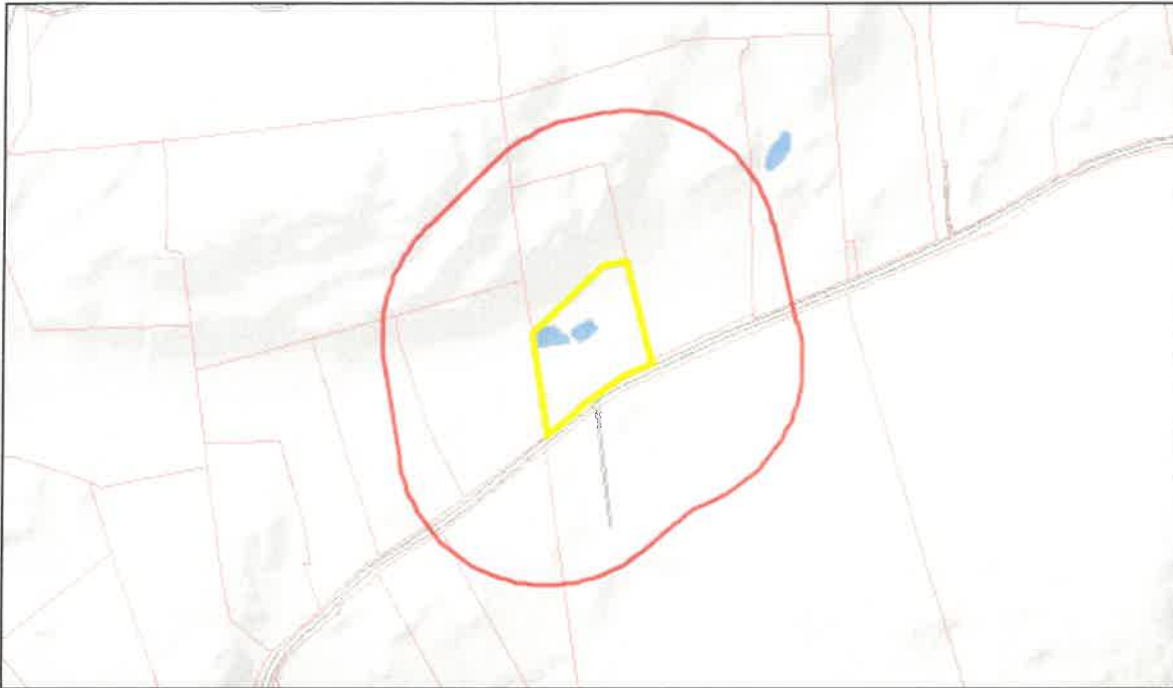


## Tax Parcel Maps

**Address:** 35 TODD RD

**Print Key:** 40.2-2-7


**SBL:** 04000200020070000000



**Disclaimer:**

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Bedford  
Audubon  
Bylane Farm

**NOTICE**

This property is the subject of an application before the  
Lewisboro Planning Board.  
A Public Hearing has been scheduled at which time all interested parties  
will be afforded an opportunity to be heard.

*Please contact the Planning Board Secretary at*  
**914-763-5592**

or visit

[www.lewisborogov.com](http://www.lewisborogov.com)

*for additional information*



PUBLIC HEARING- AUGUST 14, 2018  
BEDFORD AUDUBON SOCIETY

Block 10774

Lot 34 Raymond P. Jahaly & Kristiana Jahaly  
11 Todd Road  
Katonah, NY 10536

Block 10776

Lot 7 & 30 Bedford Audubon Society  
35 Todd Road  
Katonah, NY 10536

Lots 11 & 42 Matthew & Rebecca Carpenter  
123 Joralemon Street (actual 39 Todd Road)  
Brooklyn, NY 11201

Lots 17 & 22 Alec Fisher & Heather Brandon  
25 Todd Road  
Katonah, NY 10536

Lot 20 Property Group Partners  
Floor 6, 609 5<sup>th</sup> Avenue  
New York, NY 10017

Lots 23 & 24 Bryan Robertson  
23 Todd Road  
Katonah, NY 10536

Lot 31 Christian & Jill McCourtney  
17 Todd Road  
Katonah, NY 10536

Lot 32 Govan/Nash Trusts Etal  
15 Todd Road  
Katonah, NY 10536

Lot 33 Richard & Allison McCauley  
21 Todd Road  
Katonah, NY 10536

Lot 40 Todd Farm, LLC  
47 Todd Road  
Katonah, NY 10536

Lot 41 Felicia Gross  
41 Lake Street # 5  
Goldens Bridge, NY 10526

Lot 43	Robert & Valerie Rosen 14 Todd Road Katonah, NY 10536
Lot 44	Werner & Gerlinde Blank 89 Spectacle Lane Wilton, CT 06897
Lot 45	William E. Bond Jr. & Margaret P. Bond 53 Todd Road Katonah, NY 10536

Block 10777

Lot 1	Michael McKenzie 179 Goldens Bridge Road Katonah, NY 10536
Lot 4	Gregory & Julie Oyen 24 Todd Road Katonah, NY 10536
Lot 7	Seon & Jane S. Hwang 76 Todd Road Katonah, NY 10536
Lot 10	David Steward & Lucy Kneebone 28 Todd Road Katonah, NY 10536
Lot 11	Jonathan & Judith Adler 32 Todd Road Katonah, NY 10536
Lot 42	Peter J. Sackmann 6 Todd Road Katonah, NY 10536



Ellis, Simon & Deborah  
36 Cedar Rd. E, Katonah, NY 10536  
39.17-1-5

Kramer, Neil  
30 Cedar Rd. E, Katonah, NY 10536  
39.17-1-4

D'Alessandro, Inger Sidsel  
22 Cedar Rd. E, Katonah, NY 10536  
39.17-1-3

Gross, Jonathan  
20 Cedar Rd. E, Katonah, NY 10536  
39.17-1-2

Doany, Fuad & Deena  
125 Cedar Rd., Katonah, NY 10536  
38.20-1-30

Flaherty, Molly  
141 Cedar Rd., Katonah, NY 10536  
38.20-1-29

Shizume, Paul  
145 Cedar Rd. Katonah, NY 10536  
38.20-1-23

Ehrlich, Harold and Barbara  
30 Anne Chambers Ln, Katonah, NY 10536  
38.20-1-14

Lewinter, Jane M  
28 Anne Chambers Ln, Katohan, NY 10536  
38.20-1-13

Mark & Debra Lavin  
  
20 Anne Chambers Ln Katonah, NY 10536  
  
38.20-1-9

Gina GiVone

22 Anne Chambers Ln Katonah, NY 10536

38-20-1-9

William Kantor

24 Anne Chambers Ln Katonah, NY

38.20-1-11

James and Bernadette Kelleher

26 Anne Chambers Ln Katonah, NY 10536

38.20-1-12

Joanne Feinberg

23 Anne Chambers Ln Katonah, NY 10536

38.20-1-6

Benjamin David Feder

4 Samuel Purdy Ln Katonah, NY 10536

38.20-1-8

Adam Talenfeld

3 Samuel Purdy Ln Katonah, NY 10536

38.20-1-17

Brian Cooney

5 Samuel Purdy Ln Katonah NY 10536

38.20-1-16

Jay & Sharon Reich

29 Anne Chambers Ln Katonah, NY 10536

38.20-1-15

Michael and Barbara Beradino

64 Cedar Rd Katonah NY 10536

38.20-1-19

Lawrence Cuculo

72 Cedar Rd Katonah NY 10536

38.20-1-22

Catherine Langevin-Falcon

80 Cedar Rd Katonah, NY 10536

38.20-1-25

Laura McCurdy

140 Cedar Rd Katonah, NY 10536

38.20-1-28

Stephen & Ilene Morgenroth

124 Cedar Rd Katonah, NY 10536

38.20-1-32

Douglas & Kristine Czarnecki

100 Cedar Rd Katonah NY 10536

38.20-1-34

Simon Endacott

110 Cedar Rd Katonah NY 10536

38.20-1-33

Dominic Dorman

119 Cedar Rd East Katonah, NY 10536

38.20-1-31

Darren Pesce

11 Cedar Rd East Katonah, NY 10536

39.17-1-22

Kenneth Marsolais

8 Cedar Rd East Katonah, NY 10536

39.17-1-1

SEND

- ☐ Cor
  - ☐ Pri
  - ☐ so
  - ☐ Att
  - ☐ or
1. Article

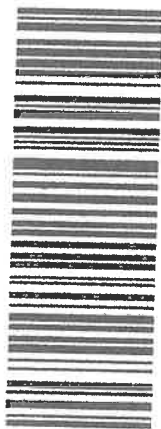
SI

110

KA

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL



7016 2140 0000 2962 4370

7016 2140 0000 2962 4370

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CERTIFIED MAIL® RECEIPT  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

SIMON ENDACOTT

Street and Apt. No., or PO Box No.

110 CEDAR RD

City, State, ZIP+4®

KATONAH, NY 10536

PS Form 3800, April 2015 PSN 7530-02-000-9057

See Reverse for Instructions

Postmark  
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9590 9402 3535 7305 1231 13

2 Article Number (Transfer from service label)

7016 2140 0000 2962 4370

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

Domestic Return Receipt

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over \$300)

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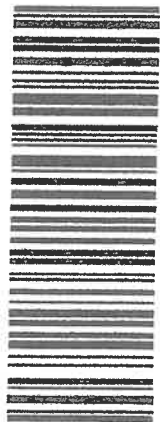
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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL



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7016 2140 0000 2962 4387

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

Postage

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Total Postage and Fees

\$

Sent To

DOUGLAS & KRISTINE CZARNECKI

Street and Apt. No., or PO Box No.

100 CEDAR RD

City, State, ZIP+4®

KATONAH, NY 10536

PS Form 3800, April 2015 PSN 7530-02-000-9057

See Reverse for Instructions

Postmark  
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9590 9402 3535 7305 1231 06

2 Article Number (Transfer from service label)

7016 2140 0000 2962 4387

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over \$300)

PLACE STAMP HERE TO OPEN ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.  
**CERTIFIED MAIL**



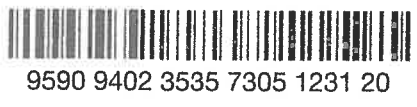
7016 2140 0000 2962 4356  
7016 2140 0000 2962 4356

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
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Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To <b>DOMENIC DORMAN</b> Street and Apt. No., or PO Box No. <b>119 CEDAR RD E</b> City, State, ZIP+4® <b>KATONAH, NY 10536</b>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete Items 1, 2, and 3.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<p><b>A. Signature</b> <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><b>B. Received by (Printed Name)</b> <b>C. Date of Delivery</b></p> <p><b>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</b> If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: <b>DOMENIC DORMAN</b> <b>119 CEDAR RD E</b> <b>KATONAH, NY 10536</b></p> <p>2. Article Number (Transfer from service label) <b>7016 2140 0000 2962 4356</b></p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>



9590 9402 3535 7305 1231 20



SENDER: C

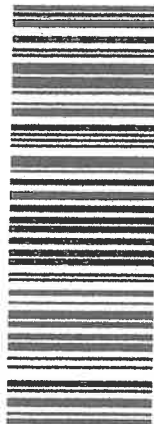
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1. Article Address

LAURA  
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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



7016 2140 0000 2962 4394  
7016 2140 0000 2962 4394

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
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Certified Mail Fee \$  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$

Postmark  
Here

Postage \$  
Total Postage and Fees \$

Sent To  
LAURA MCCURDY  
Street and Apt. No., or PO Box No.  
140 CEDAR RD  
City, State, ZIP+4®  
KATONAH, NY 10536

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for instructions



9590 9402 3535 7305 1230 83

2. Article Number (Transfer from service label)

7016 2140 0000 2962 4394

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

Restricted Delivery

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

Domestic Return Receipt

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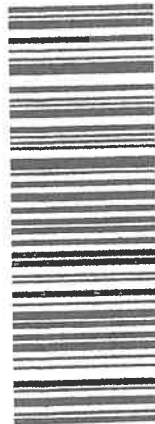
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1. Article Address

STEPHEN  
124 CEDAR  
KATONAH

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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7016 2140 0000 2962 4363  
7016 2140 0000 2962 4363

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

Postmark  
Here

Postage \$  
Total Postage and Fees \$

Sent To  
STEPHEN & EILENE MORGEN ROTH  
Street and Apt. No., or PO Box No.  
124 CEDAR RD  
City, State, ZIP+4®  
KATONAH, NY 10536

PS Form 3800, April 2015 PSN 7530-02-000-9053 See Reverse for instructions



9590 9402 3535 7305 1230 90

2. Article Number (Transfer from service label)

7016 2140 0000 2962 4363

3. Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
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☐ Collect on Delivery Restricted Delivery  
☐ Priority Mail Express®  
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☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

(over 9000)

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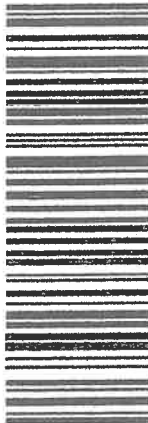
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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

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7016 2140 0000 2962 4400

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## Certified Mail Fee

\$

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

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

## Postage

\$

## Total Postage and Fees

\$

## Sent To

CATHERINE LANGEVIN - FALLON

Street and Apt. No., or PO Box No.

80 CEDAR RD

City, State, ZIP+4®

KATONAH, NY 10536

PS Form 3800, April 2015 PSN 7530-02-000-9053

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9590 9402 3535 7305 1230 76

2. Article Number (Transfer from service label)

7016 2140 0000 2962 4400

## 3. Service Type

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☐ Adult Signature Restricted Delivery  
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Restricted Delivery

- ☐ Priority Mail Express®  
☐ Registered Mail™  
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PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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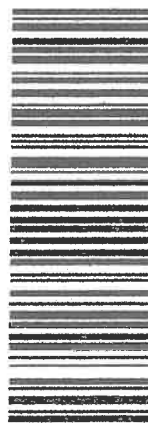
LAWRENCE

72 CED.

KATONAH, NY 10536

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

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7016 2140 0000 2962 4417  
7016 2140 0000 2962 4417

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

- ☐ Return Receipt (hardcopy) \$  
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☐ Certified Mail Restricted Delivery \$  
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## Postage

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## Total Postage and Fees

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## Sent To

LAWRENCE CUCULO

Street and Apt. No., or PO Box No.

72 CEDAR RD

City, State, ZIP+4®

KATONAH, NY 10536

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9590 9402 3535 7305 1230 69

2. Article Number (Transfer from service label)

7016 2140 0000 2962 4417

## 3. Service Type

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Restricted Delivery

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1. Article Addr

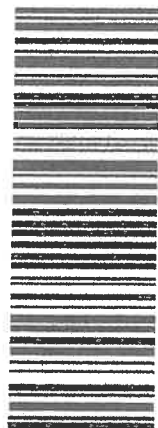
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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

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

- ☐ Return Receipt (hardcopy) \$
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- ☐ Certified Mail Restricted Delivery \$
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Postage

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Total Postage and Fees

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Sent To

JAY + SHARON REICH

Street and Apt. No., or PO Box No.

29 ANNE CHAMBERS LN

City, State, ZIP+4®

KATONAH, NY 10530

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2. Article Number (Transfer from service label)

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Restricted Delivery

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

Domestic Return Receipt

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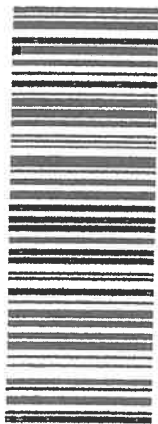
MICHAEL

64 CEDAR RD

KATONAH, NY

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

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

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

Postage

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Total Postage and Fees

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Sent To

MICHAEL + BARBARA BERADINO

Street and Apt. No., or PO Box No.

64 CEDAR RD

City, State, ZIP+4®

KATONAH, NY 10530

PS Form 3800, April 2015 PSN 7530-02-000-9053

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2. Article Number (Transfer from service label)

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3. Service Type
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- ☐ Collect on Delivery
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- ☐ Priority Mail Express®
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- ☐ Registered Mail Restricted Delivery
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PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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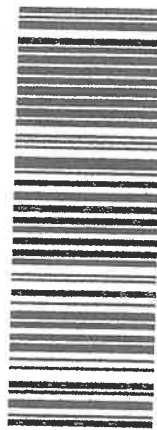
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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
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CERTIFIED MAIL®



7016 2140 0000 2962 4448  
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9590 9402 3535 7305 1230 38

2. Article Number (Transfer from service label)

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

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

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Total Postage and Fees

\$

Sent To

BRIAN LOONEY  
Street and Apt. No., or PO Box No.  
S SAMUEL PURDY LN  
City, State, ZIP+4®  
KATONAH, NY 10536

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

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3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
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- ☐ Collect on Delivery
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- ☐ Priority Mail Express®
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Restricted Delivery

Domestic Return Receipt

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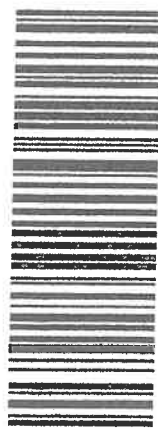
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1. Article Address

ADAM  
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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



7016 2140 0000 2962 4455  
7016 2140 0000 2962 4455



9590 9402 3535 7305 1230 21

2. Article Number (Transfer from service label)

7016 2140 0000 2962 4455

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

ADAM TALEN FELD  
Street and Apt. No., or PO Box No.  
3 SAMUEL PURDY LN  
City, State, ZIP+4®  
KATONAH, NY 10536

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

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3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
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- ☐ Priority Mail Express®
- ☐ Registered Mail™
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- ☐ Signature Confirmation Restricted Delivery

Restricted Delivery

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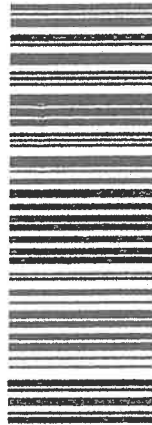
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1. Article Address

BENJAMIN  
4 SAMUEL  
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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS FOLD AT DOTTED LINE

CERTIFIED MAIL®



7016 2140 0000 2962 4462  
7016 2140 0000 2962 4462

U.S. Postal Service™  
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## Certified Mail Fee

\$

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

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

## Postage

\$

## Total Postage and Fees

\$

## Sent To

BENJAMIN DAVID FEDER

Street and Apt. No., or PO Box No.

4 SAMUEL PURDEY LN

City, State, ZIP+4®

KATONAH IN 10536

PS Form 3800, April 2015 PSN 7530-02-000-9053

See Reverse for Instructions

## Service type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
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- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
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9590 9402 3535 7305 1230 14

2. Article Number (Transfer from service label)

7016 2140 0000 2962 4462

Restricted Delivery

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

Domestic Return Receipt

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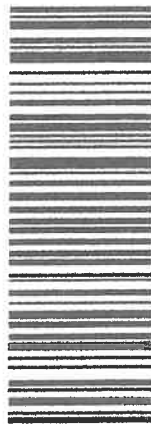
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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
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CERTIFIED MAIL®



7016 2140 0000 2962 4509  
7016 2140 0000 2962 4509

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## Certified Mail Fee

\$

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

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

## Postage

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## Total Postage and Fees

\$

## Sent To

GINA GIVONE

Street and Apt. No., or PO Box No.

22 ANNE CHAMBERS LN

City, State, ZIP+4®

KATONAH IN 10536

PS Form 3800, April 2015 PSN 7530-02-000-9053

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- ☐ Adult Signature Restricted Delivery
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- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
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- ☐ Signature Confirmation™
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9590 9402 3535 7305 1229 70

2. Article Number (Transfer from service label)

7016 2140 0000 2962 4509

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1. Article Addr...

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<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

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CITY HALL  
City, State, ZIP+4®  
NEW YORK, NY 10007

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9590 9402 3535 7305 1242 40

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7016 2140 0000 2962 4219

3. Service Type

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

Restricted Delivery

(over \$500)

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Domestic Return Receipt

SENDER:

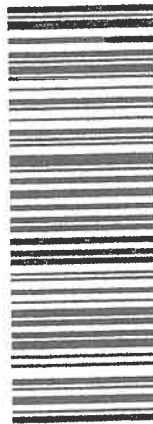
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<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

Total Postage and Fees

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Laura Behrman and Jeffrey Zimmerman  
Street and Apt. No., or PO Box No.  
29 Todd Rd  
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Katonah, NY 10536

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9590 9402 3535 7305 1232 74

2. Article Number (Transfer from service label)

7016 2140 0000 2962 4141

3. Service Type

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## 1. Article Address

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

## Postage

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## Total Postage and Fees

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City, State, ZIP+4®

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- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
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- ☐ Registered Mail™
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## 1. Article Address

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## Postage

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## Total Postage and Fees

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## Sent To

JAMES &amp; BERNADETTE KELLEHER

Street and Apt. No., or PO Box No.

26 ANNE CHAMBERS LN

City, State, ZIP+4®

KATONAH, NY 10536

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- ☐ Certified Mail®
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- ☐ Registered Mail™
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- ☐ Return Receipt for Merchandise
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(over \$500) Restricted Delivery



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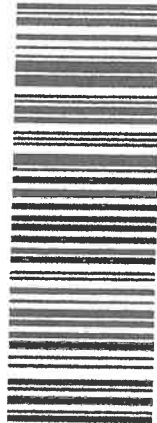
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1. Article Address

Raymond  
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7016 2140 0000 2962 4226



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- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
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Postage

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Total Postage and Fees

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Raymond P. and Kristiana Jahaly

Street and Apt. No., or PO Box No.

11 Todd Rd

City, State, ZIP+4®

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(over \$500)

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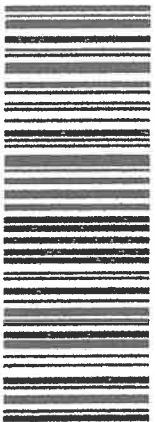
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1. Article Address

RICHARD  
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Postage

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RICHARD AND ALLISON MCCAVLEY

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21 TODD RD

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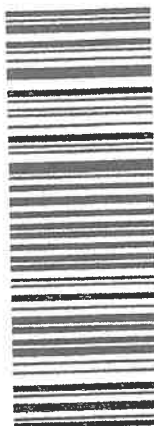
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CHRISTIAN AND JILL MILDORNEY

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17 TODD RD

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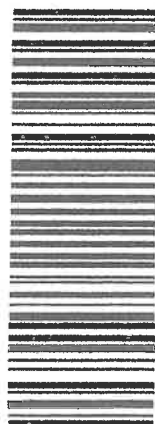
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BRYAN  
23 TODD RD  
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| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postage

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Total Postage and Fees

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## 3. Service Type

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| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
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| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
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## SENDER: C

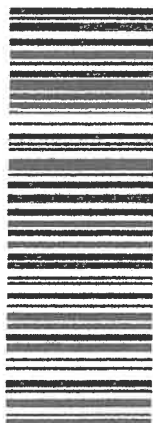
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1. Article Addr

PROPERTY  
609 5TH  
NEW YORK

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| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

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PROPERTY GROUP PARTNERS

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City, State, ZIP+4®

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2. Article Number (Transfer from service label)

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## 3. Service Type

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SENDER: CO

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1. Article Address

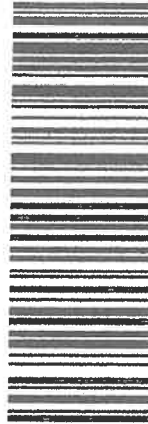
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KATONAH, NY 10536

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- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
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- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
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Domestic Return Receipt

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CERTIFIED MAIL®



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9590 9402 3535 7305 1243 25

2. Article Number (Transfer from sender label)

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**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

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

Postmark  
Here

Postage \$  
Total Postage and Fees \$

Sent To  
REBECCA + MATTHEW CARPENTER  
Street and Apt. No., or PO Box No.  
123 JOIALEMON ST  
City, State, ZIP+4®  
BROOKLYN, NY 11201

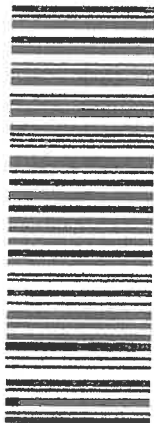
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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

Restricted Delivery

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD IN DOTTED LINE

CERTIFIED MAIL®



7016 2140 0000 2962 4349  
7016 2140 0000 2962 4349

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

DARREN PESCE

Street and Apt. No., or PO Box No.

11 CEDAR RD E

City, State, ZIP+4®

KATONAH, NY 10536

PS Form 3800, April 2015 PSN 7530-02-000-9053

See Reverse for Instructions

Postmark  
Here

☐ Agent  
☐ Addressee  
Date of Delivery

☐ Yes  
☐ No



9590 9402 3535 7305 1231 37

2. Address Number (Transfer from service label)

7016 2140 0000 2962 4349

Restricted Delivery

(over \$500)

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

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Certified Mail Fee

\$

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

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

Postage

\$

Total Postage and Fees

\$

Sent To

KENNETH MARSO LAIS

Street and Apt. No., or PO Box No.

8 CEDAR RD E

City, State, ZIP+4®

KATONAH, NY 10536

PS Form 3800, April 2015 PSN 7530-02-000-9053

See Reverse for Instructions

Postmark  
Here

gent  
ddressee  
Delivery

PS  
0



9590 9402 3535 7305 1231 44

2. Address Number (Transfer from service label)

7016 2140 0000 2962 4332

Restricted Delivery

3. Service Type  
☐ Adult Signature  
☐ Adult Signature Restricted Delivery  
☐ Certified Mail®  
☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery 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



0ES4 2962 0000 04T2 9T02

2. Article Number (Transfer from service label)

9590 9402 3535 7305 1229 56



JANE M. LEWINTER  
28 ANNE CHAMBERS LN  
KATONAH, NY 10536

1. Article Addressed to:

- 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.

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**

**A. Signature**

B. Received by (Printed Name)

☐ Agent  
☐ Addressee

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

THIS SECTION ON DELIVERY

CHAMBERS LN  
NY 10536

[illegible]Postmark  
Harcourt

Postal Service<sup>™</sup>  
RTIFIED MAIL<sup>®</sup> RECEIPT  
McMurry Only  
Only McMurry

7076 2240 0000 2962 4576

**CERTIFIED MAIL**®



7016	2140	0000	2962	4516
7016	2140	0000	2962	4516

Permitted Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	\$
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Certified Mail Fee

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

U.S. Postal Service<sup>TM</sup>  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

Publications

	<b>Servicing Options</b>
3.	Service Type Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery Insured Mail Insured Mail Restricted Delivery (over \$500)

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

ON ( )  
YES ( )

1 Agent	1 Addressee	3 of Delivery
---------	-------------	---------------

Postmark  
Here



U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

7016 2140 0000 2962 5858  
 7016 2140 0000 2962 5858

PLACED HERE TO TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL<sup>®</sup>**

Certified Mail Fee  
 \$

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

Postage  
 \$

Total Postage and Fees  
 \$

Postmark Here

Sent To  
**WEBER AND GERLINDE BANK**  
 Street and Apt. No., or PO Box No.  
**89 SPECTACLE LANE**  
 City, State, ZIP+4<sup>®</sup>  
**WILTON, CT 06897**

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

WILTON, CT 06897



9590 9402 3535 7305 1232 36

2. Article Number (Transfer from sender label)

7016 2140 0000 2962 5858

Restricted Delivery

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

Domestic Return Receipt

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

7016 2140 0000 2962 5841  
 7016 2140 0000 2962 5841

PLACED HERE TO TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL<sup>®</sup>**

Certified Mail Fee  
 \$

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

Postage  
 \$

Total Postage and Fees  
 \$

Postmark Here

Sent To  
**WILLIAM E BOND AND MARGARET P. BOND**  
 Street and Apt. No., or PO Box No.  
**53 TOWN RD**  
 City, State, ZIP+4<sup>®</sup>  
**KATONAH, NY 10536**

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

KATONAH, NY 10536



9590 9402 3535 7305 1232 29

2. Article Number (Transfer from sender label)

7016 2140 0000 2962 5841

Restricted Delivery

3. Service Type
- ☐ Adult Signature
  - ☐ Adult Signature Restricted Delivery
  - ☐ Certified Mail<sup>®</sup>
  - ☐ Certified Mail Restricted Delivery
  - ☐ Collect on Delivery
  - ☐ Collect on Delivery Restricted Delivery
  - ☐ Priority Mail Express<sup>®</sup>
  - ☐ Registered Mail<sup>TM</sup>
  - ☐ Registered Mail Restricted Delivery
  - ☐ Return Receipt for Merchandise
  - ☐ Signature Confirmation<sup>TM</sup>
  - ☐ Signature Confirmation Restricted Delivery

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com).

PLACED HERE TO RETURN TO THE POST OFFICE  
 CERTIFIED MAIL<sup>®</sup>

7016 2140 0000 2962 5865  
 7016 2140 0000 2962 5865

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

Postage \$  
 Total Postage and Fees \$

Sent To  
**ROBERT AND VALERIE ROWEN**  
 Street and Apt. No., or PO Box No.  
**14 TODD RD**  
 City, State, ZIP+4<sup>®</sup>  
**KATONAH, NY 10536**

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

Postmark Here

see very

9590 9402 3535 7305 1232 43

2. Article Number (Transfer from service label)  
 7016 2140 0000 2962 5865 Restricted Delivery

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

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

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com).

PLACED HERE TO RETURN TO THE POST OFFICE  
 CERTIFIED MAIL<sup>®</sup>

7016 2140 0000 2962 4547  
 7016 2140 0000 2962 4547

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

Postage \$  
 Total Postage and Fees \$

Sent To  
**HAROLD AND BARBARA EHRLICH**  
 Street and Apt. No., or PO Box No.  
**30 ANNE CHAMBERS LN**  
 City, State, ZIP+4<sup>®</sup>  
**KATONAH, NY 10536**

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

Postmark Here

RY

☐ Agent  
☐ Addressee  
 Date of Delivery

? ☐ Yes  
☐ No

9590 9402 3535 7305 1229 49

2. Article Number (Transfer from service label)  
 7016 2140 0000 2962 4547 Restricted Delivery

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

SENDER: COM

- Complete item
- Print your name so that we can
- Attach this card or on the front

1. Article Address

MOLLY F  
141 CEDAR  
KATONAH



9590 9402 3535 7305 1229 25

2. Article Number (Transfer from service label)

7016 2140 0000 2962 4561

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

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Certified Mail Fee

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

Total Postage and Fees

Sent To  
**MOLLY FLAHERTY**  
Street and Apt. No., or PO Box No.  
**141 CEDAR RD**  
City, State, ZIP+4®  
**KATONAH, NY 10536**

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

See Reverse for Instructions

Postmark  
Here

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

Restricted Delivery

SENDER:

- Complete
- Print your name so that we can
- Attach this card or on the

1. Article Address

PAUL  
145 C

KATONAH, NY 10536



9590 9402 3535 7305 1229 32

2. Article Number (Transfer from service label)

7016 2140 0000 2962 4554

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

Domestic Return Receipt

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Certified Mail Fee

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

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

Total Postage and Fees

Sent To  
**PAUL SHIRAZI**  
Street and Apt. No., or PO Box No.  
**145 CEDAR RD**  
City, State, ZIP+4®  
**KATONAH, NY 10536**

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

See Reverse for Instructions

Postmark  
Here

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

Restricted Delivery

PLACE STICKER ATTACHMENT HERE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**CERTIFIED MAIL®**

7016 2140 0000 2962 4578  
7016 2140 0000 2962 4578

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

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

Postmark Here

☐ Agent  
☐ Addressee  
to of Delivery

☐ Yes  
☐ No

Sent To  
**FAUD + DEENA DOANY**  
Street and Apt. No., or PO Box No.  
**125 CEDAR RD**  
City, State, ZIP+4®  
**KATONAH, NY**

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

9590 9402 3535 7305 1229 18

2 Article Number (Transfer from service label)  
7016 2140 0000 2962 4578

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

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

PLACE STICKER ATTACHMENT HERE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**CERTIFIED MAIL®**

7016 2140 0000 2962 4585  
7016 2140 0000 2962 4585

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

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

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

Postmark Here

☐ Complete  
☐ Print your so that we  
☐ Attach this or on the

1. Article Address  
**JONATHAN GROSS**  
**20 CEDAR RD E.**  
**KATONAH, NY 10536**

Sent To  
**JONATHAN GROSS**  
Street and Apt. No., or PO Box No.  
**20 CEDAR RD E.**  
City, State, ZIP+4®  
**KATONAH, NY 10536**

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

9590 9402 3535 7305 1229 01

2. Article Number (Transfer from service label)  
7016 2140 0000 2962 4585

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

## SENDER: CO

- Complete it
- Print your name 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 Address:

INGER

22 CED.

KATONAH

CERTIFIED MAIL



7016 2140 0000 2962 7500

7016 2140 0000 2962 7500

## Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postmark  
Here

Postage

Total Postage and Fees

Sent To

INGER SIDSEL D'ALESSANDRO

Street and Apt. No., or PO Box No.

22 CEDAR RD E.

City, State, ZIP+4®

KATONAH, NY 10536

PS Form 3800, April 2015 PSN 7530-02-000-9053

See Reverse for Instructions



9590 9402 3535 7305 1228 95

2. Article Number (Transfer from service label)

7016 2140 0000 2962 7500

## 3. Service Type

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

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

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Certified Mail Fee

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

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postmark  
Here

Postage

Total Postage and Fees

Sent To

NEIL KRAMER

Street and Apt. No., or PO Box No.

30 CEDAR RD E.

City, State, ZIP+4®

KATONAH, NY 10536

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.

1. Article Addressed to:

NEIL KRAMER

30 CEDAR RD E.

KATONAH, NY 10536



9590 9402 3535 7305 1228 88

2. Article Number (Transfer from service label)

7016 2140 0000 2962 7951

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

- ☐ 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
- ☐ Mail Restricted Delivery

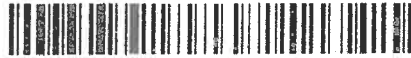
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

## 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:

KENNETH MARJOLAIS  
8 CEDAR ROAD - EAST  
KATONAH, NY 10536



9590 9402 3535 7305 1231 68

2. Article Number (Transfer from service label)

7016 2140 0000 2962 5773

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

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

Restricted Delivery

(over \$500)

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:

SIMON + DEBORAH ELLIS  
36 CEDAR RD E.  
KATONAH, NY 10536



9590 9402 3535 7305 1228 71

2. Article Number (Transfer from service label)

7016 2140 0000 2962 7968

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

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

Restricted Delivery

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:

PETER J. SACKMANN  
6 TODD RD  
KATONAH, NY 10536



9590 9402 3535 7305 1231 51

2. Article Number (Transfer from service label)

7016 2140 0000 2962 5780

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

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

Restricted Delivery



**SENDER: COMPLETE THIS**

- 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:

Felicia Gross  
41 Lake Street, #5  
Goldens Bridge, NY 10526



9590 9402 3535 7305 1232 50

2. Article Number

7016 2140 0000 2962 5872

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

A. Signature

X

☐ 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

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                     | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                     | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                 | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Restricted Delivery                 | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

(over \$500)

Domestic Return Receipt

MICHAEL MCKENZIE  
179 GOLDENS BRIDGE RD  
KATONAH, NY 10536



9590 9402 3535 7305 1232 12

2. Article Number (Transfer from service label)

7016 2140 0000 2962 5834

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

3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

Restricted Delivery

Domestic Return Receipt

or on the front if space permits.

1. Article Addressed to:

GREGORY AND JULIE DYEN  
24 TODD RD  
KATONAH, NY 10536



9590 9402 3535 7305 1232 05

2. Article Number (Transfer from service label)

7016 2140 0000 2962 5827

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

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

3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

Restricted Delivery

Domestic Return Receipt



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

County Ref. No. **LEW N18-002**

*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](mailto:muniref@westchestergov.com) or print and fax to 914-995-3780.**

Municipality: **Town of 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: **Bedford Audubon Cal # 02-10PB**

Address: **35 & 36 Todd Road, Katonah, NY 10536**

Section: **5/5** Block: **10776/10777** Lot: **7 & 30/3**

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: **7/13/18**

Notification acknowledged by (name and title): **Kay Eisenman, Planner**

§ 220-26 **R-MF Multifamily Residence District.**

In an R-MF District, all such uses shall be subject to site plan approval in accordance with Article **VI** of this chapter. Multifamily dwellings are subject to the following requirements:

F. Middle-income dwelling units.

(1) Distribution. Such units shall be available for sale, resale or continuing rental only to middle-income families, as defined in § **220-2** of this chapter. Such units shall be physically integrated into the design of the development in a manner satisfactory to the Planning Board and shall be distributed among efficiency, one-, two- three- or four-bedroom units in the same proportion as all other units in the development unless a different proportion is approved by the Planning Board as being better related to the housing needs, current or projected, of the Town of Lewisboro. [**Amended 6-2-2014 by L.L. No. 1-2014**]

(2) Minimum floor area.

(a) The minimum gross floor area per dwelling unit shall not be less than the following;

<b>Minimum Gross Floor Area</b>	
<b>Dwelling Unit</b>	<b>(square feet)</b>
Efficiency	450
1-bedroom	700
2-bedroom	900
3-bedroom	1,100, including at least 1 1/2 baths
4-bedroom	1,300, including at least 1 1/2 baths

(b) For purposes of this section, the Planning Board may allow paved terraces or balconies to be counted toward the minimum gross floor area requirement in an amount not to exceed 1/3 of the square footage of such terraces or balconies.

(3) Occupancy standards. In renting or selling, the following priority schedule shall apply to middle-income dwelling units: [**Amended 5-19-1989**]

<b>Number of Persons</b>		
<b>Number of Bedrooms</b>	<b>Minimum</b>	<b>Maximum</b>
Efficiency	1	1
1	1*	2
2	2	4

## Number of Persons

Number of Bedrooms	Minimum	Maximum
3	3	6
4	5	8

**NOTE:** \* Only if efficiency is not available. Tenants should be transferred to efficiency when one becomes available, and the lease should so provide.

- (4) Maximum rent and sales price. The maximum monthly rent for a middle-income dwelling unit shall not exceed 1.75%, excluding utilities (gas, oil, electricity, water and sewage), and the maximum gross sales price for a middle-income dwelling unit shall not exceed two times the maximum aggregate family income for a middle-income family as defined in § 220-2 of this chapter for the maximum size of family eligible for such unit as set forth in Subsection F(3) above, except for the efficiency unit where the maximum family size is one. [Amended 5-19-1989]

~~(5) Eligibility priorities. Middle income families applying for middle income dwelling units shall be selected on the basis of the following categories of priority: [Amended 9-19-2006 by L.L. No. 1-2006]~~

~~(a) Town of Lewisboro municipal employees.~~

~~(b) Town of Lewisboro School District employees.~~

~~(c) Town of Lewisboro volunteer fire fighters and/or Lewisboro Volunteer Ambulance Corps (LVAC) members.~~

~~(d) Residents of the Town of Lewisboro.~~

~~(e) Other persons employed in the Town of Lewisboro.~~

~~(f) Relatives of residents of the Town of Lewisboro.~~

~~(g) Other residents of Westchester County.~~

~~(h) Other persons employed in Westchester County.~~

~~(i) All others.~~

~~(6) Selection priorities. Within each of these categories, the applicant shall be selected according to these priorities:~~

~~(a) Families displaced by governmental action.~~

~~(b) Families of which the head or spouse is 62 years or older.~~

~~(c) Families of which the head or spouse is handicapped (certified by a physician).~~

~~(5)(7)~~ Continued eligibility.

- (a) Applicants for middle-income rental units referred to in this section shall, if eligible and if selected for occupancy by the owner or manager of the development, sign leases for a term of no more than two years.

- (b) As long as a resident remains eligible and has complied with the terms of the lease, said resident shall be offered a two-year renewal of the lease. If a resident's annual gross income should subsequently exceed by more than 20% the maximum then allowable, as defined in § 220-2 of this chapter ~~and if there is at that time an otherwise eligible applicant within one of the categories in Subsection F(5) above,~~ said resident may complete his current lease term and shall be offered a non-middle-income rental unit available in the development at the termination of such lease term, if available. If no such dwelling unit shall be available at said time, the resident may be allowed to sign one additional one-year lease for the middle-income dwelling unit he occupies but shall not be offered a renewal of the lease beyond the expiration of said term.
- (c) Resale; title restrictions. **[Amended 6-2-2014 by L.L. No. 1-2014]**
- [1] In the case of owner-occupied middle-income dwelling units, the title to said property shall be restricted so that in the event of any resale by the home buyer or any successor, the resale price shall not exceed the then-maximum sales price for said unit, as determined in accordance with Subsection F(4) of this section, or the sum of the following, whichever is greater:
- [a] The actual purchase price of the unit by the home buyer.
- [b] The value, not to exceed original cost of any fixed improvements made by the home buyer, and not included within Subsection F(7)(c)[1][a] above.
- [c] Reasonable and necessary expenses incidental to the resale.
- [2] The form of the deed for the transfer of any such units is subject to the review of the Housing Committee prior to such transfer, to ensure that the appropriate restriction is included in the deed.
- (d) Each year the renters and owners of the middle-income dwelling units must complete and submit to the Building Department within 10 days of receipt or by the deadline set forth in the survey, whichever is later, a completed survey as provided by the Housing Committee. Failure to submit the completed survey shall be a violation of this chapter. **[Added 6-2-2014 by L.L. No. 1-2014]**

~~(6)(8)~~ Administration.

- (a) The Town Board shall establish a Town Housing Agency, which shall be responsible for the administration of the middle-income housing requirements of this section as well as for the promulgation of such rules and regulations as may be necessary to implement such requirements. Until the establishment of such agency, the Housing Committee appointed by the Town Board shall be considered empowered to exercise all the functions of such agency.
- (b) At the time of the issuance of a certificate of occupancy, the Building Inspector shall send a copy of such certificate to the Town Housing Agency, which shall then inform the applicant of the maximum rental or sales charge which may be established for the middle-income dwelling units in such development and the maximum annual gross family income for eligibility for occupancy of said units.
- (c) The Town Housing Committee shall certify as eligible all applicants for rental or sales of middle-income dwelling units and shall annually reexamine or cause to be reexamined each rental family's income. **[Amended 6-2-2014 by L.L. No. 1-2014]**
- (d) On or before March 30 of each year thereafter, the Town Housing Agency shall notify the owner or manager of each multifamily development containing middle-income units as to the rent, sales and income eligibility requirements for such units based upon figures derived from the preceding calendar year.
- (e) The owner or manager of such multifamily development shall certify to the Town Housing Agency

on or before May 31 of each year that the current rental or sales prices of all middle-income dwelling units comply with the terms of this chapter.

~~(7)(9)~~ Tax Assessment. The limited rental income and/or sales value of middle-income units shall be taken into consideration by the Town Assessor in determining the full value basis for assessments on such units.

**LOOSE CHANGE** The Town of Bedford is sponsoring "Throwback Thursdays." All Bedford senior adults ages 65-plus are welcome to come to the Bedford Hills pool June 14 and 21, from 11 a.m. to 3 p.m., for the throwback price of, well, free. Senior nonresident guests are welcome for \$1. The snack bar will be open with a special Throwback Menu.

# Town might settle housing lawsuit

By JESS FASANO

The Town of Bedford may soon agree to a settlement in a lawsuit claiming that its housing policies violate the Fair Housing Act.

The lawsuit was brought by two fair housing organizations, Fair Housing Justice Center Inc. and Westchester Residential Opportunities Inc., last summer. The firm of Emery Celli Brinckerhoff & Abady LLP is representing the two plaintiffs.

The town was served a summons in August 2017. The town's housing agency, Blue Mountain Housing Development Corp., also is named in the suit.

The suit alleges the preference system used by the town and Blue Mountain to administer Bedford's middle-income affordable housing makes it more likely that white applicants will qualify over African-American applicants. According to the suit, the housing preferences in place favor applicants who already live and work in Bedford, which has a predominantly white population.

Keane & Beane P.C., the town's law firm, is recommending that the town

*'Keane & Beane P.C., the town's law firm, is recommending that the town board and the board of directors of Blue Mountain agree to a settlement.'*

board and the board of directors of Blue Mountain agree to a settlement.

According to Town Supervisor Chris Burdick, the town and Blue Mountain "have denied the allegations and deny any wrongdoing and have taken the position that entering into the settlement is not to be construed as an admission of liability, or an acknowledgement that there is any merit to the allegations." The supervisor added in a statement, "The town and Blue Mountain further assert that they have taken numerous actions to comply with the requirements of the Fair Housing Act and promote fair and affordable housing in the town."

In an interview Thursday, Mr. Burdick explained that under the terms

of the proposed settlement agreement, the town would have to amend its zoning code to eliminate preferences in the provisions relating to middle-income housing. He noted that among other stipulations, the town would also have to provide training for key staff "to ensure no further alleged discrimination."

By agreeing to the settlement, according to Mr. Burdick, the town would also consent to giving Housing Action Council, an agency experienced in administering affordable housing programs, responsibility for handling the affirmative marketing plan for middle-income dwelling units.

The monetary component of the settlement would total \$165,000.

Mr. Burdick explained that the cost, including attorneys' fees, will be paid by the insurance companies for the town and Blue Mountain. According to a statement by Mr. Burdick, the settlement would result in savings "as it is anticipated that the costs to litigate this matter, even if the town were successful, would far exceed the proposed settlement."

The town board is slated to hold an executive session with town counsel June 19 to discuss the proposed settlement and intends to vote on the matter at the board's meeting later that night.

Mr. Burdick said he anticipates the settlement could be complete in the next few weeks. He noted the town board would then have to adopt the required changes to the town code.

The preferences for the allocation of "middle-income dwelling units" cited in the lawsuit were included in the town's zoning code in 2005. The income limits for a "middle income family" as listed on the town's application for affordable housing are \$84,877 for one person, rising to \$144,291 for a six-person family.

# An Ice Cream Social for poetry writers

George Latimer  
County Executive

County Planning Board

July 30, 2018

Janet L. Donohue, Town Clerk  
Town of Lewisboro  
11 Main Street  
P.O. Box 500  
South Salem, NY 10590

**Subject: Referral File No. LEW 18-001 – Eligibility Priorities for Middle-Income Housing  
Zoning Text Amendment**

Dear Ms. Donohue:

The Westchester County Planning Board has received a proposed amendment to the text of the Lewisboro Zoning Ordinance to delete the section on eligibility priorities for middle-income housing units which can be constructed in the R-MF Multi-family Residence District in exchange for an increase in density. Middle-Income Housing units are separate from affordable affirmatively furthering fair housing (AFFH) units, which are also defined in the Town's Zoning Ordinance, because they use Town employee salaries as the baseline for income eligibility.

We have reviewed the proposed amendments under the provisions of Section 239 L, M and N of the General Municipal Law and Section 277.61 of the County Administrative Code and we offer the following comments:

**Affirmatively furthering fair housing.** Pursuant to the Stipulation of Settlement and Dismissal entered in *U.S. ex rel. Anti-Discrimination Center v. Westchester*, the County produced a fair and affordable housing implementation plan containing *Model Ordinance Provisions* to affirmatively further fair housing (AFFH). Westchester County is required to promote the adoption of these *Model Ordinance Provisions* by eligible local municipalities.

While the proposed zoning text amendment will remove eligibility preferences from a particular type of affordable housing, Lewisboro's middle-income housing units do not meet the same standards as affordable AFFH units in terms of affordability. Therefore, while we are supportive of this change, we must also point out that this amendment may not maximize affirmatively further fair housing due to the fact that the Town has not adopted most of the *Model Ordinance Provisions* and this amendment does not promote the construction of affordable AFFH units.

We urge the Town to take steps towards the adoption of new zoning that incorporates the *Model Ordinance Provisions*. By doing so, new developments Town-wide would automatically be required to set aside 10% of



newly created housing units as affordable AFFH without a density bonus. However, density bonuses could also be applied to increase the creation of affordable AFFH units even further. The *Model Ordinance Provisions* can be found at: <http://homes.westchestergov.com/resources/affordable-housing-ordinances/model-ordinance>.

Thank you for bringing this matter to our attention.

Respectfully,  
WESTCHESTER COUNTY PLANNING BOARD

By: 

Norma V. Drummond  
Commissioner

NVD/LH

JVG Estates LLC. 1437 RT. 35 South Salem NY 10590

7/23/18

Lewisboro Planning Board & Town Board  
79 Bouton Rd, South Salem, NY 10590

RE: Bluestone Lane Subdivision (Formally : Popoli / Siguranza Subdivision ) Bond Reduction Request  
NYS Route 35  
South Salem, NY 10590  
(Sheet 40, Block 10552, Lots 3,4 & 5)

Dear Planning & Town Boards

I am writing to request a Reduction in the current allocated Bond amount. Please reference the attached spreadsheet demonstrating the work that has been completed to date as well as items that remain to be completed.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Vito DiMatteo', with a stylized, flowing script.

Vito DiMatteo

JVG Estates LLC ,  
Managing Member

Cc:

Jan Johannessen

Jud Seibert

COMPLETED ITEMS	total
Road/Culdesac	
clearing and grubbing - road ROW	3880
clearing and grubbing - Easements	560
rough grade	7760
foundation course	1160
shaping shoulders & ditches	3880
asphalt binder course	39264
shoulder grading topsoil & seeding	4446
excessive cuts and fills	14550
TOTAL	75500

RE : BLUESTONE LANE SUBDIVISION  
BOND REDUCTION REQUEST  
JULY 10TH 2018

VITO DIMATTEO  
MANAGING MEMBER  
JVG ESTATES LLC

COMPLETED ITEMS	
Common driveway	
clearing and grubbing - Road ROW	1984
rough grade	3163
foundation course	6900
shaping shoulders & ditches	2300
asphalt pavement	19942
shoulders grading, topsoil & seeding	2076
TOTAL	36365

COMPLETED ITEMS DRAINAGE ETC	
catch basins	12000
drainage (yard) basins	1000
outlet control structure	2700
15" CPE	13800
flared end treatments with rip -rap	7000
rip-Rap Additional	0
vortsentry	0
sand filter	0
pocket pond	9450
TOTAL	45950

COMPLETED	
DEMOLITION / REMOVAL	
tree/shrub removal	5500
general site clean up	3000
TOTAL	8500

TOTAL ITEMS COMPLETED 166315



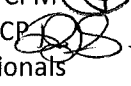
BOND REDUCTION TOTAL

OUTSTANDING ITEMS	
asphalt Top course ( ROW)	29448
proposed HOA mitigation planting	25529
final cleaning of drainage system	
repairs to binder prior to completion	3328
rip- Rap additional	250
vortsentry	23000
sand filter	11000
pocket pond 10%	105
drainage yard basin	2000
outlet control structure	300
shoulder grading topsoil seeding 25%	1482
TOTAL	96442

## MEMORANDUM

TO: Chairman Jerome Kerner, AIA and  
Members of Lewisboro Planning Board

CC: Ciorsdan Conran  
Judson Siebert, Esq.  
Joseph Angiello

FROM: Jan K. Johannessen, AICP   
Joseph M. Cermele, P.E., CFM   
David J. Sessions, RLA, AICP   
Town Consulting Professionals

DATE: August 8, 2018

RE: Wetland Permit Application  
Graeme Hunter  
19 South Shore Drive  
Sheet 33D, Block CAMP, Lot 15

---

### PROJECT DESCRIPTION

The applicant is proposing to install a ±240 s.f. aluminum dock and to remove aquatic vegetation within a 11,000 s.f. area via the use of a suction harvesting. According to the applicant, the goal of the aquatic removal component of the project is to remove Eurasian milfoil, lily pads, other vegetation and leaf litter.

### SEQRA

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

### REQUIRED APPROVALS

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



**COMMENTS**

1. The applicant has satisfactorily addressed the comments contained within our July 11, 2018 memorandum. The only additional comment we have relates to access to the lake. It appears that equipment will be brought to the lake over an adjacent driveway which serves 15 South Shore Drive; written permission from the owner of 15 South Shore should be provided.

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

**DOCUMENTS & PLANS REVIEWED:**

- Area to be Harvested GIS Sketch Plan
- Map of Route for Loading Suction Harvest Float and Location for Storing Onion Sacks to Dry Sketch Plan
- Aqua Cleaner Environmental Letter
- Three Lake Council, Inc. Letter, dated July 23, 2018

JKJ/JMC/DJS/dc

T:\Lewisboro\Correspondence\2018-08-08\_LWPB-Hunter\_Review Memo.docx

**TO:** Town of Lewisboro Planning Board

**FROM:** Lewisboro Conservation Advisory Council

**SUBJECT:** Hunter suction harvesting and Lake Waccabuc Association boat ramp

**DATE:** August 6, 2018

---

The Conservation Advisory Council (CAC) reviewed the two applicant's recent submission documents.

The CAC has no issues with the proposed gravel boat ramp as described. The CAC suggests that this boat ramp be made available to the town for emergency services.

The CAC has concerns about the Hunter suction harvesting. The CAC's views are consistent with the July 23, 2018 memo written by Paul Lewis, Chairman, Lakes Preservation Committee, Three Lakes Council. The CAC would like to see the procedures outlined in this memo followed with a review by the Wetlands Inspector.

RECEIVED  
LEWISBORO  
MAY 29 2018  
PLANNING  
BOARD

TOWN OF LEWISBORO  
WETLAND PERMIT APPLICATION

79 Bouton Road, South Salem, NY 10590  
Phone: 914-763-5592  
Fax: 914-763-3637  
planning@lewisborogov.com

Application No: 36-18WP  
Fee: \$255 Date: 5/29/18  
\$2,000 escrow

FILE

Project Information

Project Address: 19 SOUTH SHORE DR

Sheet: 33D Block: Camp Lot(s): 15

Project Description (identify the improvements proposed within the wetland/wetland buffer and the approximate amount of wetland/wetland buffer disturbance): ① replace dock destroyed during Hurricane Sandy, 240 square feet. Dock already installed.

② Weed Harvesting of approximately 14000 sq feet in front of 19 South Shore Drive. *hff 7/26/18*

Owner's Information

Owner's Name: Graeme Hunter Phone: 917-697-6049

Owner's Address: 225 Garfield Place, Brooklyn, 11215 Email: ghunter999@gmail.com

Applicant's Information (if different)

Applicant's Name: OWNER Phone: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Agent's Information (if applicable)

Agent's Name: JEROME KERNER AIA Phone: 763-6911

Agent's Address: 96 BOUTON RD. SO. SALEM Email: JKERNER35@OPTONLINE.

To Be Completed By Owner/Applicant

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

☐ Administrative ☒ Planning Board

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

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

4. 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: NO

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



**P.O. Box 8 Lancaster N.Y. 14086 (585) 752 – 7930 WWW.Aquacleaner.com**

Responses to clarifications requested by Kellard Sessions in July 11, 2018 memorandum relating to Wetland Permit Application by Graeme Hunter for weed harvesting in front of 19 South Shore Drive. Requested clarifications are in blue and responses in black.

- a) Identify the plant species to be removed (common and scientific name) along with the percent cover within the work zone for each targeted species.

This project is intended to remove invasive and some native plants from the lake area in front of the client's house along with the detritus (old leaf litter) dead plants that have blown onto the same lake area and algae. The goal of this project is to suppress the spread of the AIS (Aquatic Invasive Species), as well as improve the overall health of the area for the client and the marine habitat.

The plant species to be removed are primarily Water Lily (Nymphaeaceae) and Eurasian Watermilfoil (Myriophyllum spicatum). The water lilies cover about 75% of the area to be cleaned and Watermilfoil about 5% of the area. The remainder of the area is covered in algae and decaying leaves, plants and sticks, all of which will be removed.

- b) Identify if any lake bed sediment will be removed. Identify best management practices for not disturbing bottom sediment during the suction harvesting practice.

The lake in front of the client's house starts out pretty firm (sediment less than 6" first 30' from shore) and progresses to a maximum sediment depth of less than 1' (100'+ from shore). Our practice of holding the nozzle 1' off the bottom minimizes the extraction of much sediment, however it is impossible to have suction on or near the bottom of a lakebed, and not extract some soft organic material while removing the targeted material. We expect to remove less than an inch of sediment. Fine organic sediment will not be removed out of the water since our filter bags are mounted on the back of our work barge and sediment will pass through the bags as they dewater in the lake.

Our practice of deploying a turbidity curtain around our work barge (and bagger) helps to keep the turbid cloud very contained. It is our experience that this cloud, will dissipate within a short period of time (approximately 8 hours) after the equipment has been turned off.

- c) Approximate the amount of material to be removed (cubic yards) along with the anticipated number of onion bags to be used.

We expect to remove approximately 70-100 onion bags (red filter bags) of material per day (approximately less than 500 in total).



d) Specify the duration of work along with anticipated start and end dates.

We would be looking to start this project by the end of August since the plants will be mature (the more mature the roots, the better the results). This project should only take approx 5-6 days with hours running 9AM - 5PM

e) Specify the type and size of equipment to be used.

Our Suction Harvester will consist of a 5" hose (50' long), a 23Hp high pressure water pump, all mounted on our Marlex Plastic barge (11.5' x 8' in size) & an accompanying refuge barge made of the same material and dimensions.

f) Provide a scaled site plan identifying property lines (if any), the proposed work zone (dimensioned), the location of proposed temporary sediment and erosion controls, equipment access to the lake, the proposed dewatering location, etc. Provide erosion controls down-slope of the dewatering area along with a turbidity curtain to avoid turbidity and the transfer of vegetation fragments beyond the work zone.

See attached PDF documents for area of work zone and location of deployment of harvester as well as final drying locations for bags after they have been dewatered on the barge (see response to item (b) above).

2 (100') turbidity curtains will be placed in the water prior to our machine going in. The curtain will remain in place post project until the water has settled (approximately 1 day), in order to reach the further parts of the work area, after the water has settled, the turbidly curtains will be moved with the barge as the barge moves to the different work areas. The machine, barge and hose will always remain within the turbidly curtains.

g) The equipment decontamination area shall be identified as well as the final spoil location site.

Our equipment is cleaned prior to arriving on site using a multi step process that includes taking the water pump apart (exposing the impeller), washing all components with a pressure washer, and then a soap mixed with bleach. Then it is rinsed off, allowed to dry completely, and then assembled.

On Site Spoils pile - our filter bags sit on a refuge barge while we are working and is then off loaded and staged on the clients property (typically away from the lakes edge – at least 50 feet). The spoils are kept in their bags until they are removed off site. Since these bags have ample time to dewater while on the lake, we typically don't prepare a separate containment area on land. In our 18 years of experience, we have never had any plants migrate back into the watercourse.

Material would remain on site for approx 2 weeks to dry out before it will be taken off site to appropriate location (apple orchard near Brewster)



Area to be harvested is 180' by 60' = 10,800 square feet.

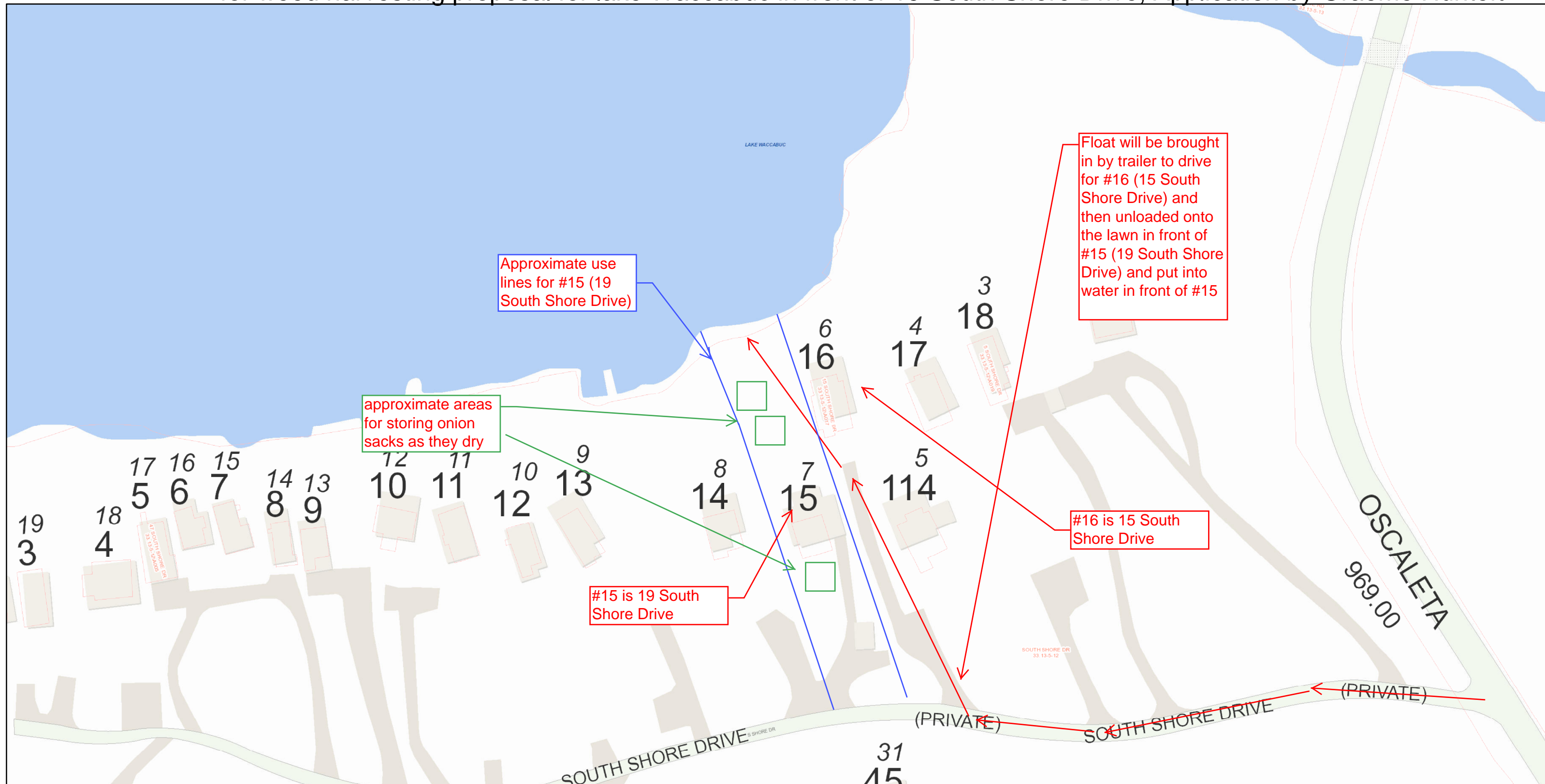
Area to be harvested is a triangle 35' by 35' by 50' = 625 square feet.

Scale: this equals 30'

15 South Shore Drive (#16 on GIS map)



Map of route for loading suction harvest float and location for storing onion sacks to dry,  
for weed harvesting proposal for lake Waccabuc in front of 19 South Shore Drive, Application by Graeme Hunter.



July 18, 2018  
- - - Municipal Boundaries

Westchester County GIS

1:856

0 37.5 75 150 Feet

# Mapping Westchester County



Three Lakes Council, Inc.  
P.O. Box 241  
South Salem, NY 10590

July 23, 2018

To: Town of Lewisboro Planning Board

From: Paul Lewis  
Chairman, Lakes Preservation Committee  
Three Lakes Council

Re: **Cal # 36-18WP**  
Wetland Permit Application  
Graeme Hunter  
19 South Shore Drive  
Sheet 33D, Block CAMP, Lot 15

Dear Chairman Kerner and Members of the Planning Board:

There are two parts to this application:

1. Aluminum Dock - ~ 240 s.f. – to be installed:

The plans for the proposed dock as shown in the minutes of the July 17, 2018, Planning Board meeting were reviewed. The Three Lakes Council has no concerns with the installation of this structure.

2. Suction Harvesting Aquatic Vegetation:

The Three Lakes Council does have some concerns about this type of project but if the precautions taken with previous projects on the lake are taken there should be no problems. A review of the applicant's statement in response to Kellard Session's request, indicate that the procedures and precautions taken with earlier projects are to be implemented in this case also.

Items that we feel are crucial are:



- a. Thorough cleaning of the equipment, as proposed, prior to it entering the lake is very important to prevent any new invasive species from being introduced into the three lakes.
- b. Installation of the proposed Turbidity Curtain is critical to contain fragments of plants that may escape from the suction activity. These fragments could take hold in other parts of the lake and aggravate existing weed problems.
- c. The temporary storage area of the 500, or so, bags of dredge material must be place such that the spoils don't drain back into the lake. We are pleased to see that the final disposal of this material is well outside our watershed.
- d. It is not clear where the equipment will enter the lake. Care must be taken so that if any plantings, etc. or shore line is damaged, that they be restored. We don't want to have new sites created for invasive plants to take hold.

We are glad to see that Jerry Davis will be doing the dredging. He did the dredging for the Brazilian Elodea project and dredging work for some residents on the lake with no adverse effects.

## Ciorsdan Conran

---

**From:** Terry Bocklet <terry.bocklet@gmail.com>  
**Sent:** Thursday, August 09, 2018 10:51 AM  
**To:** G Hunter  
**Cc:** Ciorsdan Conran; Jerome Kerner  
**Subject:** Re: Kellard Sessions memo - Hunter [EOM]

To whom it may concern,



We are the owners of 15 south shore drive and we grant The Hunter's access to our driveway to load and remove the equipment for the lake work.

Sincerely,  
Terry and Barry Bocklet

## MEMORANDUM

TO: Chairman Jerome Kerner, AIA and  
Members of Lewisboro Planning Board

CC: Ciorsdan Conran  
Judson Siebert, Esq.  
Joseph Angiello

FROM: Jan K. Johannessen, AICP   
Joseph M. Cermele, P.E., CFM   
Town Consulting Professionals

DATE: August 8, 2018

RE: Oakridge Commons Shopping Center – Car Wash  
450 Oakridge Commons  
Sheet 49, Block 9829, Lot 10

---

### PROJECT DESCRIPTION

The applicant is proposing improvements to the Oakridge Commons Shopping Center to occur in four (4) phases; Phases 1, 2 and 4 have been previously approved by the Planning Board. This memorandum relates to Phase 3 only, which includes the construction of a 17.3' x 36' car wash to adjoin the existing gas station building, along with an expansion and reconfiguration of the parking lot and related signage.

### SEQRA

The proposed action is an Unlisted Action under the State Environmental Quality Review Act (SEQRA) and a coordinated review is not required. The Planning Board issued a Negative Declaration on February 27, 2018 in connection with Phases 3 and 4.

**PHASE 3: CAR WASH**

1. The comments contained within our April 12, 2018 memorandum have been satisfactorily addressed.
2. On April 23, 2018, the Town Board passed a resolution authorizing the car wash facility to connect to the Oakridge Water and Sewer Districts.
3. The applicant shall provide additional information and procedures for routine maintenance of the Water Reclamation Tanks and Sand Trap, which are required to be emptied every six (6) months and weekly, respectively. Please identify the means and methods for removal and how/where the evacuated material will be disposed of.
4. Our office has been in communication with the Westchester County Department of Health (WCDH) concerning connection of the proposed car wash to the public water and sewer system. Per the WCDH, the applicant must provide additional information (previously supplied to and reviewed by this office) pertaining to the operation, recycle rate, and waste water produced by the car wash along with details of the treatment system prior to its discharge to the public sewer. The WCDH is also requesting proof that the Water and Sewer District has approved the connection and is requiring that the applicant make application for a backflow prevention device.

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 CROSS RIVER ARCHITECTS, LLC, DATED JUNE 27, 2018:**

- Site Plan Phase 3 – Car Wash (SP/1C)
- Enlarged Car Wash Site & Landscape Plans (SP/2C)
- Signage (SP/3C)
- Site Details (SP/4C)
- Car Wash Lighting Plan and Details (SP/5C)
- Car Wash Existing Floor Plan and Elevations (C/1), dated February 3, 2018
- Car Wash Proposed Floor Plan (C/2), dated February 3, 2018
- Car Wash Proposed Floor Plan and Elevations (C/3), dated February 3, 2018

**PLANS REVIEWED, PREPARED BY REDNISS & MEAD, DATED JUNE 27, 2018:**

- Site Development Plan (SE-1C)
- Notes and Details (SE-2C)
- Details (SE-3C)



Chairman Jerome Kerner, AIA

August 8, 2018

Page 3 of 3

**DOCUMENTS REVIEWED:**

- Letter, prepared by Cross River Architects, LLC, dated June 28, 2018
- Letter, prepared by Westchester County Department of Health, dated February 10, 2006
- Letter, prepared by NYSDEC, dated March 13, 1990
- Truck Turning Exhibit, dated February 7, 2018

JKJ/JMC/dc

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**TO:** Town of Lewisboro Planning Board

**FROM:** Lewisboro Conservation Advisory Council

**SUBJECT:** Oakridge Commons,  
450 Oakride Common  
South Salem, NY 10290  
Sheet 49D, Block 9829, Lot 10

**DATE:** August 6, 2018

---

The Conservation Advisory Council (CAC) reviewed the applicant's submission documents for building a car wash submitted on March 7, March 29, and June 28, 2018

Item number 8 of the March 29 letter from Bob Eberts suggests that the drawings contain the specification for the water filtration system. However, while these drawing show construction detail, nowhere are there actual specifications. As stated in the CAC's September 12 and November 7 letters, the CAC would like to see a list of chemicals used in the car wash and specifications of the actual filtration system to be deployed that demonstrates that these chemicals and any other hazardous material be removed so that they do not escape to the water supply and aquifer.

As previously stated the CAC would also like to see the impact of the out flow of the car wash. Calculations previously submitted addressed the day care center only. As in previous letters, the CAC has concerns for using average daily out flow where maximum average daily out flow would give a more accurate view. As noted for the child care center using maximum daily out flow, the system would be over 90% capacity before the car wash is factored in. Given this high number, the CAC would like to see calculations for the project including both the child care center and the car wash.

## MEMORANDUM

TO: Chairman Jerome Kerner, AIA and  
Members of Lewisboro Planning Board

CC: Ciorsdan Conran  
Judson Siebert, Esq.

FROM: Jan K. Johannessen, AICP *JKJ*  
Joseph M. Cermele, P.E., CFM *JMC*  
Town Consulting Professionals

DATE: April 12, 2018

RE: Oakridge Commons Shopping Center  
Day Care Facility & Car Wash  
450 Oakridge Commons  
Sheet 49, Block 9829, Lot 10

---

### PROJECT DESCRIPTION

The applicant is proposing improvements to the Oakridge Commons Shopping Center to occur in four (4) phases; Phases 1, 2 and 4 have been previously approved by the Planning Board. This memorandum relates to Phase 3 only, which includes the construction of a 17.3' x 36' car wash to adjoin the existing gas station building, along with an expansion and reconfiguration of the parking lot and related signage.

### SEQRA

The proposed action is an Unlisted Action under the State Environmental Quality Review Act (SEQRA) and a coordinated review is not required. The Planning Board issued a Negative Declaration on February 27, 2018 in connection with Phases 3 and 4.

**PHASE 3: CAR WASH**

1. The photometric plan does not appear to include the canopy lights, which shall be identified and detailed on the plan (existing to remain or proposed). Further, it is recommended that the pole lights proximate to the driveway entrances be removed but not replaced and that two new pole lights be installed adjacent to the north side of the parking lot (positioned similar to those proposed on the opposite side of the parking lot).
2. The site plan prepared by Redniss & Mead illustrates existing trees and shrubs that are not illustrated on the landscaping plan. The landscaping plan shall be revised to illustrate all available information and shall identify all existing trees and shrubs to remain or to be removed.
3. It is recommended that that landscaping plan incorporate a larger number of trees and shrubs along NYS Route 123 and around the perimeter of the parking area; it is recommended that landscaping be provided within the center island located between the two (2) driveways. Further, the plan should note that existing woody debris and invasive plant material will be removed and restored.
4. In an effort to determine compliance with the submitted water capacity analysis, it is recommended that a separate water meter be installed to serve the car wash and that the applicant provide a water usage report to the Town on a bi-annual basis.
5. As previously noted, it appears that a Highway Work Permit will be required from the New York State Department of Transportation (NYSDOT); it is recommended that the applicant communicate with the NYSDOT regarding jurisdiction and permitting and provide correspondence to this effect to the Planning Board.
6. As previously noted, the plan includes a turning template for a 22'-6" van. The turning maneuvers shall be illustrated on the site plan to demonstrate adequate access into the carwash.
7. The applicant's response memorandum mentions that a dumpster enclosure is no longer proposed; however, it remains illustrated on the plans. Please clarify.
8. A construction sequence shall be provided on the site plan.

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



Chairman Jerome Kerner, AIA

April 12, 2018

Page 3 of 3

**PLANS REVIEWED, PREPARED BY CROSS RIVER ARCHITECTS, LLC:**

- Site Plan (SP/1), dated March 15, 2018
- Site Plan Phase 3 – Car Wash (SP/1C), dated March 21, 2018
- Enlarged Car Wash Site & Landscape Plans (SP/2C), dated March 21, 2018
- Signage (SP/3C), dated March 15, 2018
- Site Details (SP/4), dated March 21, 2018
- Car Wash Lighting Plan and Details (SP/5C), dated March 21, 2018
- Car Wash Existing Floor Plan and Elevations (C/1), dated February 3, 2018
- Car Wash Proposed Floor Plan (C/2), dated February 3, 2018
- Car Wash Proposed Floor Plan and Elevations (C/3), dated February 3, 2018

**PLANS REVIEWED, PREPARED BY REDNISS & MEAD, DATED FEBRUARY 7, 2018:**

- Site Development Plan (SE-1C)
- Notes and Details (SE-2C)
- Details (SE-3C)

**DOCUMENTS REVIEWED:**

- Letter, prepared by Cross River Architects, LLC, dated March 29, 2018
- Stormwater Permit Application
- Septic Tank & Lighting Specifications

JKJ/JMC/dc

T:\Lewisboro\Correspondence\2018-04-12\_LWPB-OakridgeCarWash&DayCare-Review-Memo.docx

**TO:** Town of Lewisboro Planning Board

**FROM:** Lewisboro Conservation Advisory Council

**SUBJECT:** Oakridge Commons,  
450 Oakride Common  
South Salem, NY 10290  
Sheet 49D, Block 9829, Lot 10

**DATE:** April 4, 2018

---

The Conservation Advisory Council (CAC) reviewed the applicant's submission documents for building a car wash submitted on March 7 and March 29, 2018

Item number 8 of the March 29 letter from Bob Eberts suggests that the drawings contain the specification for the water filtration system. However, while these drawing show construction detail, nowhere are there actual specifications. As stated in the CAC's September 12 and November 7 letters, the CAC would like to see a list of chemicals used in the car wash and specifications of the actual filtration system to be deployed that demonstrates that these chemicals and any other hazardous material be removed so that they do not escape to the water supply and aquifer.

As previously stated the CAC would also like to see the impact of the out flow of the car wash. Calculations previously submitted addressed the day care center only. As in previous letters, the CAC has concerns for using average daily out flow where maximum average daily out flow would give a more accurate view. As noted for the child care center using maximum daily out flow, the system would be over 90% capacity before the car wash is factored in. Given this high number, the CAC would like to see calculations for the project including both the child care center and the car wash.

CROSS  
RIVER  
ARCHITECTS,  
LLC

ROBERT J. EBERTS, R.A.  
PRINCIPAL

# TRANSMITTAL

DATE: 06/28/2018  
TO: Jerome Kerner, Chairman  
Lewisboro Planning Board  
FROM: Bob Eberts  
Cross River Architects  
RE: Oakridge Commons  
Car Wash

## COMMENTS:

Attached please find revised resubmission for the Oakridge Commons Daycare and Carwash. These documents reflect the following changes per Kellard Sessions comment letter dated April 12, 2018 from Jan Johannessen, et al.

- 1) The two pole lights at the entrance drive are now shown to be removed. A new pole light is shown on the drawings on the north side of the parking lot. The existing canopy lights are shown on drawing SP5C to remain intact.
- 2) The Landscape plan on drawing SP2C was updated to show the existing trees to remain.
- 3) The landscape plan now shows three Colorado Spruce trees on the south side of the parking area. It has been requested that we add larger trees between the south parking area and the street, however, we feel that will reduce the visibility of the Carwash from the south. Instead we have shown lower plantings in that area. Also junipers are now shown in the island between the two entrance drives.
- 4) A note on drawing SP2C now call out a dedicated recording water meter for the carwash. The applicant will provide a water usage report to the Town of Lewisboro on a bi-annual basis.
- 5) Redniss and Mead has been in contact with Anne Darelous, PE NYSDOT permit engineer regarding the project.
- 6) Redniss and Mead has prepared an exhibit that shows the turning maneuvers of a 22'6" van which demonstrates adequate access to the Carwash. This was submitted previously.
- 7) Per discussion with Jan Johannessen, the dumpster enclosure has been eliminated. The existing dumpster behind the Lukoil Building will be used.

In the previous Planning Board meeting a question regarding a past oil spill was discussed. We were able to find evidence of two spills, one in 1989 and one in 2001. Both were cleaned up to the satisfaction of the authority having jurisdiction. Letters verifying the issues were closed is attached.

Submission includes the following drawings.

### Phase 3 - Car Wash:

SP1C – Site Plan Phase 3 Carwash  
SP2C - Enlarged Carwash Site Plan  
SP4C – Carwash Site Details  
SP5C – Carwash Site Lighting Plan  
SE1C – Site Grading, Erosion Control and Utilities Plan  
SE2C – Notes and Soil Data  
SE3C - Details  
C1 - Carwash Existing Floor Plan and Elevations  
C2 - Carwash Proposed Floor Plan  
C3 – Carwash Proposed Elevations

Truck Turning Exhibit

Letter from NYSDEC dated March 31, 1990

Letter from Westchester Co Dept of Health dated Feb 10, 2006

PO Box 384  
19 NO. SALEM RD. 2<sup>nd</sup> FL.  
CROSS RIVER, NY 10518  
914.763.5887  
Email RJE@CRARCH.com



Andrew J. Spano  
County Executive

Department of Health  
Joshua Lipsman, M.D., M.P.H.  
Commissioner

February 10, 2006

Phil Pine  
202 Oak Ridge Commons  
South Salem, NY 10590  
Fx-533-2710

Re: Getty Station 58796  
Rt. 123, Lewisboro, NY  
PBS Number 3-502723  
Spill Number 05-02802

Dear Mr. Pine,

This Department reviewed the spill case referenced above. Spill number 05-02802 is closed and no further action is necessary. The spill was a minor incident that was cleaned up when it occurred and the case was left open this long in error.

A work permit was taken out from this Department in March of 2004 for the removal of one tank and the installation of one tank. Our records indicate that the modification was completed.

This letter is being forwarded over to the New York State Department of Environmental Conservation to formally close out the spill in their database.

If you have any questions please call me at (914) 813-5164.

Sincerely,

Christopher J. Lalak  
Radiological and Chemical Analyst

Cc: Hanley, Getty  
O'Dee, NYSDEC





**New York State Department of Environmental Conservation**

21 South Platt Corners Road

New Paltz, NY 12561

(914) 255-3210 or (914) 255-5453

RECEIVED

MAR 19 1990

E. D. A.



Thomas C. Jorling  
Commissioner

March 13, 1990

Shell Oil Company  
P.O. Box 1703  
Atlanta, Georgia 30371

Attn: Todd E. Kalass

Re: Petroleum Product Spill  
Former Shell Oil s/s, SmithRidge Rd., Vista,  
Westchester County, New York

Dear Mr. Kalass:

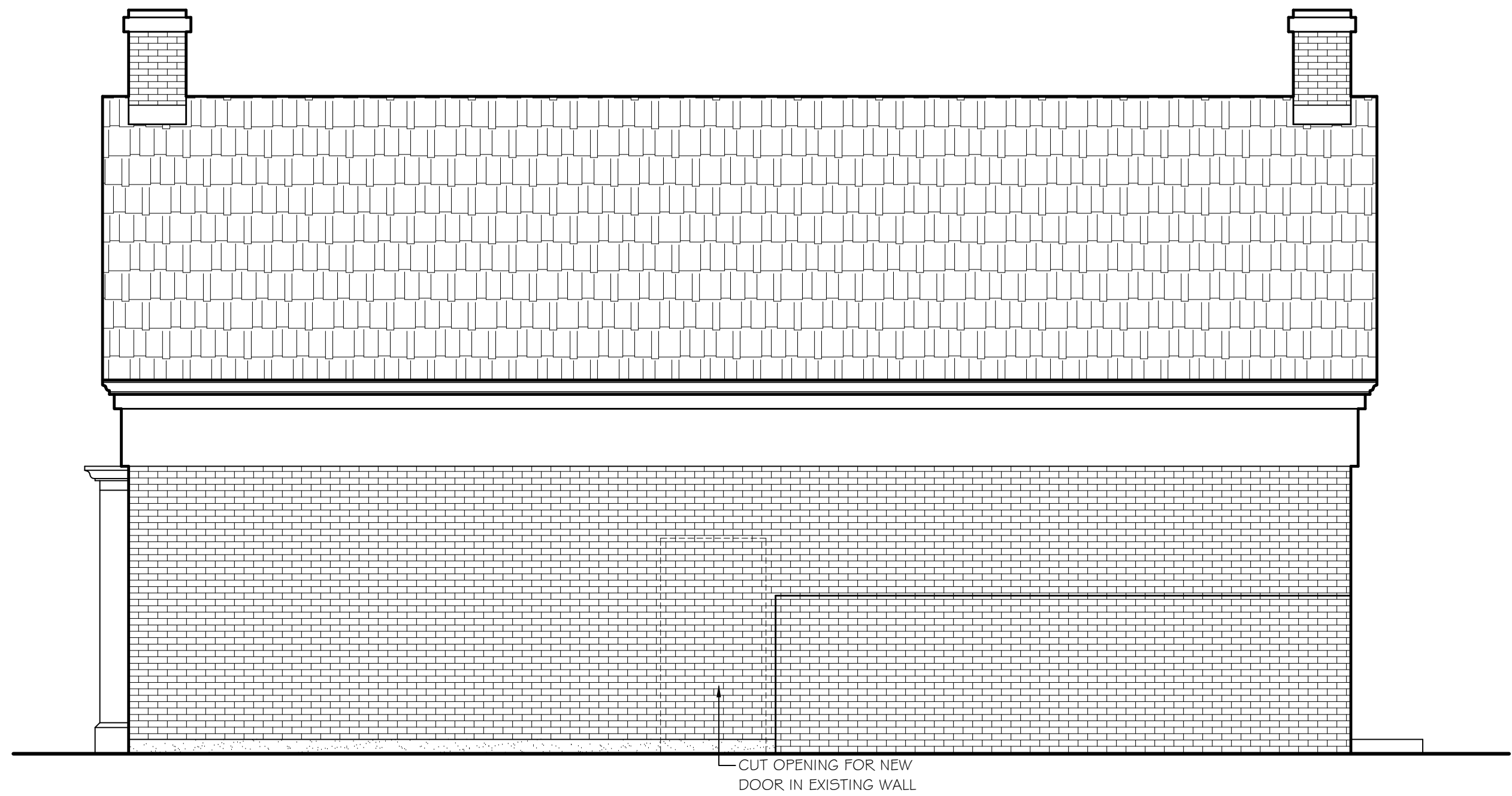
The Department of Environmental Conservation is in receipt of a cover letter and a project up-date report concerning the referenced site. After reviewing the above mentioned materials which indicates that soluble concentrations are decreasing due to material bio-degradation, this office is requiring no further remedial action at this time.

Sincerely,

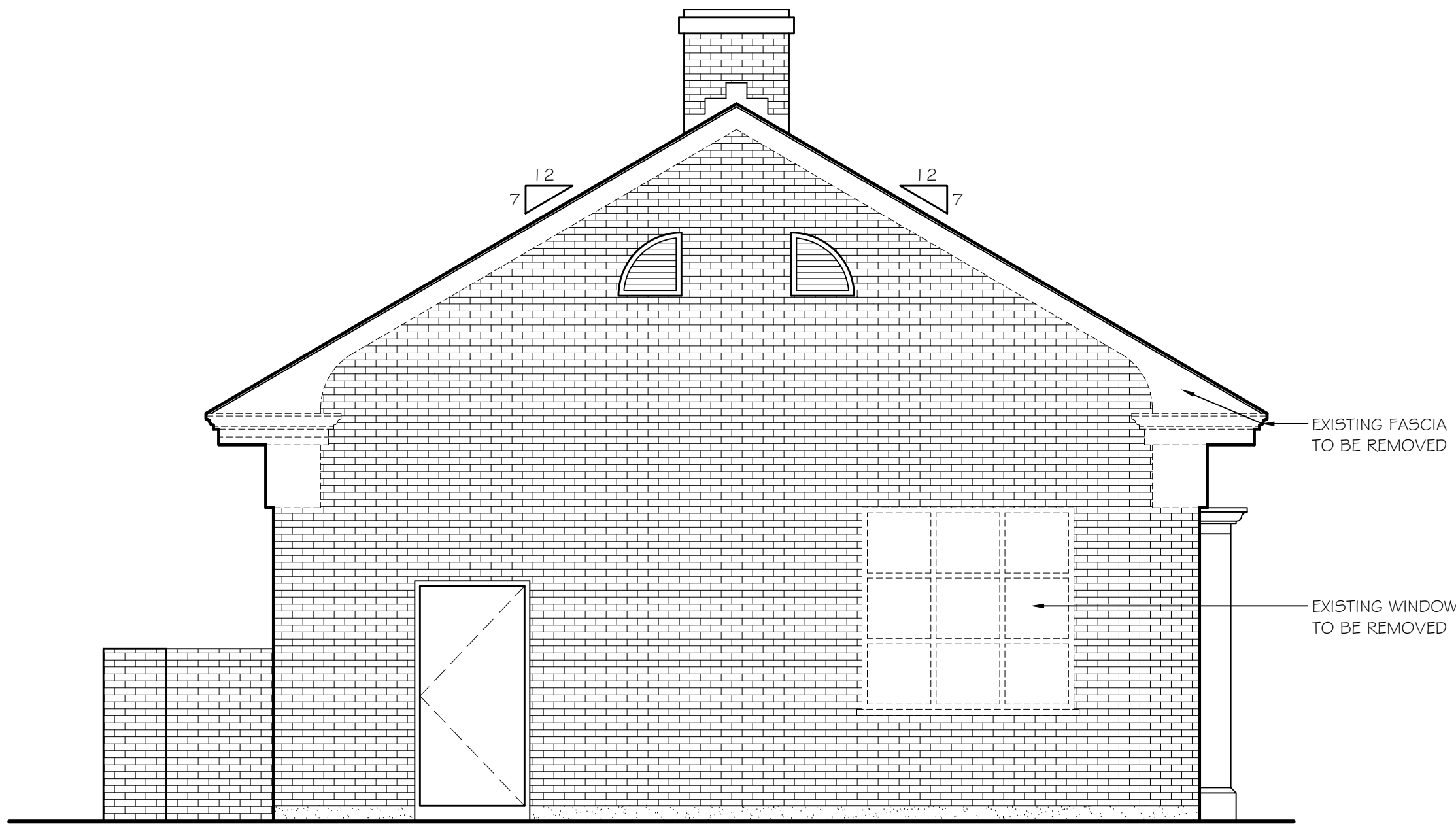
Karl H. Weed  
Assistant Engineer  
Region 3

KHW/mr

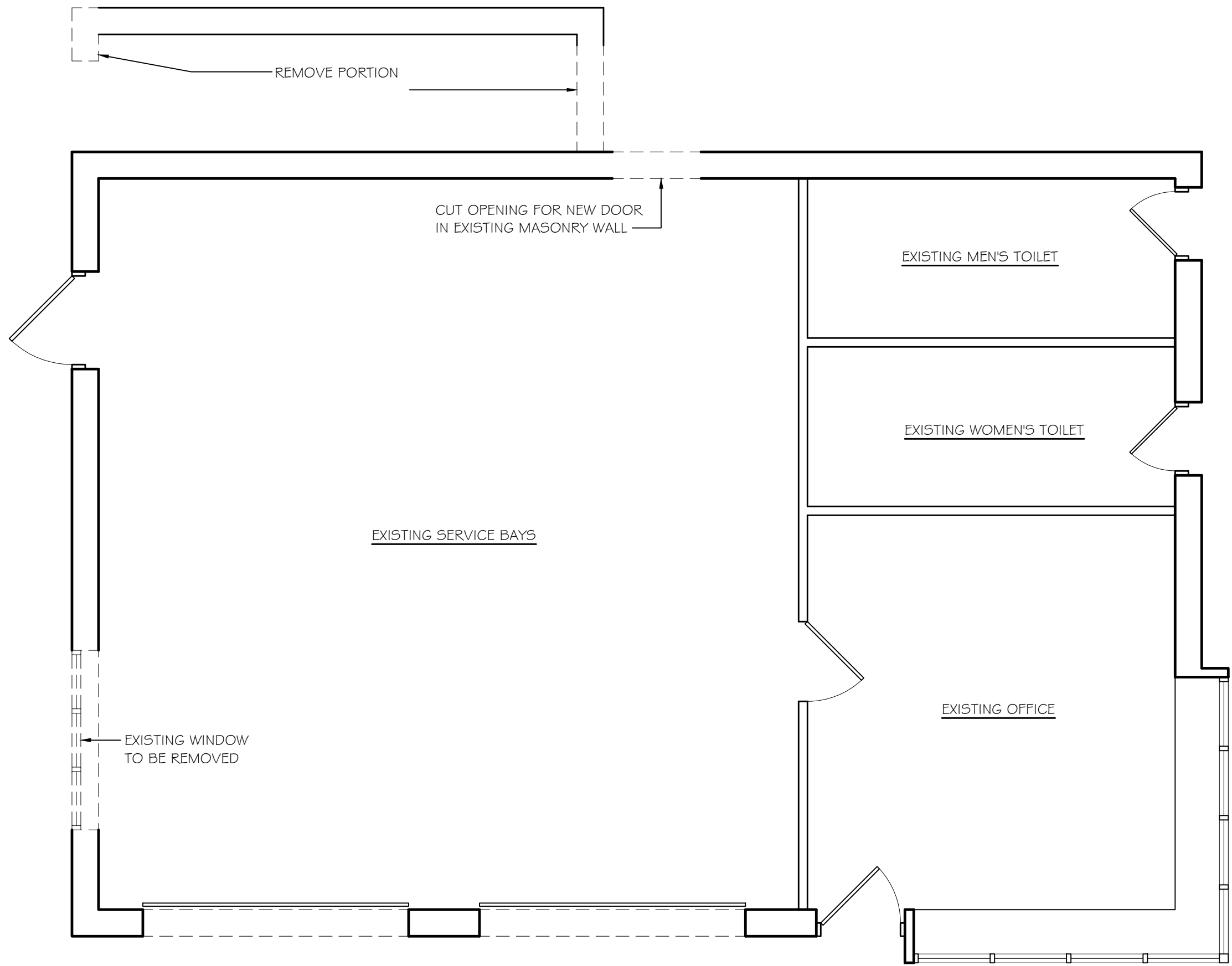
cc: P. Doshna/McCarthy/File  
Todd Ghiosay  
Westchester County Health Department  
Chron



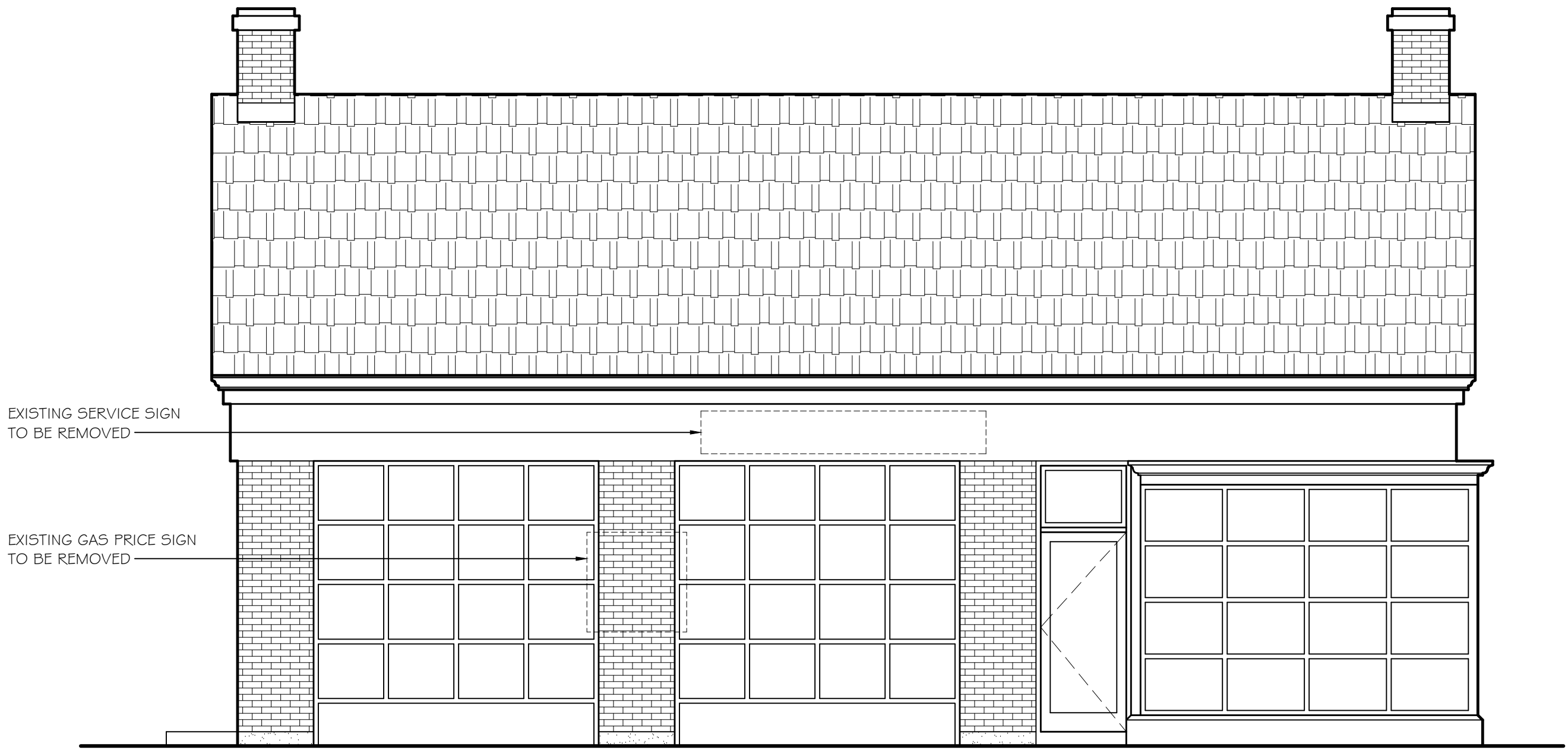
4 EXISTING REAR (WEST) ELEVATION  
SCALE: 1/4"= 1'-0"



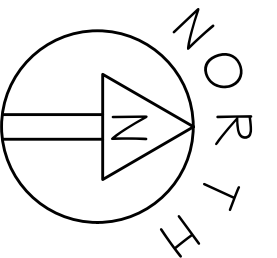
3 EXISTING LEFT (SOUTH) ELEVATION  
SCALE: 1/4"= 1'-0"



1 EXISTING FLOOR PLAN  
SCALE: 1/4"= 1'-0"



2 EXISTING FRONT (EAST) ELEVATION  
SCALE: 1/4"= 1'-0"



APPROVED BY RESOLUTION OF THE LEWISBORO PLANNING BOARD	
Chairman _____	DATE _____
Secretary _____	DATE _____
TOWN ENGINEER'S CERTIFICATION Reviewed for compliance with the Planning Board Resolution dated _____.	
Joseph M. Cermele, P.E. _____	Date _____
Kellard Sessions Consulting, P.C. Town Consulting Engineer	
OWNER'S CERTIFICATION The undersigned is the owner(s) of the property shown hereon, is familiar with this drawing and its contents, and hereby approves same for filing.	
Owners Name: Smith Ridge Associates, LLC – Philip Pine, Managing Partner Date _____ Owners Address: 450 Oakridge Common, South Salem, NY 10590	

REVISIONS

SEAL

CROSS RIVER ARCHITECTS, LLC  
ROBERT J. EBERT'S R.A., PRINCIPAL

914.763.5887  
FAX 914.763.8409

PROJECT  
OAKRIDGE COMMONS SHOPPING CENTER  
SMITH RIDGE ROAD  
LEWISBORO, NY

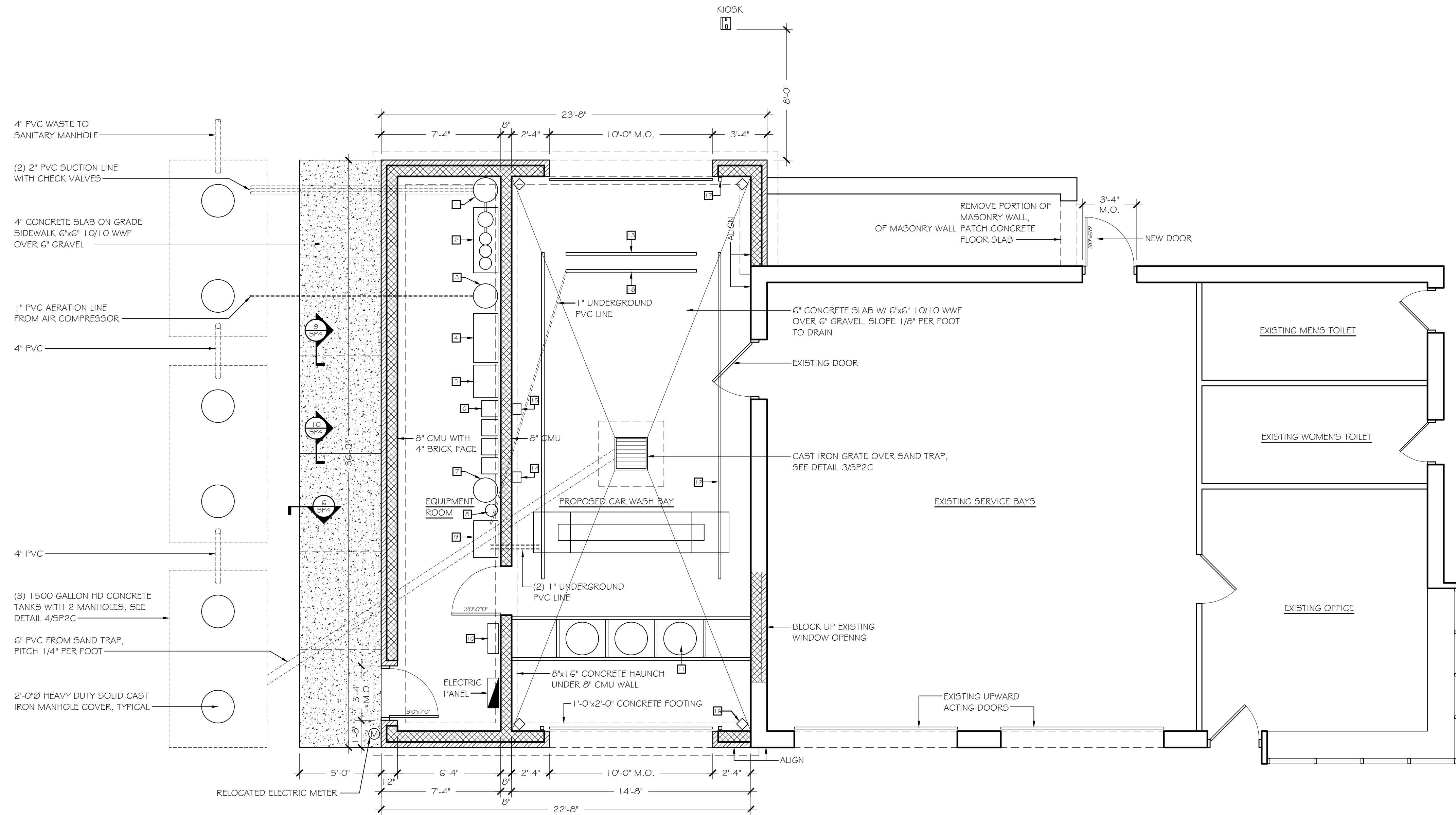
TITLE  
CARWASH EXISTING FLOOR PLAN AND ELEVATIONS

DATE  
FEB. 03, 2018

PROJ. #

DRAWING





1 PROPOSED FLOOR PLAN  
SCALE: 1/4" = 1'-0"

EQUIPMENT LIST

KEY DESCRIPTION

- 1 RECLAIM FILTER UNIT
- 2 EV ULTRACLEAR RECLAIM SYSTEM
- 3 AIR COMPRESSOR
- 4 PUMP STAND
- 5 CHEMICAL PUMP
- 6 CHEMICAL TANKS ON SHELF
- 7 100 GAL R.O. WATER STORAGE
- 8 CARBON FILTER
- 9 RAINMAKER III R.O. SYSTEM
- 10 CONTROL BOX
- 11 OVERHEAD DRYER FANS
- 12 WASH GANTRY
- 13 TRENCH UNDERCARRIAGE MANIFOLD
- 14 TERMINAL CONTROL BOX
- 15 FROST ALARM CONTROL BOX
- 16 OSCILLATION ROCKER PANEL PEDESTALS
- 17 AUTO DOOR CONTROLS
- 18 TIRE CHEMICAL MANIFOLD

REVISIONS

No.	Desc.	Date

SEAL

CROSS RIVER ARCHITECTS, LLC  
ROBERT J. EBERT'S R.A., PRINCIPAL

914.763.5887  
FAX 914.763.8409

PROJECT  
OAKRIDGE COMMONS SHOPPING CENTER  
SMITH RIDGE ROAD  
LEWISBORO, NY

P.O. BOX 384  
19 NO. SALEM RD. 2nd FL.  
CROSS RIVER, N.Y. 10518

TITLE  
CARWASH PROPOSED FLOOR PLAN

DATE  
FEB. 03, 2018  
SCALE  
1/4" = 1'-0"  
PROJ. #

DRAWING

C/2

APPROVED BY RESOLUTION OF THE LEWISBORO PLANNING BOARD

Chairman DATE

Secretary DATE

TOWN ENGINEER'S CERTIFICATION  
Reviewed for compliance with the Planning Board Resolution dated \_\_\_\_\_.

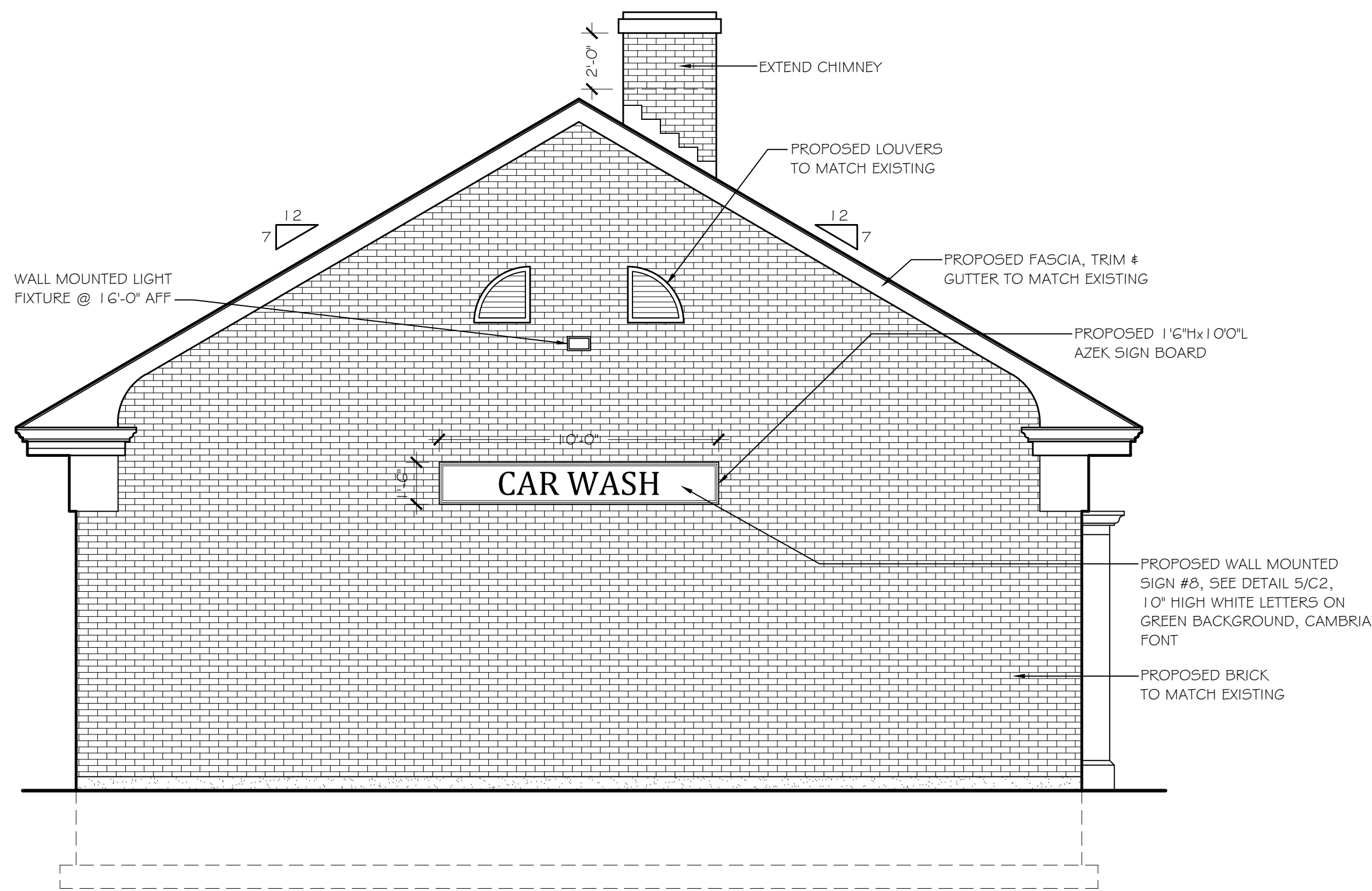
Joseph M. Cermele, P.E. Date

Kellard Sessions Consulting, P.C.  
Town Consulting Engineer

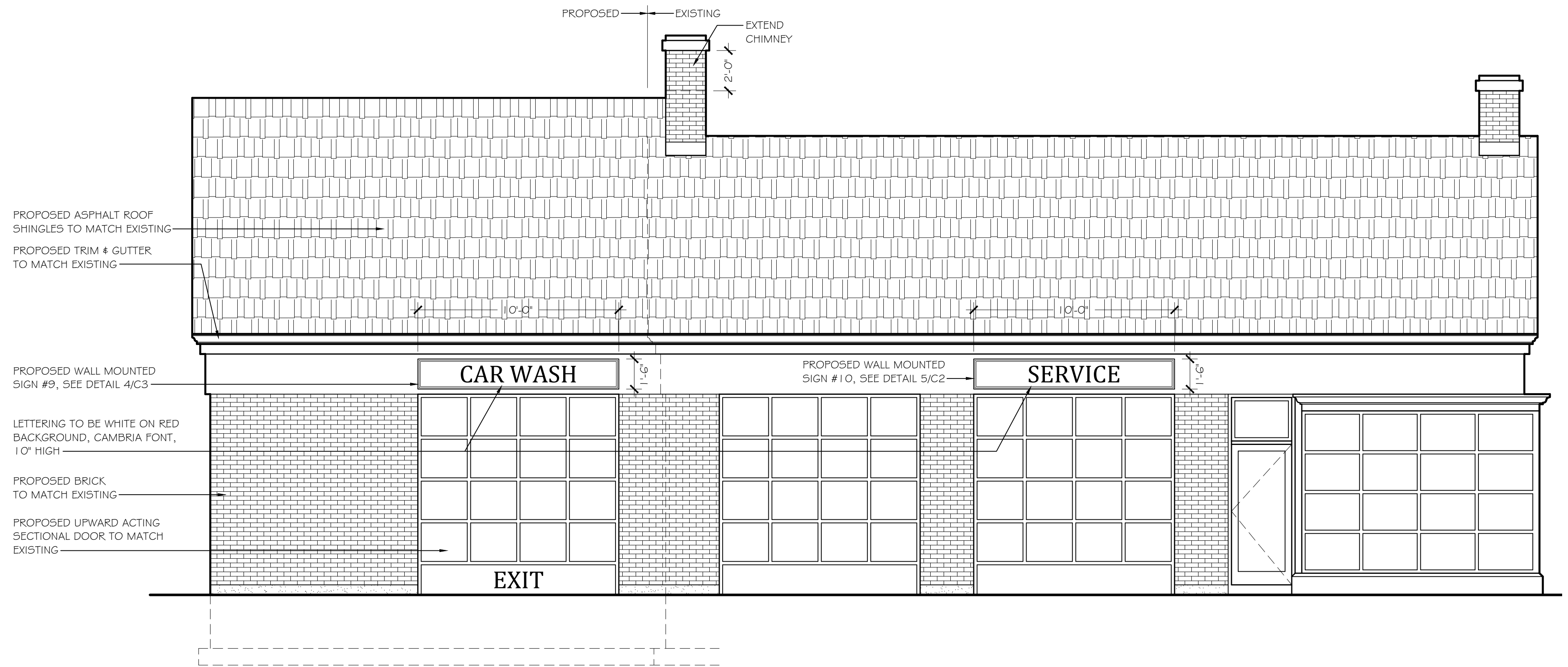
OWNER'S CERTIFICATION  
The undersigned is the owner(s) of the property shown hereon, is familiar with this drawing and its contents, and hereby approves same for filing.

Owners Name: Smith Ridge Associates, LLC – Philip Pine, Managing Partner Date  
Owners Address: 450 Oakridge Common, South Salem, NY 10590

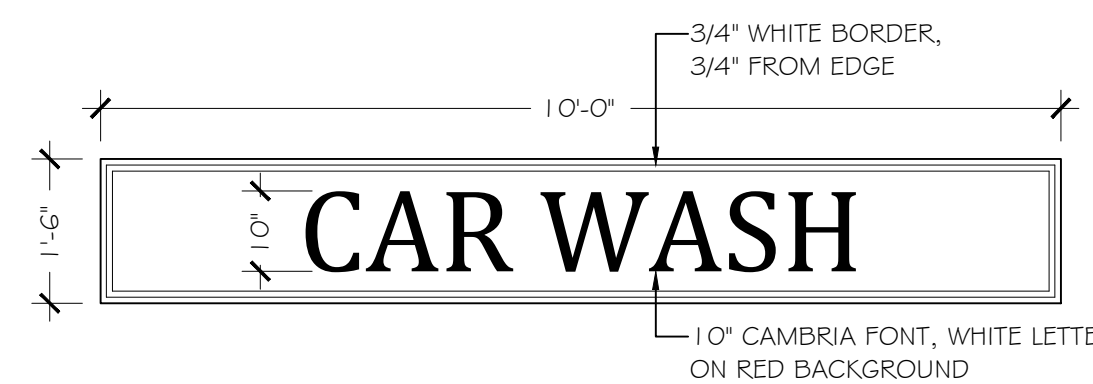




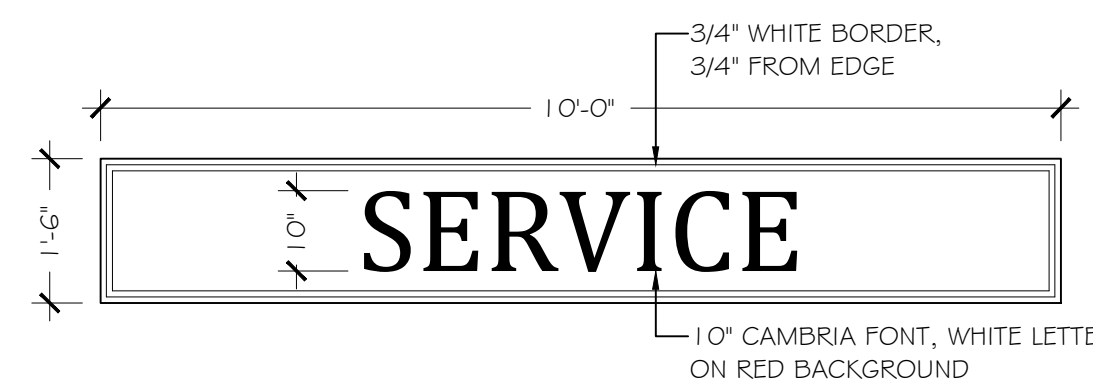
2 PROPOSED LEFT (SOUTH) ELEVATION  
SCALE: 1/4" = 1'-0"



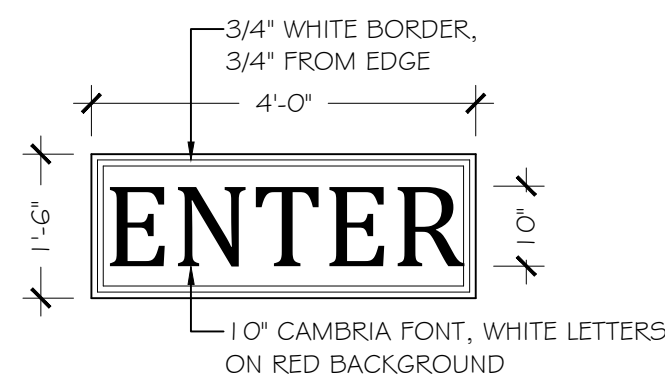
1 PROPOSED FRONT (EAST) ELEVATION  
SCALE: 1/4" = 1'-0"



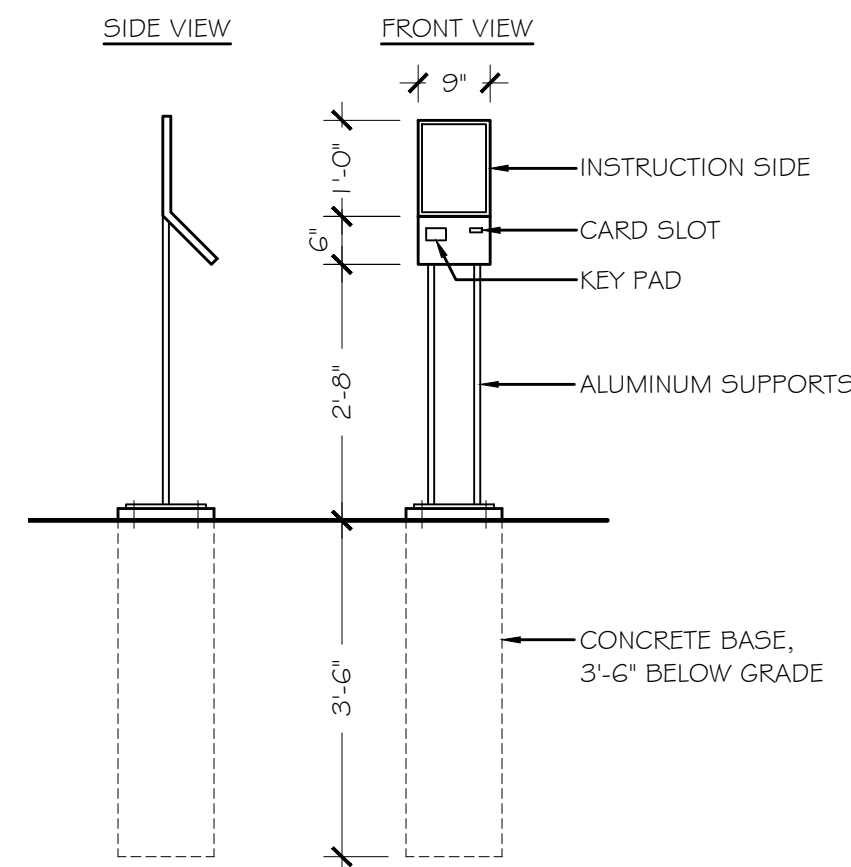
4 WALL MOUNTED SIGN #8 & #9  
SCALE: 1/2" = 1'-0"



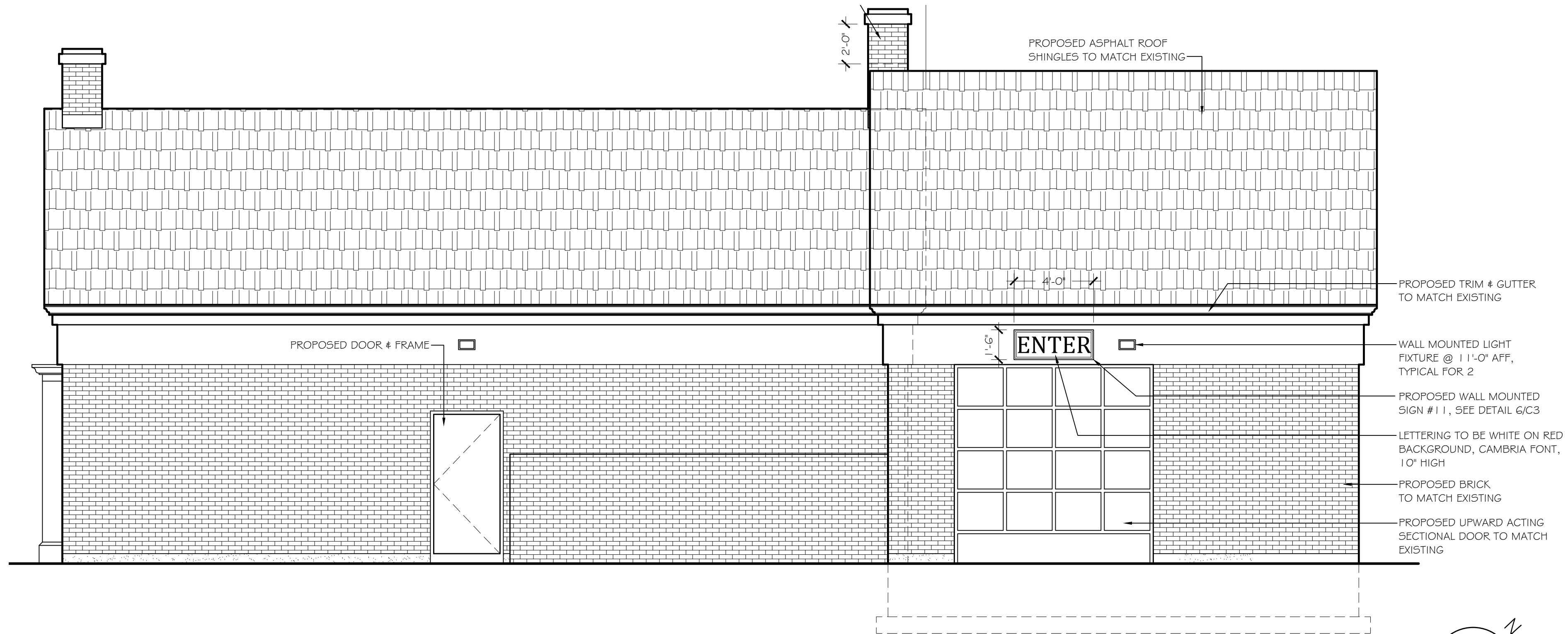
5 WALL MOUNTED SIGN #10  
SCALE: 1/2" = 1'-0"



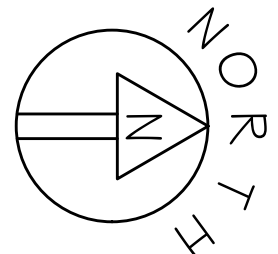
6 WALL MOUNTED SIGN #11  
SCALE: 1/2" = 1'-0"



8 KIOSK DETAIL  
SCALE: 1/2" = 1'-0"



3 PROPOSED REAR (WEST) ELEVATION  
SCALE: 1/4" = 1'-0"



APPROVED BY RESOLUTION OF THE LEWISBORO PLANNING BOARD	
Chairman	DATE
Secretary	DATE
TOWN ENGINEER'S CERTIFICATION Reviewed for compliance with the Planning Board Resolution dated _____.	
Joseph M. Cermele, P.E.	Date
Kellard Sessions Consulting, P.C. Town Consulting Engineer	
OWNER'S CERTIFICATION The undersigned is the owner(s) of the property shown hereon, is familiar with this drawing and its contents, and hereby approves same for filing.	
Owners Name: Smith Ridge Associates, LLC – Philip Pine, Managing Partner Date Owners Address: 450 Oakridge Common, South Salem, NY 10590	

REVISIONS			
No.	Date	Desc.	

SEAL

CROSS RIVER ARCHITECTS, LLC  
ROBERT J. EBERTS R.A., PRINCIPAL

914.763.5887  
FAX 914.763.8409

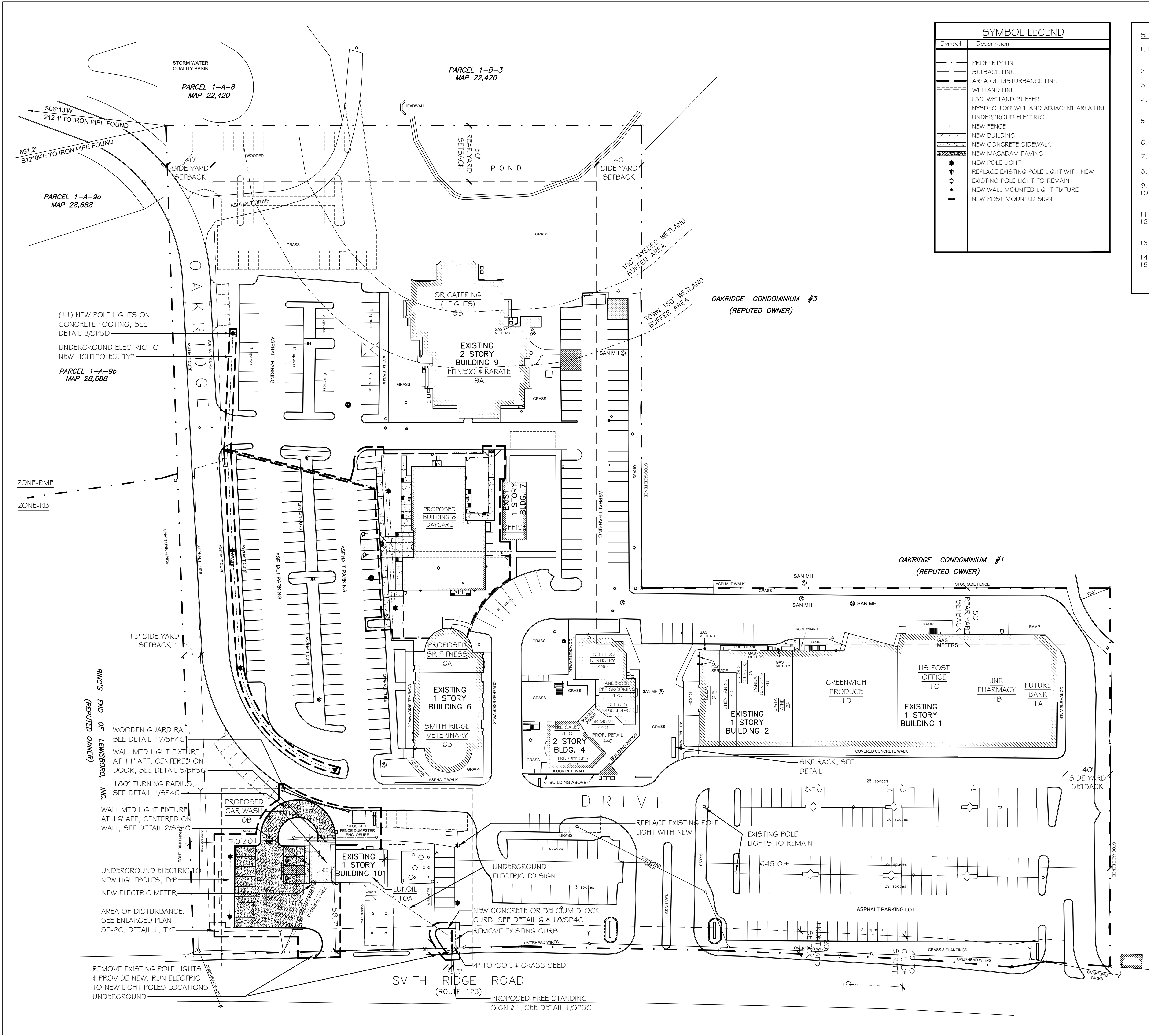
PROJECT  
OAKRIDGE COMMONS SHOPPING CENTER  
SMITH RIDGE ROAD  
LEWISBORO, NY

TITLE  
CARWASH PROPOSED FLOOR PLAN AND ELEVATIONS  
DATE  
FEB. 03, 2018  
SCALE  
1/4" = 1'-0"  
PROJ. #

DRAWING

C/3



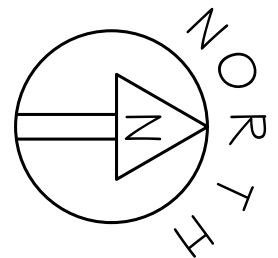


SYMBOL LEGEND	
Symbol	Description
---	PROPERTY LINE
---	SETBACK LINE
---	AREA OF DISTURBANCE LINE
---	WETLAND LINE
---	150' WETLAND BUFFER
---	NYSDEC 100' WETLAND ADJACENT AREA LINE
---	UNDERGROUD ELECTRIC
---	NEW FENCE
---	NEW BUILDING
---	NEW CONCRETE SIDEWALK
---	NEW MACADAM PAVING
---	NEW POLE LIGHT
---	REPLACE EXISTING POLE LIGHT WITH NEW
---	EXISTING POLE LIGHT TO REMAIN
---	NEW WALL MOUNTED LIGHT FIXTURE
---	NEW POST MOUNTED SIGN

- SEQUENCE OF CONSTRUCTION
1. NO WORK SHALL BEGIN ON SITE UNTIL A BUILDING PERMIT FROM THE TOWN OF LEWISBORO BUILDING DEPT. HAS BEEN ISSUED AND POSTERED ON SITE. CALL 811 BEFORE YOU DIG. MAP ALL UNDERGROUND UTILITIES IN AREA OF DISTURBANCE.
  2. EROSION CONTROL WORK AS DESCRIBED IN THE APPROVED PLANS SHALL BE IN PLACE PRIOR TO DISTURBANCE OF ANY EARTH.
  3. INSTALL ALL NECESSARY TEMPORARY BARRICADES AND FENCING FOR PROTECTION OF THE PUBLIC. PROTECT ALL LANDSCAPING TO REMAIN IN THE AREA OF DISTURBANCE.
  4. REMOVE TREES, SHRUBS AND OTHER PLANTINGS AS INDICATED IN THE DRAWINGS COMPLETELY FROM SITE IN ACCORDANCE WITH TOWN REGULATIONS. REMOVE PAVED SIDEWALKS AND OTHER PAVED AREAS AS REQUIRED.
  5. STRIP AND STOCKPILE ALL TOPSOIL FROM THE AREA OF DISTURBANCE. SURROUND THE STOCKPILE WITH HAY BALES. ROUGH GRADE THE SITE TO THE APPROXIMATE GRADES INDICATED ON THE DRAWINGS.
  6. LOCATE CONSTRUCTION DUMPSTER IN LOCATION APPROVED IN ADVANCE BY THE OWNER.
  7. EXCAVATE FOR THE FOUNDATION OF THE BUILDING TO LEVELS INDICATED. BACKFILL AFTER FOUNDATION HAS BEEN COMPLETED.
  8. EXCAVATE FOR AND INSTALL ALL STORM DRAINAGE BASINS, YARD DRAINS AND PIPING AS INDICATED ON THE DRAWINGS.
  9. EXCAVATE FOR AND INSTALL ALL UNDERGROUND UTILITIES.
  10. AFTER BUILDING EXTERIOR OF BUILDING HAS BEEN CONSTRUCTED, INSTALL SIDEWALKS AND OTHER SITE PAVING. INSTALL LIGHT POLES ON CONCRETE BASES. CONSTRUCT DUMPSTER ENCLOSURE.
  11. COMPLETE BUILDING CONSTRUCTION.
  12. SPREAD STOCKPILED TOPSOIL TO DEPTHS INDICATED ON DRAWINGS. AFTER SIDING AND ROOFING HAS BEEN COMPLETED, INSTALL LANDSCAPING AND OTHER PLANTINGS PER DRAWINGS. WATER DAILY FOR A MINIMUM OF 60 DAYS.
  13. PAVE NEW PORTION OF PARKING LOT AND RESURFACE EXISTING PORTION OF PARKING LOT. STRIPE AND INSTALL SIGNAGE.
  14. CLEAN ALL STORM DRAINAGE BASINS AND YARD DRAINS.
  15. BROOM CLEAN PARKING LOT AND REMOVE ALL TEMPORARY CONSTRUCTION BARRIERS. REMOVE DUMPSTER.

OAKRIDGE CONDOMINIUM #1  
(REPUTED OWNER)

1"=40'  
0 40 80  
SITE PLAN BASED ON SURVEY BY  
REDNISS AND MEAD  
JORGE P. PERIERO  
DATED 4/28/2016  
PARCEL 2 MAP 22,420 WCCO  
FOR SMITH RIDGE ASSOCIATES, LLC



APPROVED BY RESOLUTION OF THE LEWISBORO PLANNING BOARD	
Chairman	DATE
Secretary	DATE
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CROSS RIVER ARCHITECTS, LLC

ROBERT J. EBERT'S R.A., PRINCIPAL

PROJECT

OAKRIDGE COMMONS SHOPPING CENTER

SMITH RIDGE ROAD

LEWISBORO, NY

TITLE

SITE PLAN PHASE 3 - CAR WASH

DATE

JUNE 27, 2016

SCALE

1" = 40'-0"

PROJ. #

DRAWING

SP/IC

SEAL

REVISIONS

No.	Date	Desc.

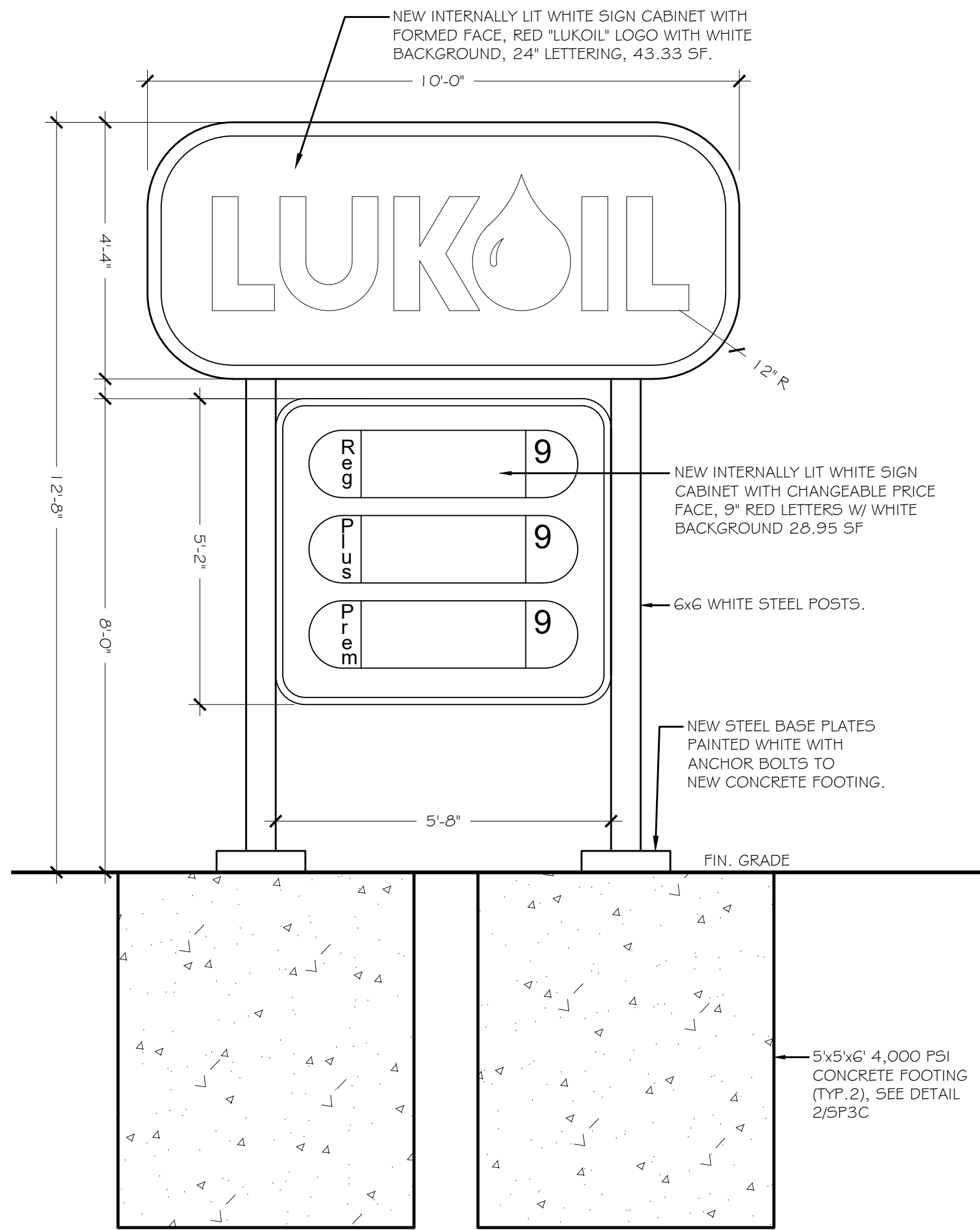
914.763.5887

FAX 914.763.8409

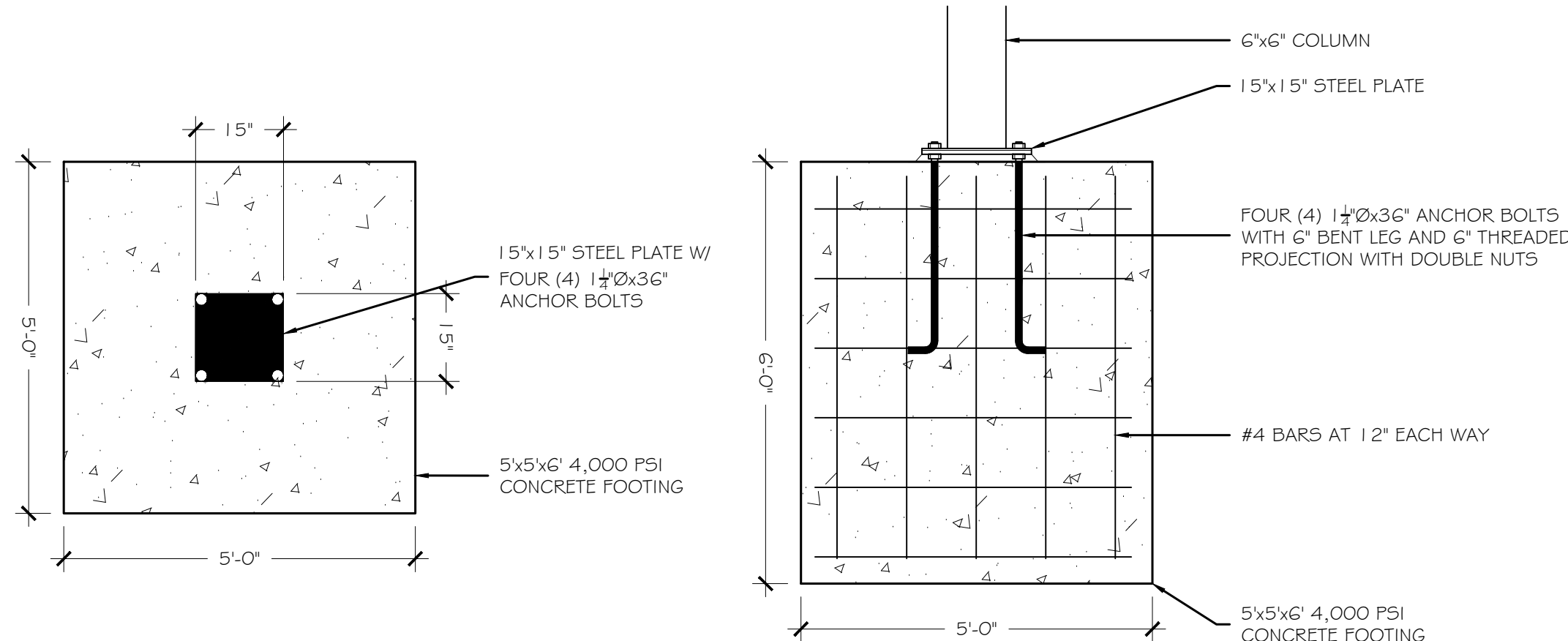








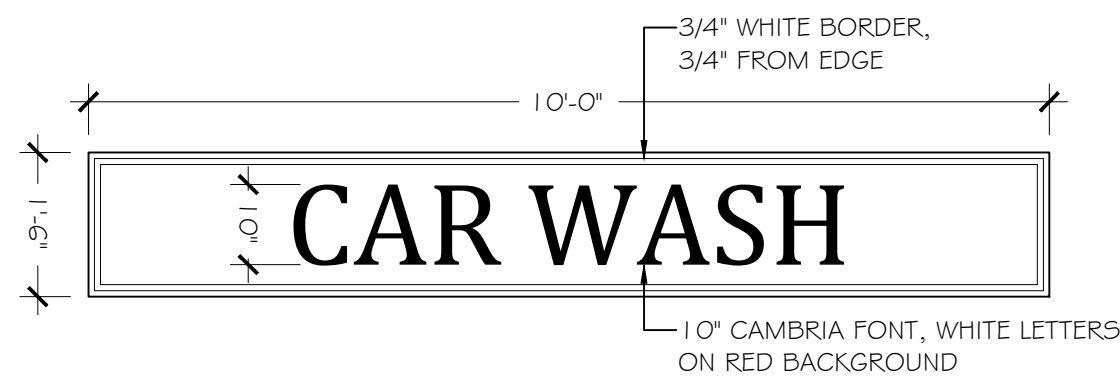
1 PROPOSED FREESTANDING SIGN #1 (DOUBLE SIDED)  
SCALE: 1/2"= 1'-0" TOTAL SIGN FACE = 72.26 SF (EACH SIDE)



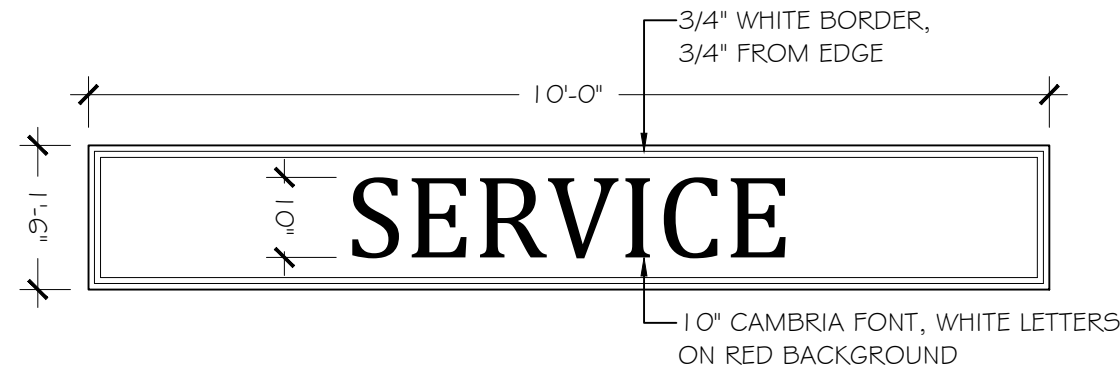
2 CONCRETE FOOTING DETAIL  
SCALE: 1/2"= 1'-0"

SIGNAGE TABLE		EXISTING SIZE	PERMITTED SIZE	PROPOSED SIZE	LIGHTING*	NOTES
SIGN #	TYPE					
SIGN 1	FREESTANDING	-	8 SF	72.26 SF per side	INTERNAL	Variance Granted
SIGN 8	WALL	-	20' x 2'	10' x 1.5' / 15 sf	NONE	Bldg length = 120'
SIGN 9	WALL	-	6 SF	10' x 1.5' / 15 sf	NONE	Variance Granted
SIGN 10	WALL	-	-	10' x 1.5' / 15 sf	NONE	
SIGN 11	WALL	-	-	10' x 1.5' / 1.25 sf	NONE	

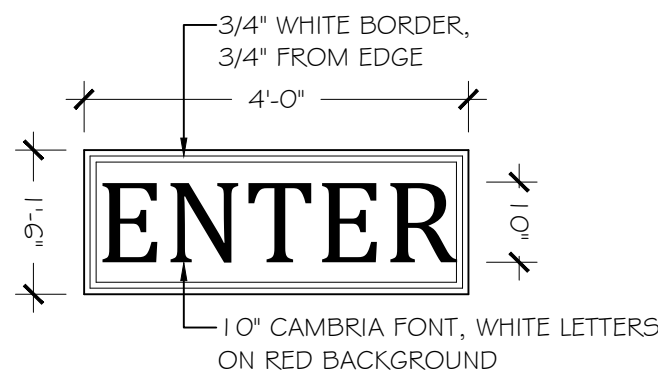
\*SIGNS SHALL NOT BE ILLUMINATED BETWEEN THE HOURS OF 10:00PM AND 6:00AM.



10 MOUNTED SIGN #8 & #9  
SCALE: 1/2"= 1'-0"



11 MOUNTED SIGN #10  
SCALE: 1/2"= 1'-0"



12 MOUNTED SIGN #11  
SCALE: 1/2"= 1'-0"

APPROVED BY RESOLUTION OF THE LEWISBORO PLANNING BOARD	
Chairman _____	DATE _____
Secretary _____	DATE _____
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REVISIONS		No.	Date
		1	03/15/2018
			PLANNING BOARD APPROVAL

SEAL

CROSS RIVER ARCHITECTS, LLC

ROBERT J. EBERTS R.A., PRINCIPAL

P.O. BOX 384  
19 NO. SALEM RD. 2nd FL.  
CROSS RIVER, N.Y. 10518

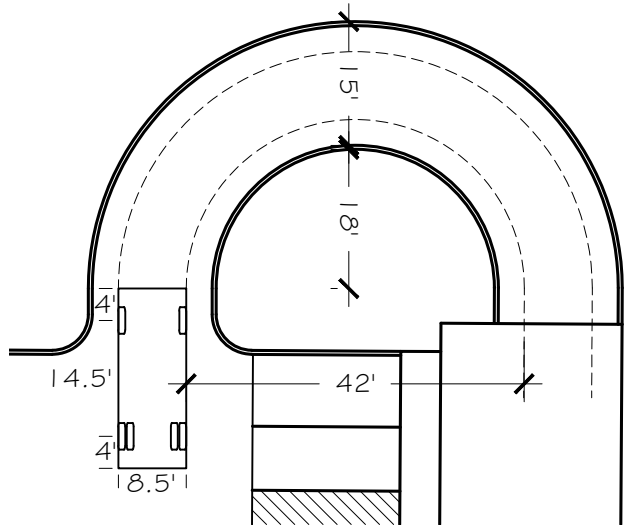
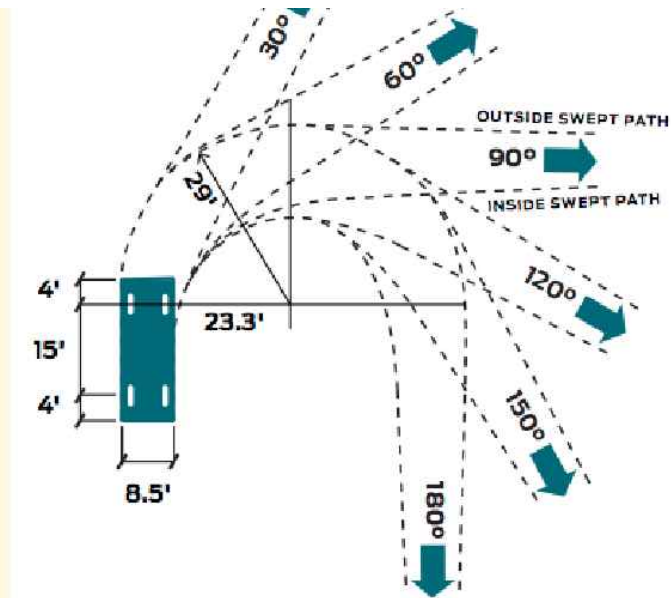
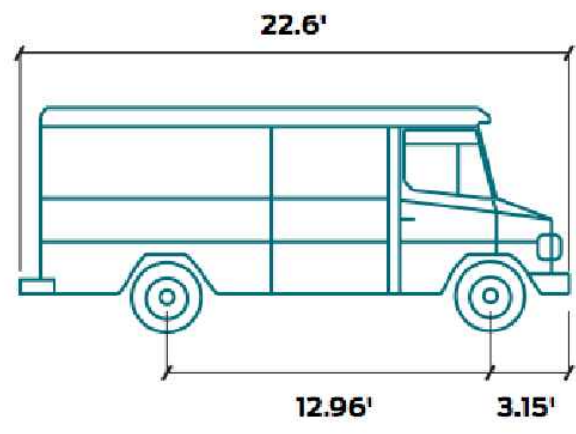
914.763.5887  
FAX 914.763.8409

PROJECT OAKRIDGE COMMONS SHOPPING CENTER  
SMITH RIDGE ROAD  
LEWISBORO, NY

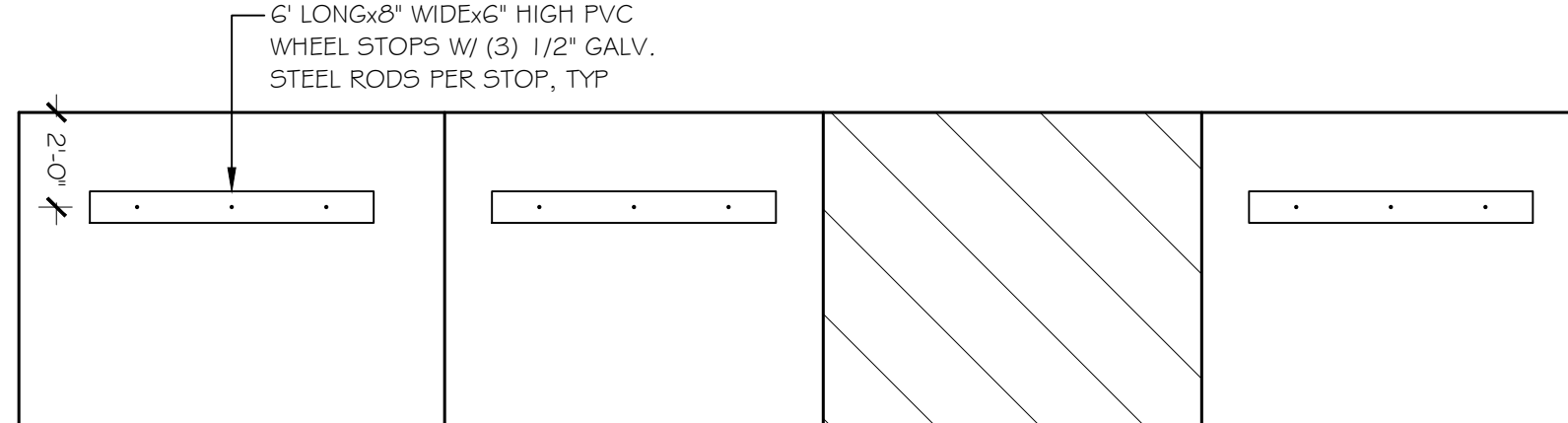
TITLE SIGNAGE

DATE JUNE 27, 2018 | SCALE AS NOTED | PROJ. #

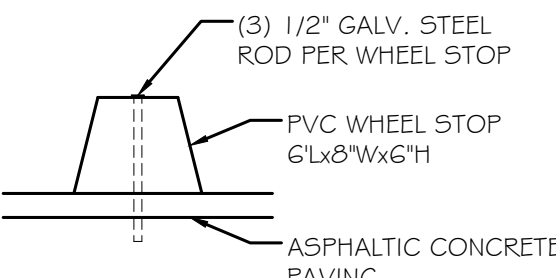
DRAWING SP/3C



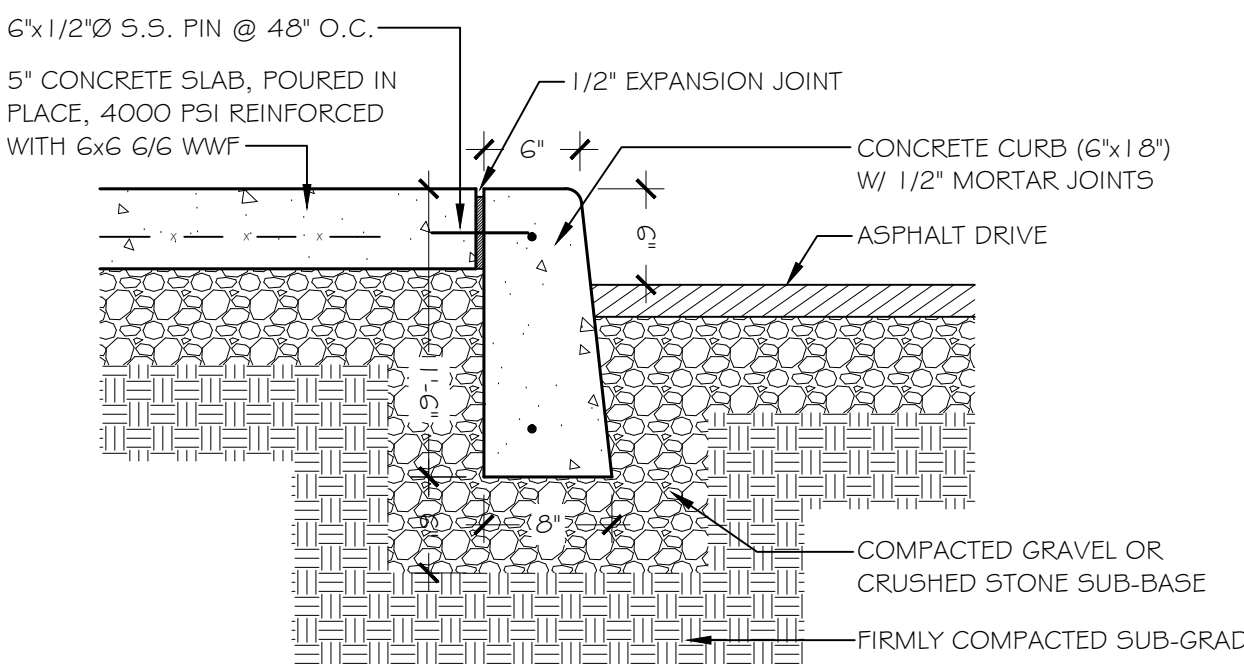
① TURNING RADIUS OF LARGEST VEHICLE FOR CAR WASH  
SCALE: NOT TO SCALE 180° TURNING RADIUS APPLIES



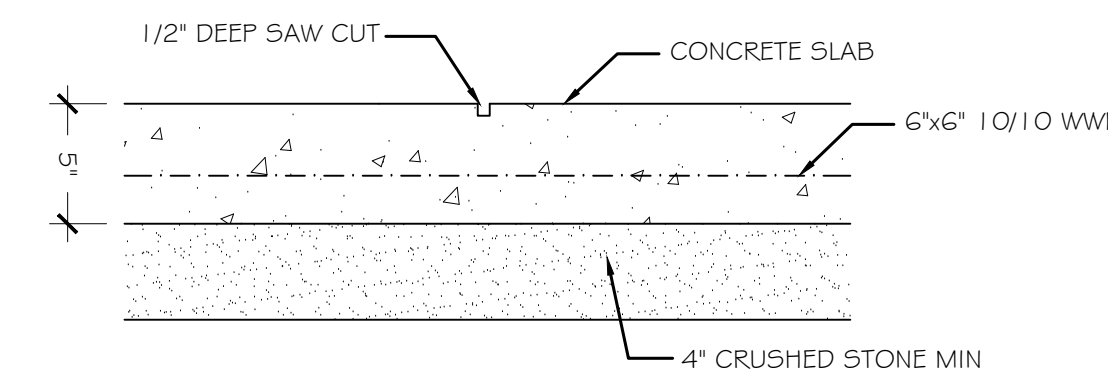
⑤ DETAIL OF PARKING SPACES @ SLAB ON GRADE  
SCALE: 1/4\"/>



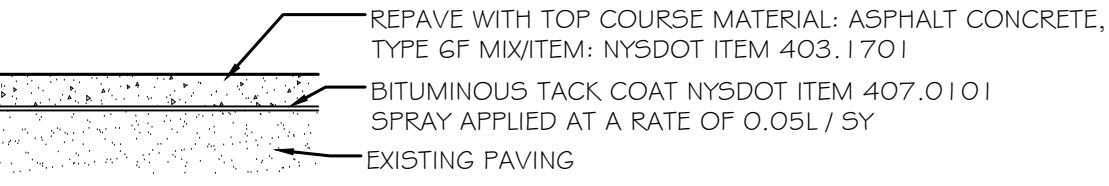
⑤a WHEEL STOP DETAIL  
SCALE: 1\"/>



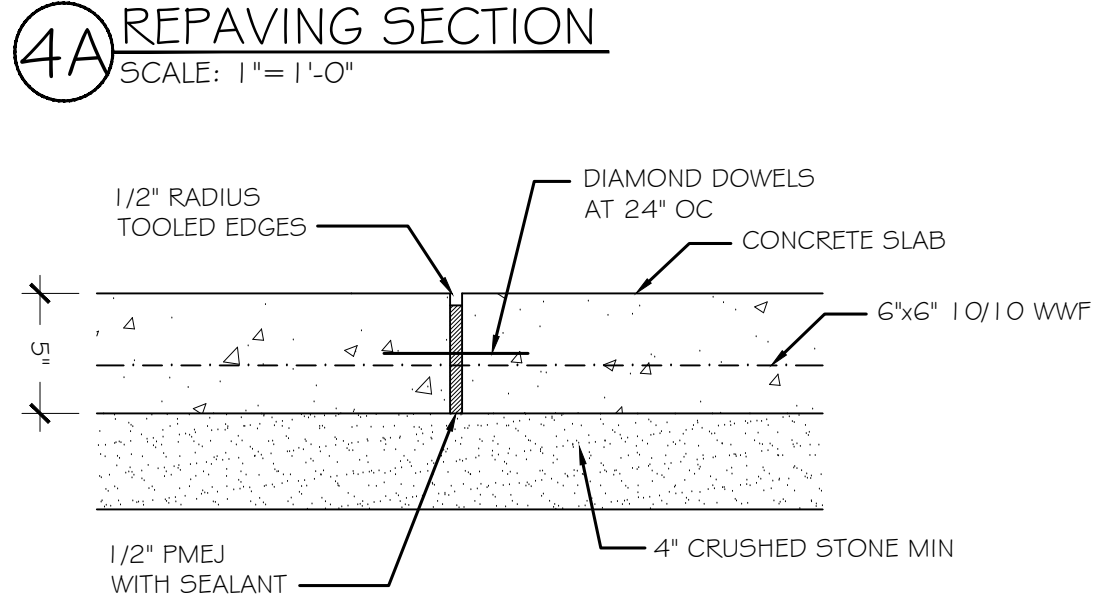
⑥ CONCRETE CURB DETAIL  
SCALE: 1\"/>



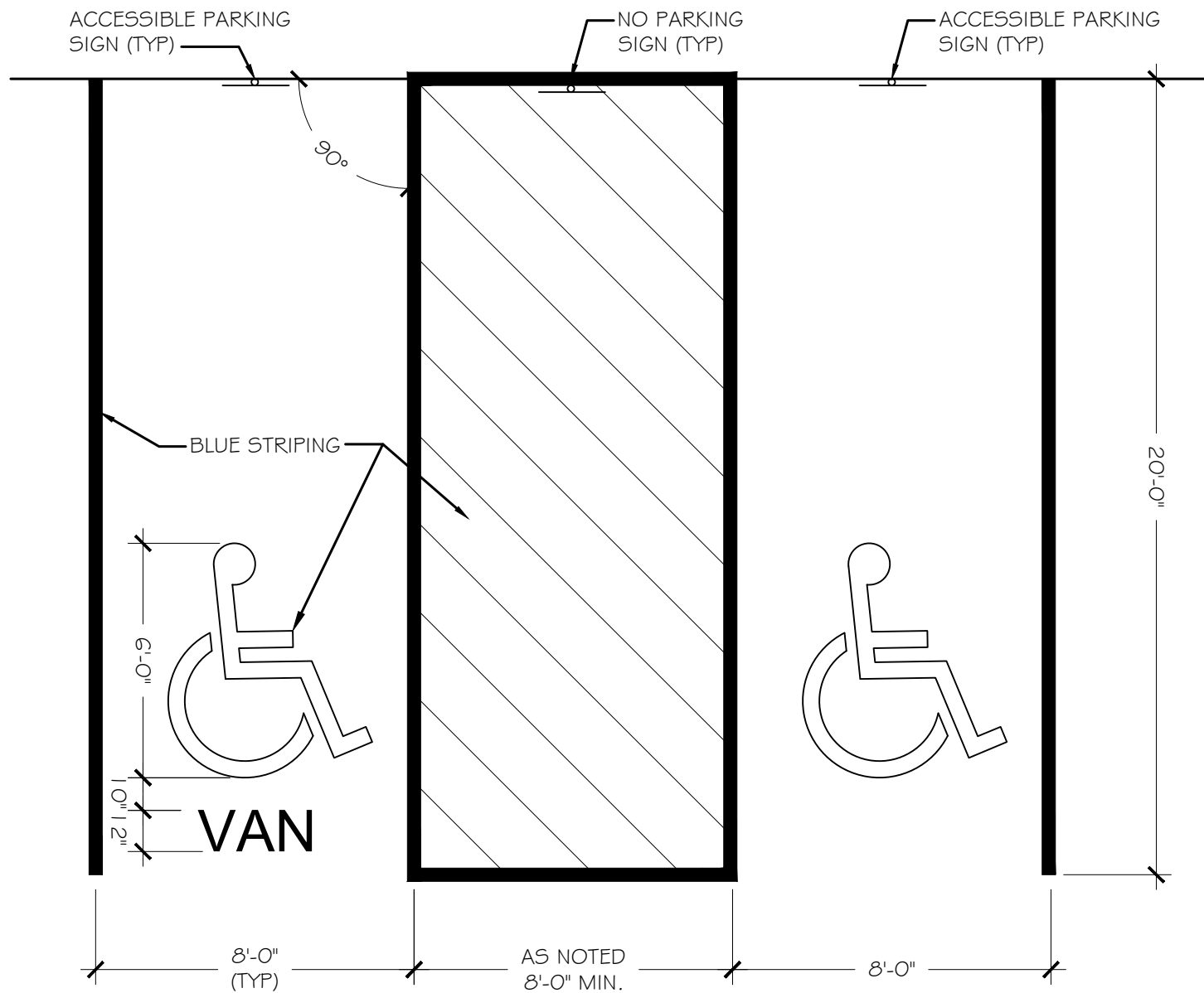
⑨ CONTROL JOINT DETAIL  
SCALE: 1\"/>



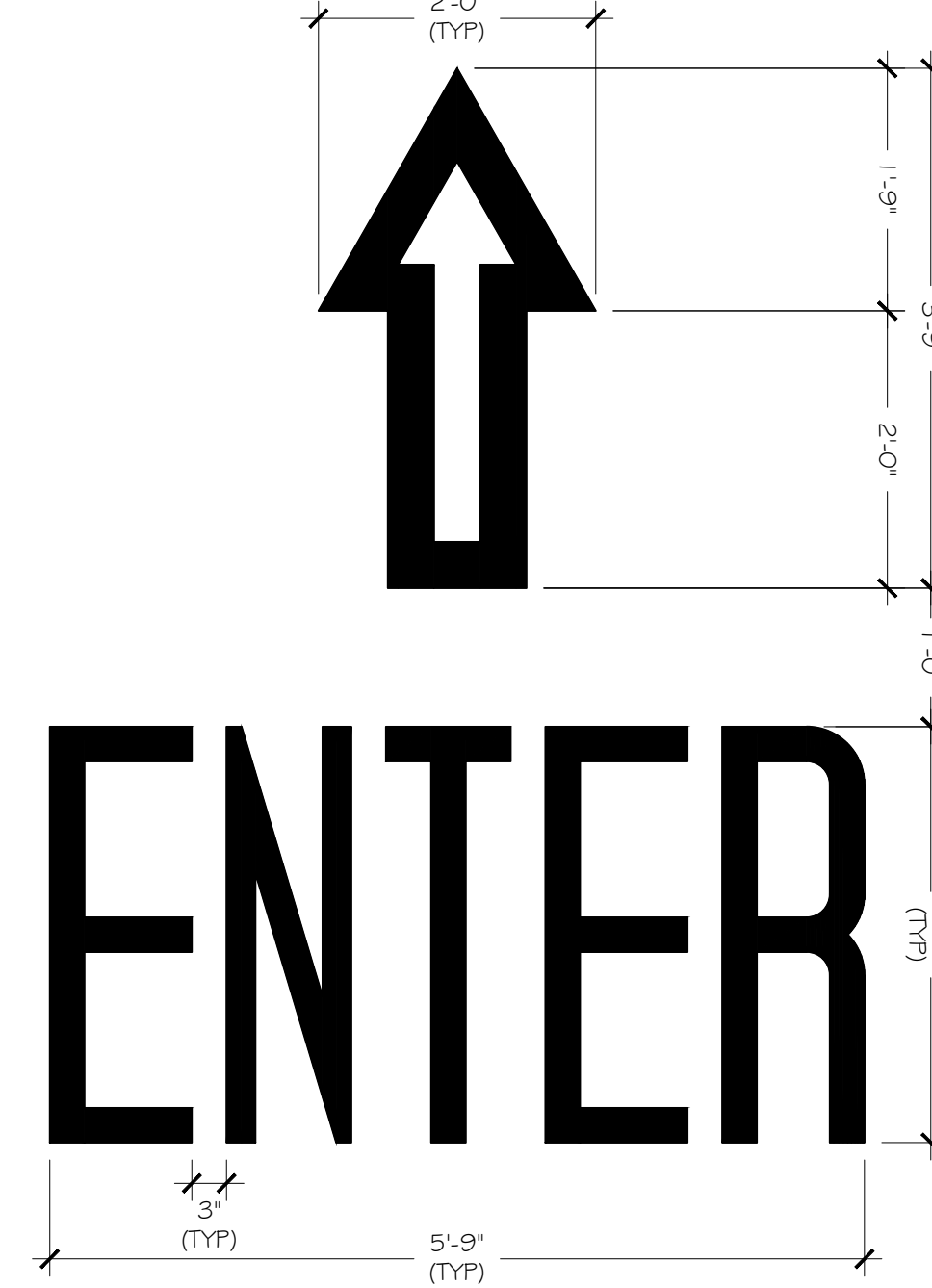
④ NEW SITE PAVING SECTION  
SCALE: 1\"/>



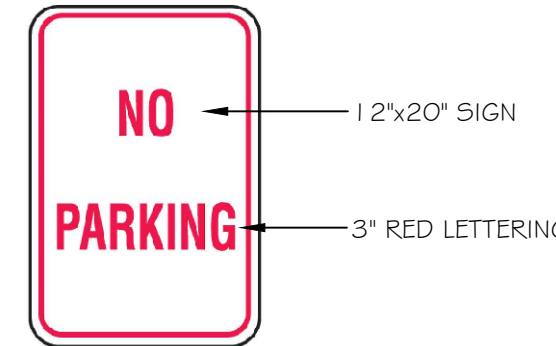
④A REPAVING SECTION  
SCALE: 1\"/>



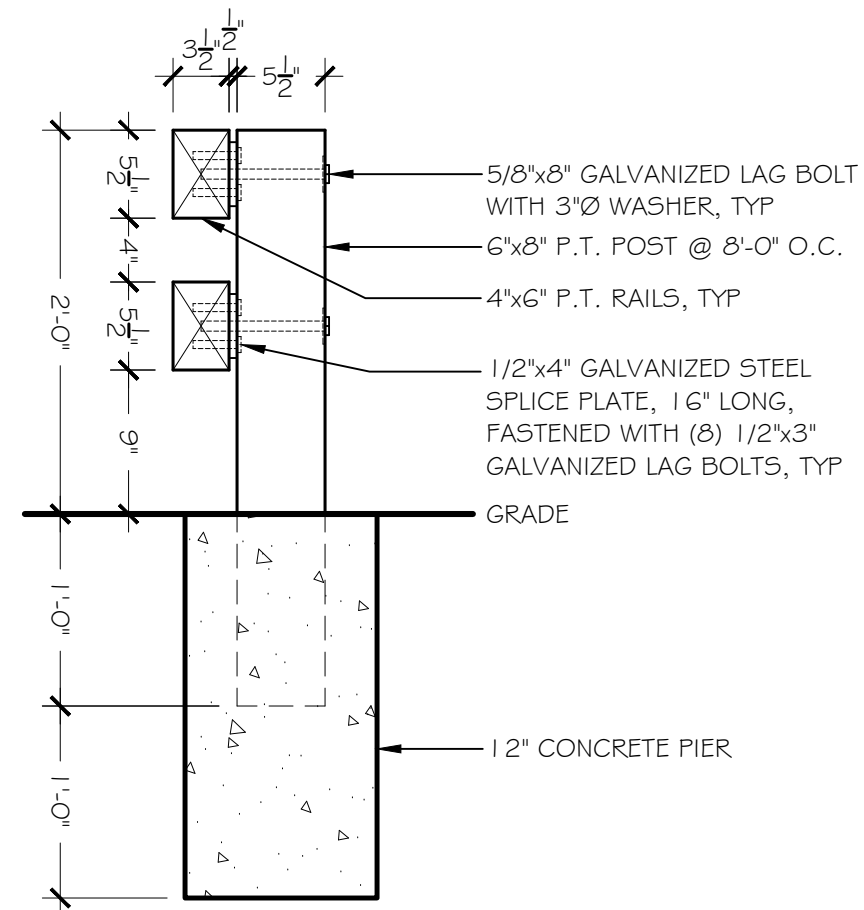
⑬ DETAIL OF ACCESSIBLE PARKING SPACES  
SCALE: 1/4\"/>



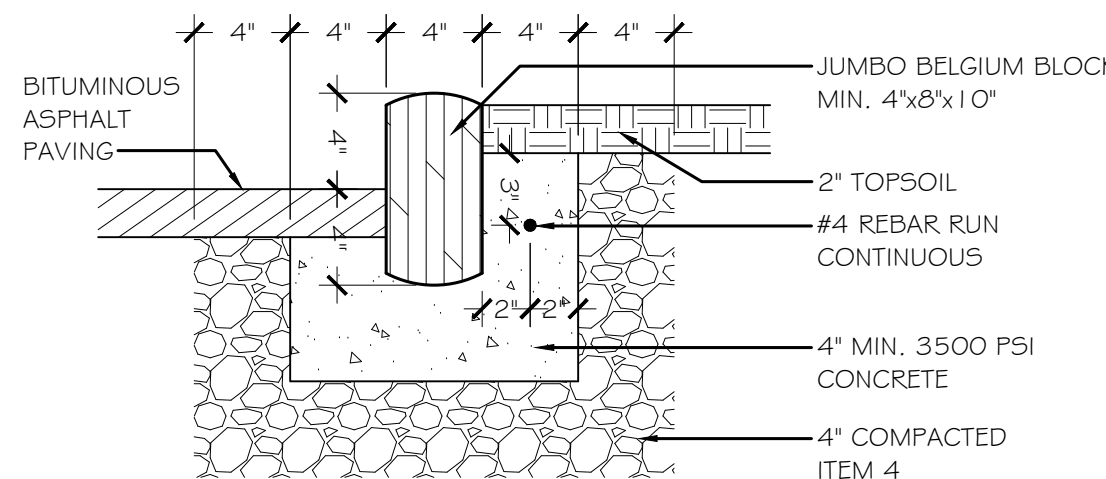
⑭ ENTRANCE ONLY ARROW DETAIL  
SCALE: 3/4\"/>



⑮ NO PARKING SIGN  
SCALE: NOT TO SCALE



⑰ WOOD GUARD RAIL DETAIL  
SCALE: 1\"/>



⑱ BELGIUM BLOCK CURB  
SCALE: 1 1/2\"/>

APPROVED BY RESOLUTION OF THE LEWISBORO PLANNING BOARD

Chairman	DATE
Secretary	DATE

TOWN ENGINEER'S CERTIFICATION  
Reviewed for compliance with the Planning Board Resolution dated \_\_\_\_\_

Joseph M. Cermele, P.E. \_\_\_\_\_ Date

Kellard Sessions Consulting, P.C.  
Town Consulting Engineer

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REVISIONS

SEAL

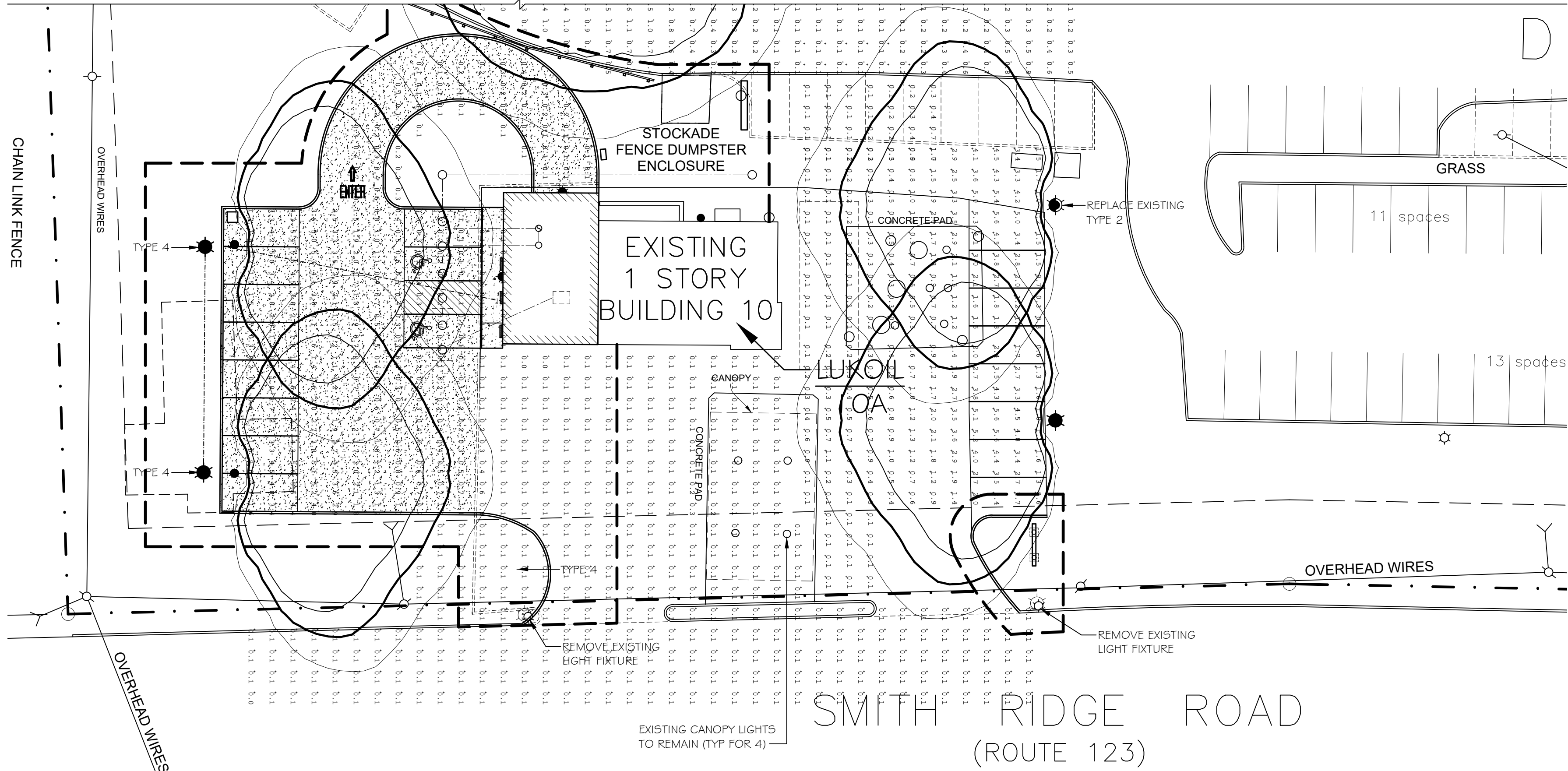
CROSS RIVER ARCHITECTS, LLC  
ROBERT J. EBERTS R.A., PRINCIPAL  
P.O. BOX 384  
19 NO. SALEM RD. 2nd FL.  
CROSS RIVER, N.Y. 10518  
914.763.5887  
FAX 914.763.8409

PROJECT  
OAKRIDGE COMMONS SHOPPING CENTER  
SMITH RIDGE ROAD  
LEWISBORO, NY

DRAWING

SP/4C

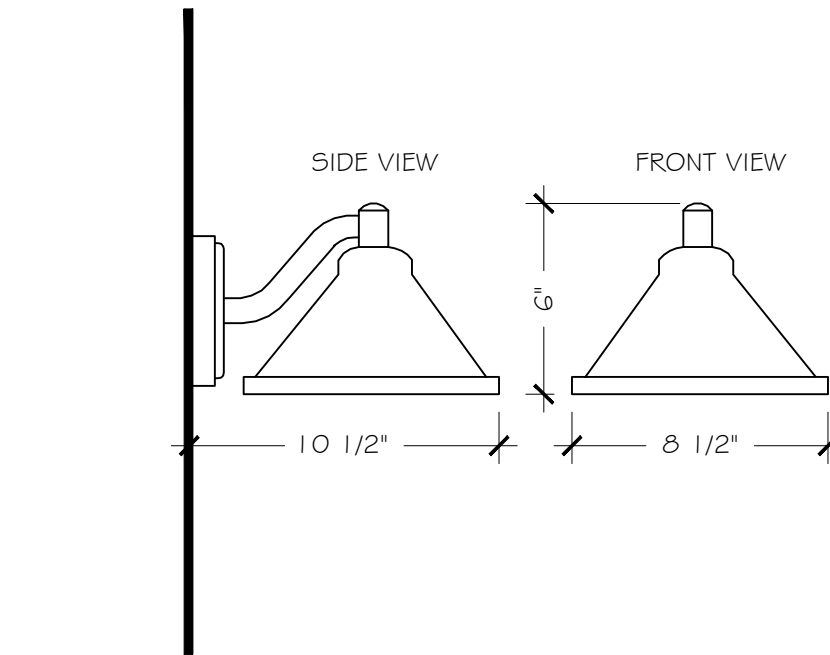




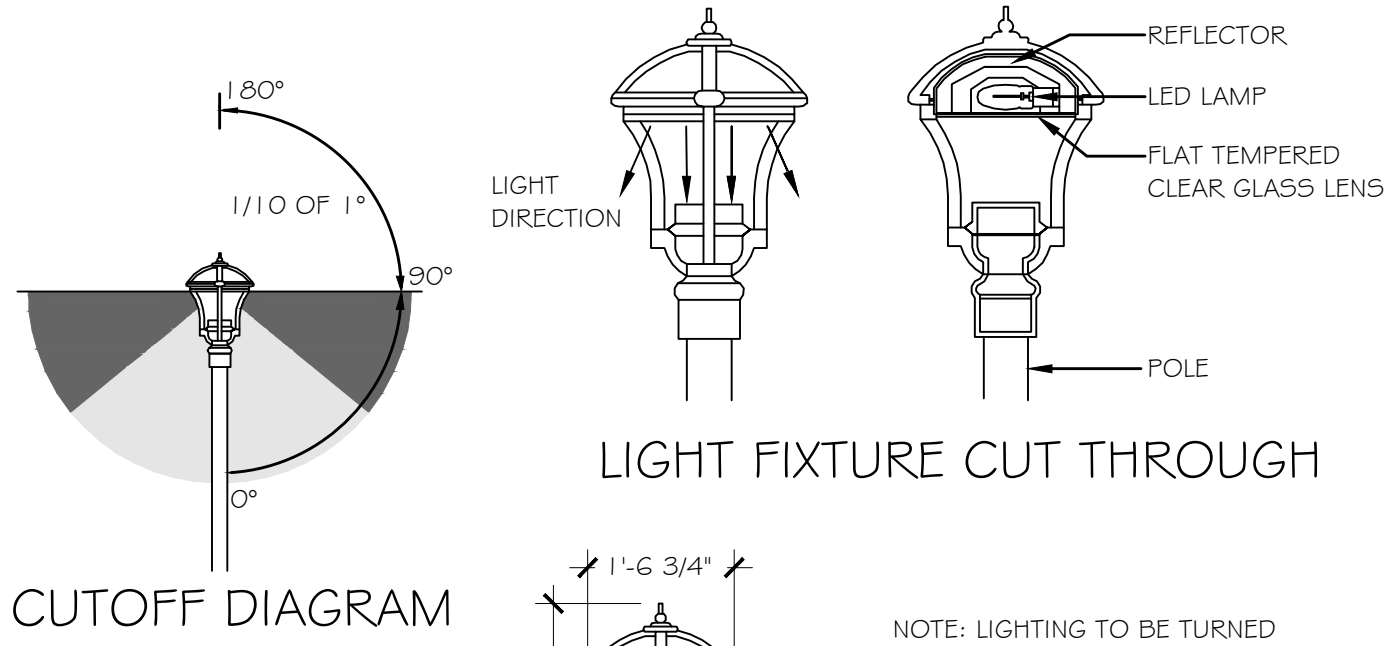
1 LIGHTING PLAN  
SCALE: 1"=20'-0"

PROPOSED ILLUMINANCE LEVELS			
	Min	Ave.	Max.
At Property Line (Street)	0.0 fc	0.1 fc	2.7 fc
At Property Line (South)	0.0 fc	0.0 fc	0.0 fc
In Parking Lot	0.0 fc	1.2 fc	5.6 fc
At Building Entrance	0.1 fc	0.1 fc	0.1 fc

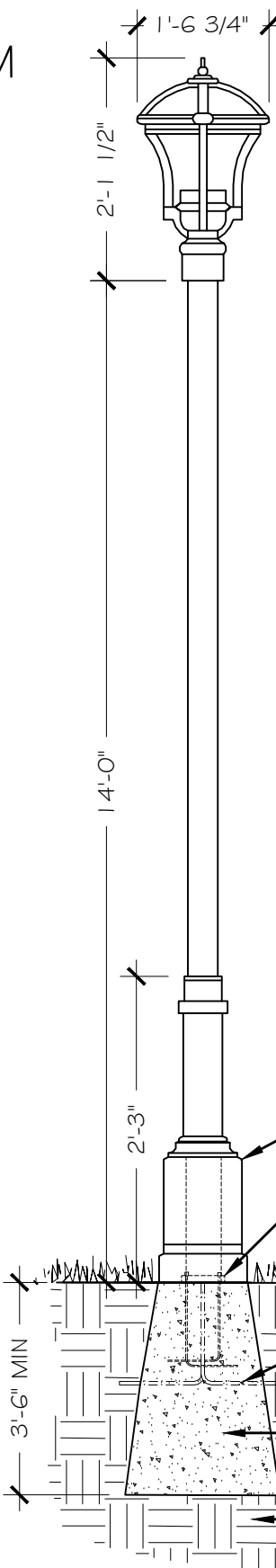
- EXTERIOR LIGHTING NOTES
1. ALL EXTERIOR LIGHTS MUST BE CONTROLLED BY TIMECLOCK AND PHOTOCCELL.
  2. ALL EXTERIOR LIGHTS MUST BE OFF BETWEEN 12:00 MIDNIGHT AND 6:00AM.
  3. ALL EXTERIOR LIGHTS SHALL BE LED, 3500K- 4000 K.
  4. POLE LIGHTS SHALL BE ARCHITECTURAL AREA LIGHTING PROVIDENCE SERIES PROV- (LIGHT SPREAD TYPE AS INDICATED ON PLAN) CCT-700-DB-DF-LDL-PCAT-32LED 4000K-700 WITH CLEAR TEMPERED LENS. POST SHALL BE 4" DIA. ROUND 14' HEIGHT WITH BASE # D89. SET POLE WITH 1 2" DIA. CONCRETE PIER, 3'6" BELOW GRADE.



2 WALL LIGHT  
SCALE: NOT TO SCALE



LIGHT FIXTURE CUT THROUGH



3 POLE LIGHT  
SCALE: NOT TO SCALE

FIXTURE TO BE MINKA  
LAVERY CODE: ML8101-138  
FINISH TO BE ASPEN BRONZE  
WATTAGE TO BE 18 WATT,  
4000K LED LAMP

NOTE: PRIOR TO SPECIFYING AN  
'OR APPROVED EQUAL' FIXTURE,  
POST OR BASE LEWISBORO  
PLANNING BOARD APPROVAL IS  
REQUIRED. THIS FIXTURE DOES  
NOT REQUIRE ANY CLEAR GLASS  
LENS

NOTE: LIGHT FIXTURE TO MEET ALL  
LEWISBORO LIGHTING STANDARDS  
(REG. 220.14 - EXTERIOR LIGHTING  
AND STATE REGULATIONS

NOTE: LIGHT FIXTURE IS IDA  
APPROVED - DARK SKY FRIENDLY  
FIXTURE, SEE WWW.MINKAGROUP.NET  
FOR ADDITIONAL INFORMATION

NOTE: LIGHTING TO BE TURNED  
OFF BETWEEN THE HOURS OF  
12:00AM AND 6:00AM

NOTE: PRIOR TO SPECIFYING AN  
'OR APPROVED EQUAL' FIXTURE,  
POST OR BASE LEWISBORO  
PLANNING BOARD APPROVAL IS  
REQUIRED

HORIZONTAL LAMP REFLECTOR,  
FLAT TEMPERED CLEAR GLASS LENS

NOTE: LIGHT FIXTURE TO MEET ALL  
LEWISBORO LIGHTING STANDARDS  
(REG. 220.14 - EXTERIOR LIGHTING)  
AND STATE REGULATIONS

NOTE: LIGHT FIXTURE TO BE FULL  
CUT-OFF OPTICAL SYSTEM WITH  
HORIZONTAL REFLECTORS



APPROVED BY RESOLUTION OF THE LEWISBORO PLANNING BOARD	
Chairman	DATE
Secretary	DATE
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REVISIONS		No.	Date

SEAL

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ROBERT J. EBERTS R.A., PRINCIPAL

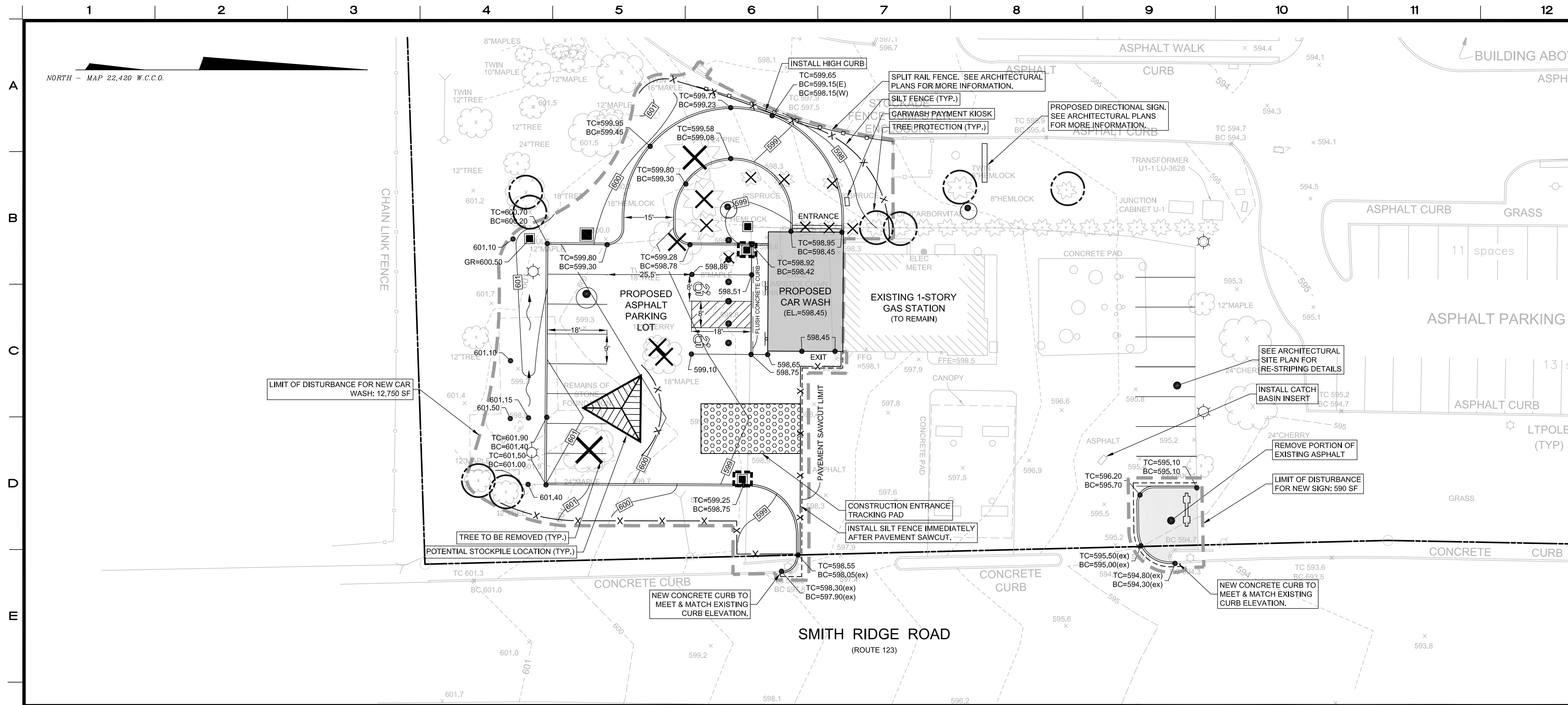
P.O. BOX 384  
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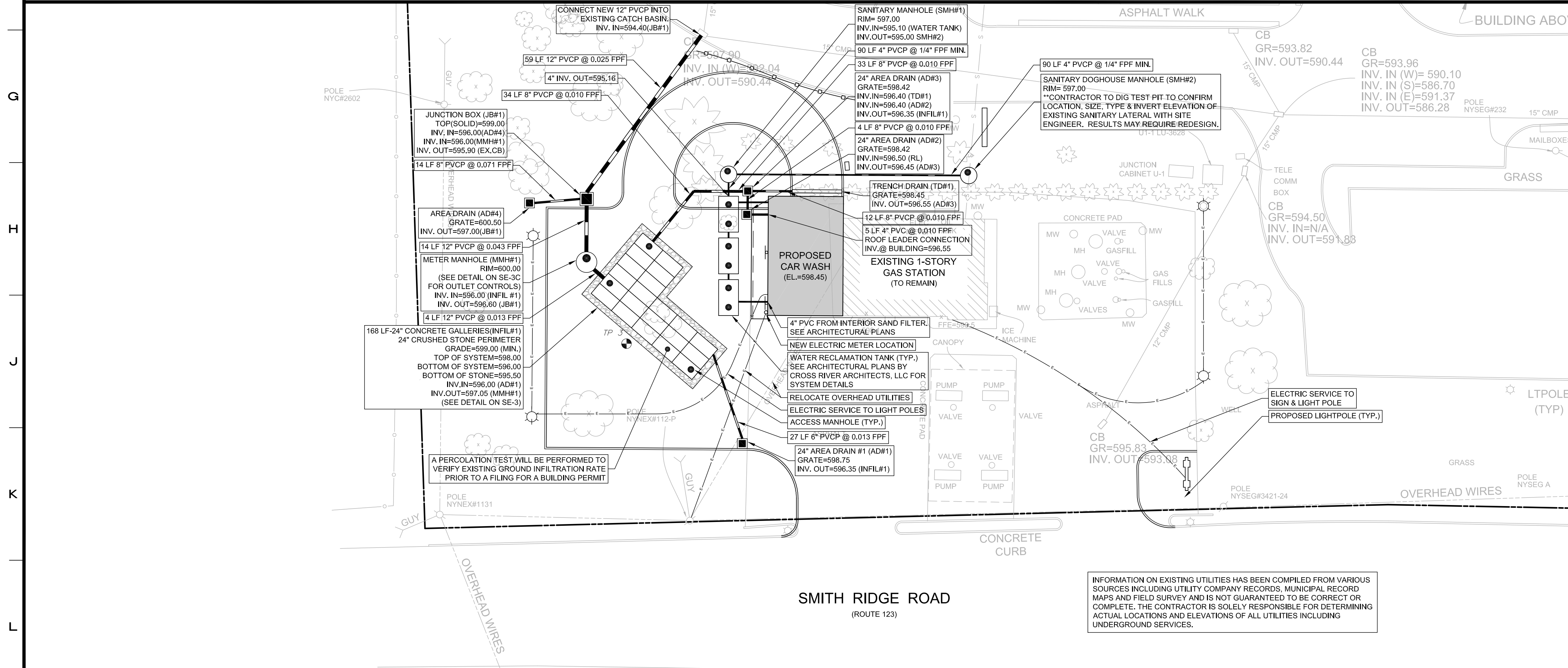
PROJECT OAKRIDGE COMMONS SHOPPING CENTER SMITH RIDGE ROAD LEWISBORO, NY	TITLE CARWASH LIGHTING PLAN AND DETAILS
DATE JUNE 27, 2018	SCALE AS NOTED
DRAWING	



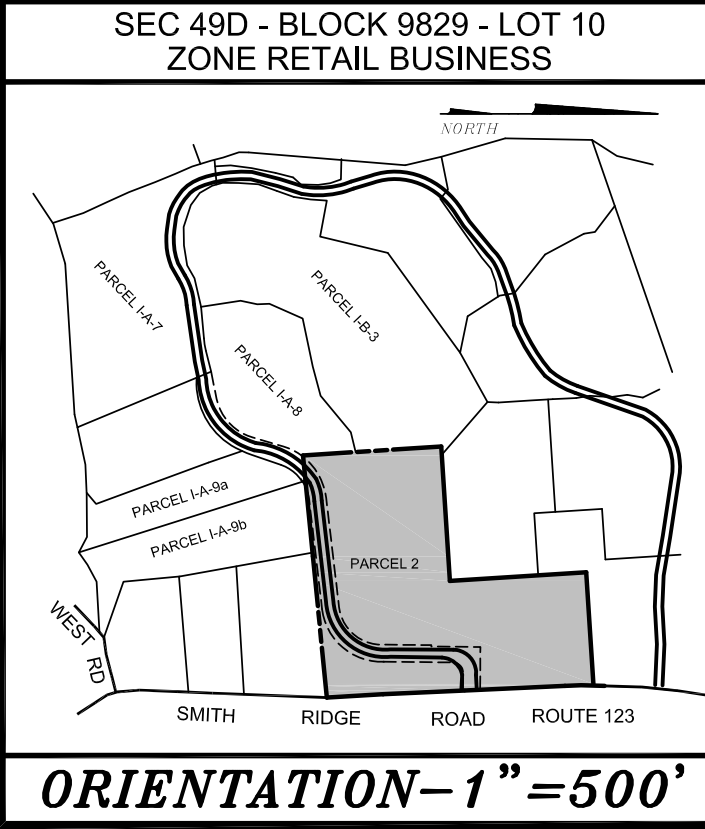




GRADING & EROSION CONTROL PLAN



UTILITY SITE PLAN



NOTE:  
1. REFER TO PLANS BY CROSS RIVER ARCHITECTS, LLC DATED 6/27/2018 FOR INFORMATION RELATED TO ZONING COMPLIANCE TABLE, PARKING COUNT, CONSTRUCTION PHASING, REMOVALS PLAN, BUILDING DESIGN, SITE LIGHTING, LANDSCAPING AND TRASH MANAGEMENT PLAN.  
2. WATER SUPPLY FOR CAR WASH WILL COME FROM SERVICE LINE IN ADJACENT GAS STATION STRUCTURE.

APPROVED BY RESOLUTION OF THE LEWISBORO PLANNING BOARD

Chairman DATE  
Secretary DATE

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Town Consulting Engineer

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2	06/27/2018	REVISED: REMOVED DUMPSTER & NEW LIGHT LOCATIONS
1	2/7/2018	ORIGINAL ISSUE DATE
No.	Date	Revision

**SITE DEVELOPMENT PLAN**  
DEPICTING  
**OAKRIDGE COMMONS**  
**PHASE III - CAR WASH**  
LEWISBORO, NY  
**PREPARED FOR**  
**SMITH RIDGE ASSOCIATES,LLC**

SCALE: 0 20 40  
1"=20'  
DRAWN BY: TMM CHECKED BY: AMK

**REDNISS & MEAD**  
PROFESSIONAL ENGINEERS  
AND LAND SURVEYORS, P.C.  
22 First Street | Stamford, CT 06905  
Tel: 203.327.0500 | Fax: 203.357.1118  
www.rednissmead.com

**SE-IC**  
SHEET No:  
Comm. No.: 2212





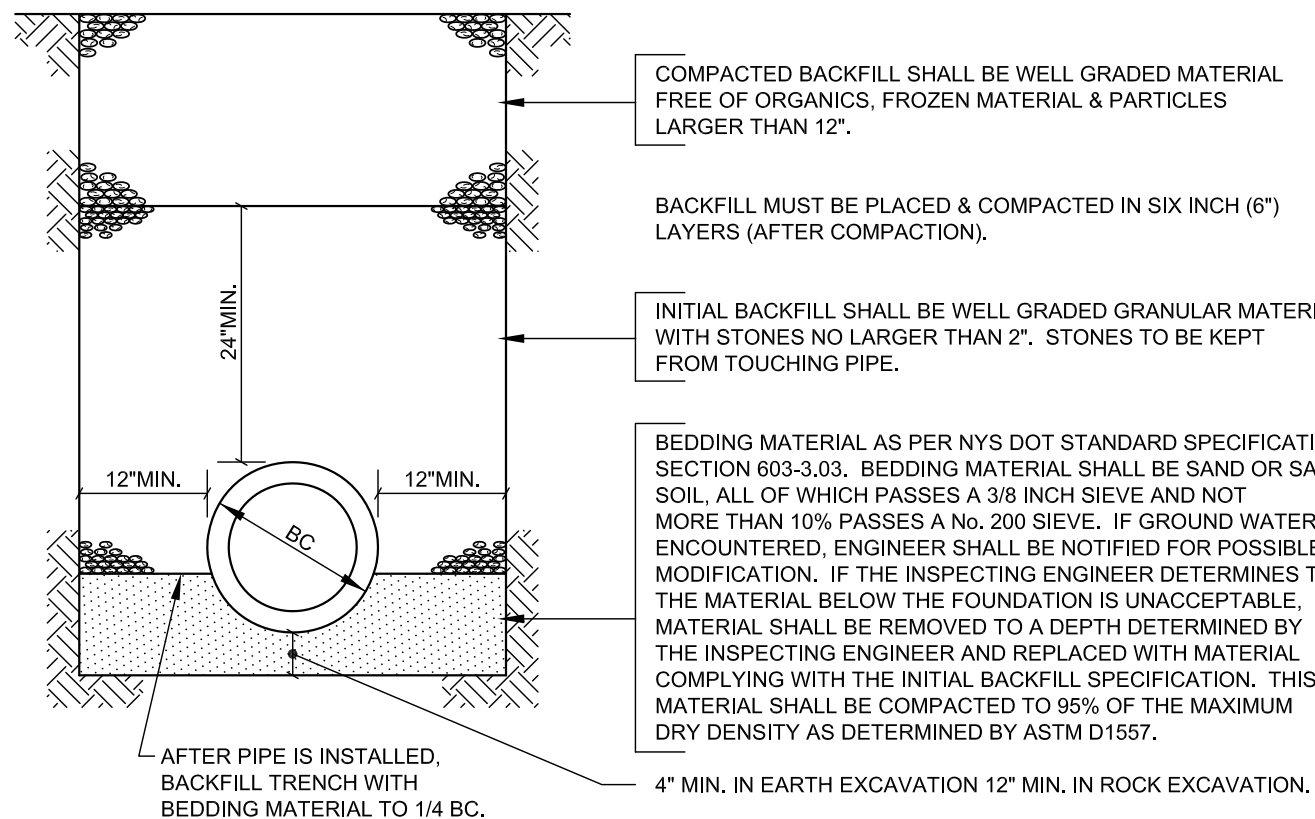


WATER STOP: 10' UPSTREAM OF STRUCTURES AND WHERE SHOWN, FOUNDATION MATERIAL, BEDDING, HAUNCHING, INITIAL BACKFILL, AND THE BOTTOM FOOT OF GENERAL BACKFILL TO BE REPLACED WITH SM. SG. OR ML SOIL AS PER UNIFIED SOIL CLASSIFICATION SYSTEM\* WITH MAXIMUM PARTICLE SIZE OF 1-1/2". FOR 3 LINEAR FEET OF TRENCH, WATER STOP TO BE KEED INTO TRENCH BOTTOM AND WALLS A MINIMUM OF ONE FOOT. NO STONES LARGER THAN 6" SHALL BE WITHIN 12" OF THE PIPE.

ALL FOUNDATION, INITIAL BACKFILL & BACKFILL MATERIAL TO BE APPROVED BY THE INSPECTING ENGINEER.

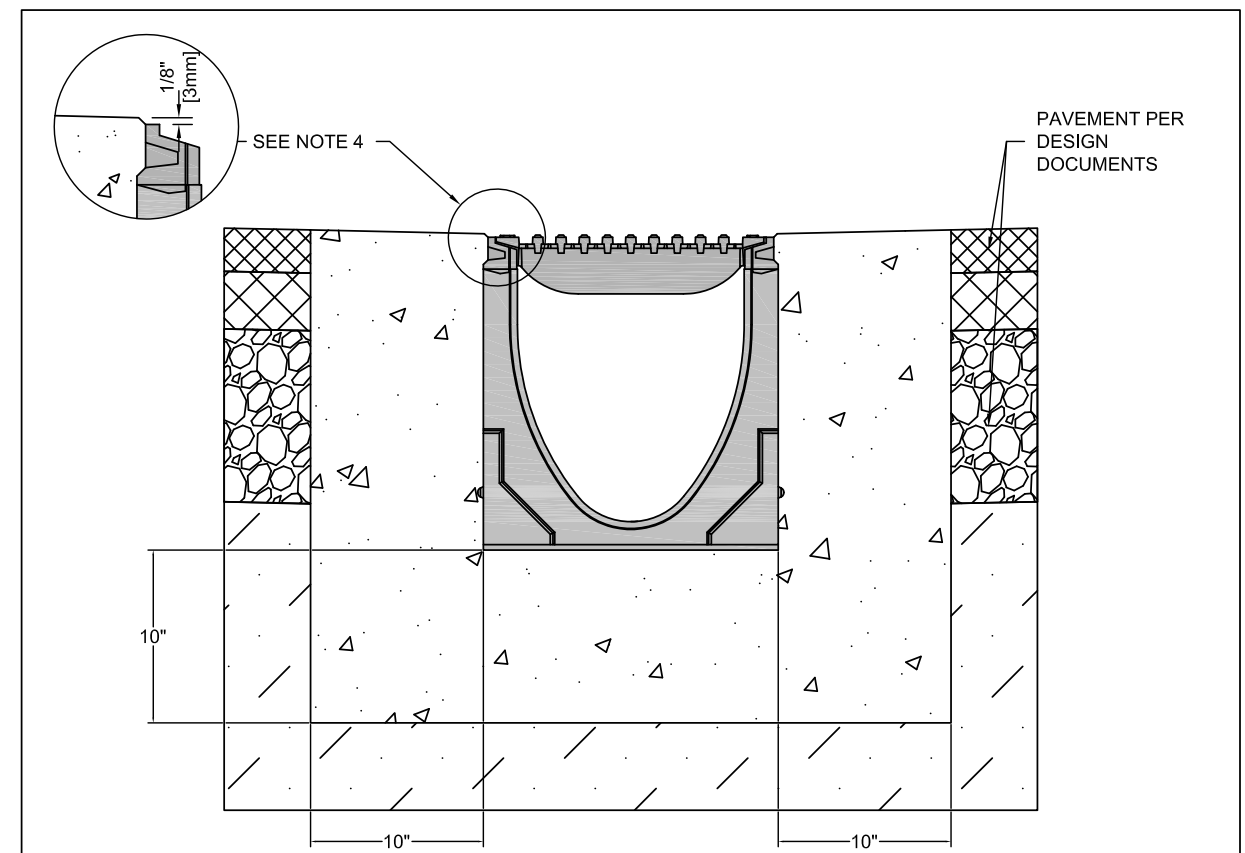
ANY DEVIATION FROM THESE METHODS & MATERIALS MUST BE APPROVED IN WRITING BY THE INSPECTING ENGINEER.

ALL MATERIAL TO BE COMPACTED TO 95% OF THE MAX. DRY DENSITY AS DETERMINED BY ASTM D1557, EXCEPT COMPACTED BACKFILL NOT UNDER PAVEMENT WHICH SHALL BE COMPACTED TO A DENSITY AT LEAST EQUAL TO THAT OF THE ADJACENT UNDISTURBED MATERIAL.



### PVC/RCP PIPE TRENCH BEDDING DETAIL

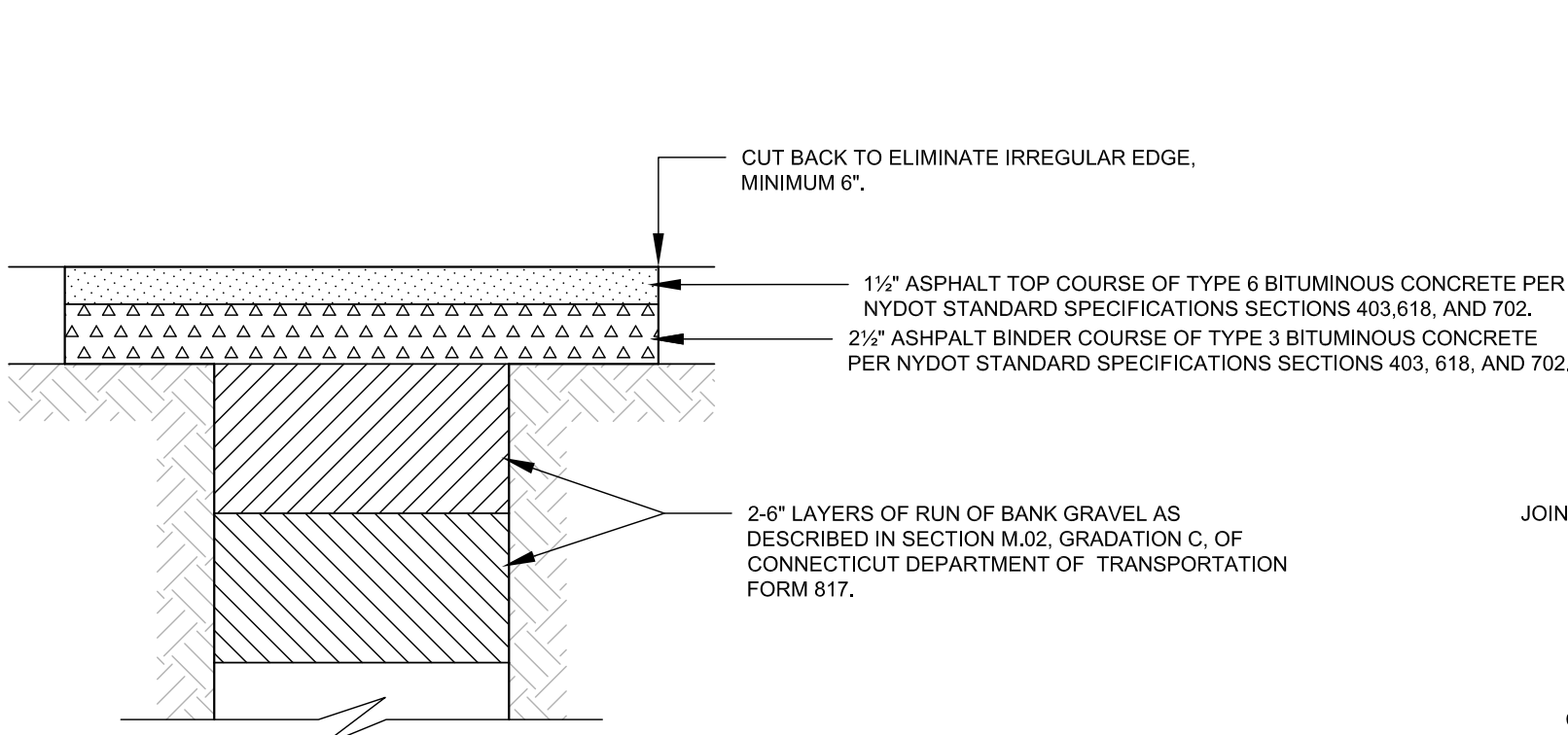
N.T.S.



- NOTES:
1. IT IS NECESSARY TO ENSURE MINIMUM DIMENSIONS SHOWN ARE SUITABLE FOR EXISTING GROUND CONDITIONS. ENGINEERING ADVICE MAY BE REQUIRED.
  2. MINIMUM CONCRETE STRENGTH OF 4,000 PSI IS RECOMMENDED. CONCRETE SHOULD BE VIBRATED TO ELIMINATE AIR POCKETS.
  3. EXPANSION AND CONTRACTION CONTROL JOINTS AND REINFORCEMENT ARE RECOMMENDED TO PROTECT CHANNEL AND CONCRETE SURROUND. ENGINEERING ADVICE MAY BE REQUIRED.
  4. THE FINISHED LEVEL OF THE CONCRETE SURROUND MUST BE APPROX. 1/8" (3mm) ABOVE THE TOP OF THE CHANNEL EDGE.
  5. CONCRETE BASE THICKNESS SHOULD MATCH SLAB THICKNESS. ENGINEERING ADVICE MAY BE REQUIRED TO DETERMINE PROPER LOAD CLASS.
  6. REFER TO ACO'S LATEST INSTALLATION INSTRUCTIONS FOR FURTHER DETAILS.
  7. TD#1 = 1 UNIT SK-2-9020; 4 UNITS SK-24 IS 37.

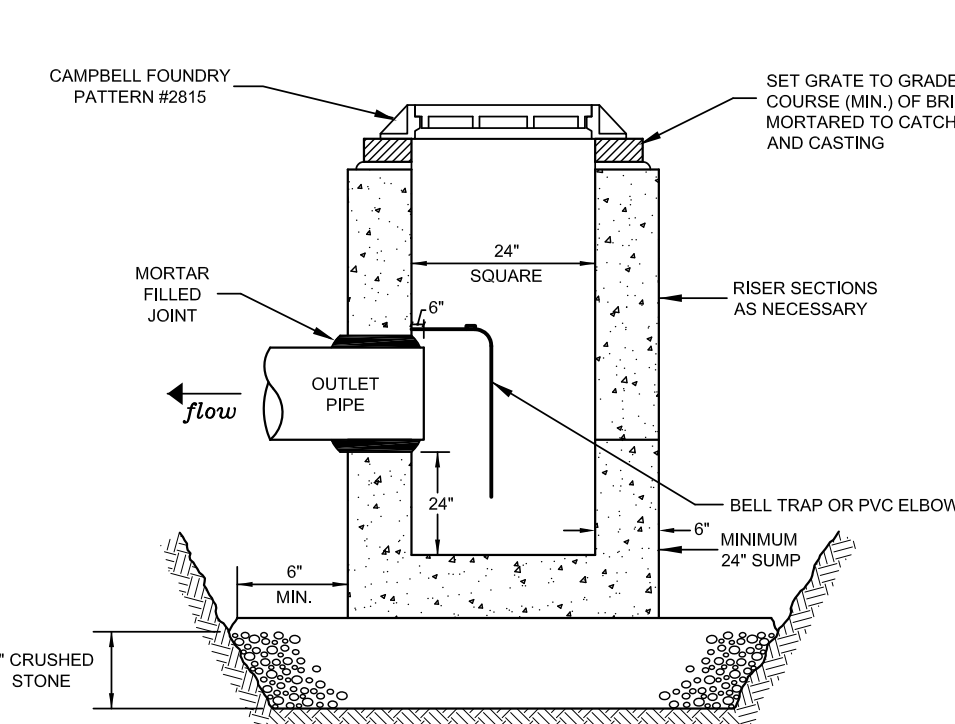
### ACO POWERDRAIN S200K TRENCH DRAIN DETAIL

N.T.S.



### ASPHALT TRENCH REPAIR

N.T.S.

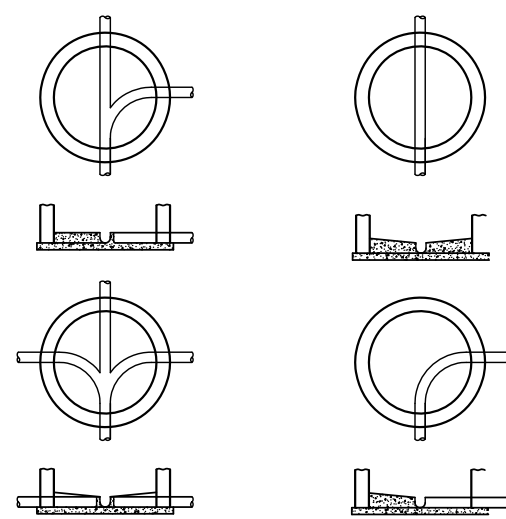


- NOTES:
1. ALL CATCH BASIN COMPONENTS TO BE PRE-CAST REINFORCED CONCRETE, ABLE TO WITHSTAND THE APPLIED EARTH LOADS WITH AN H-20 TRUCK LOAD.
  2. ALL JOINTS TO BE MORTARED.
  3. AREA DRAIN SHALL CONFORM TO ASTM C478.
  4. PLACE AREA DRAIN ON A 6" LAYER OF CRUSHED STONE. ALL CRUSHED STONE SHALL BE GRADATION 3A AS PER NYS DOT STANDARD SPECIFICATION SECTION 703. STONE SHALL CONSIST OF SOUND, TOUGH, DURABLE PARTICLES FREE FROM SOFT, THIN, ELONGATED, LAMINATED, FRIABLE, MICACEOUS OR DISINTEGRATED PIECES, MUD, DIRT OR OTHER DELETERIOUS MATERIAL.

### 24" AREA DRAIN

(AD #1-4)

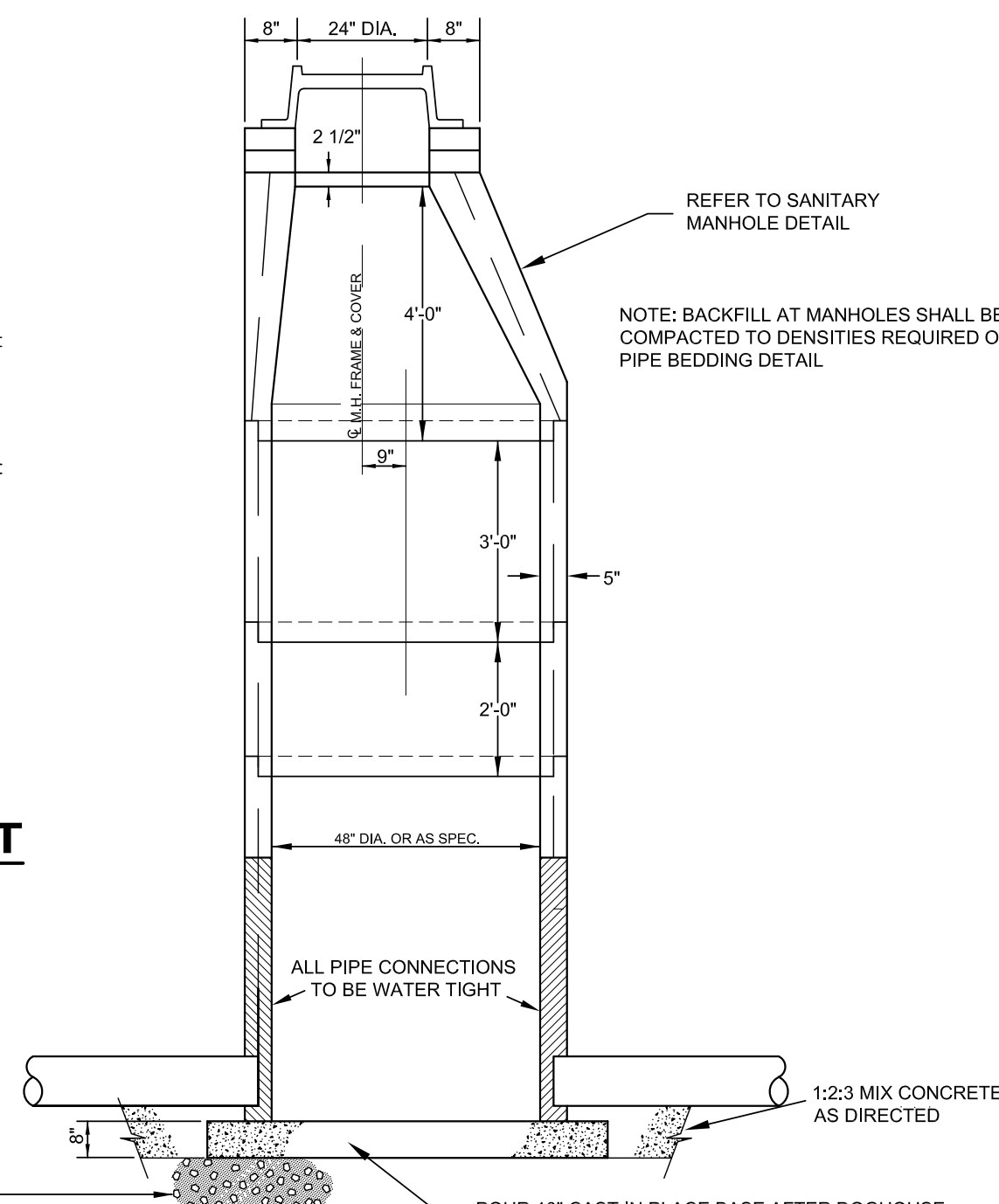
N.T.S.



### MANHOLE INVERT

N.T.S.

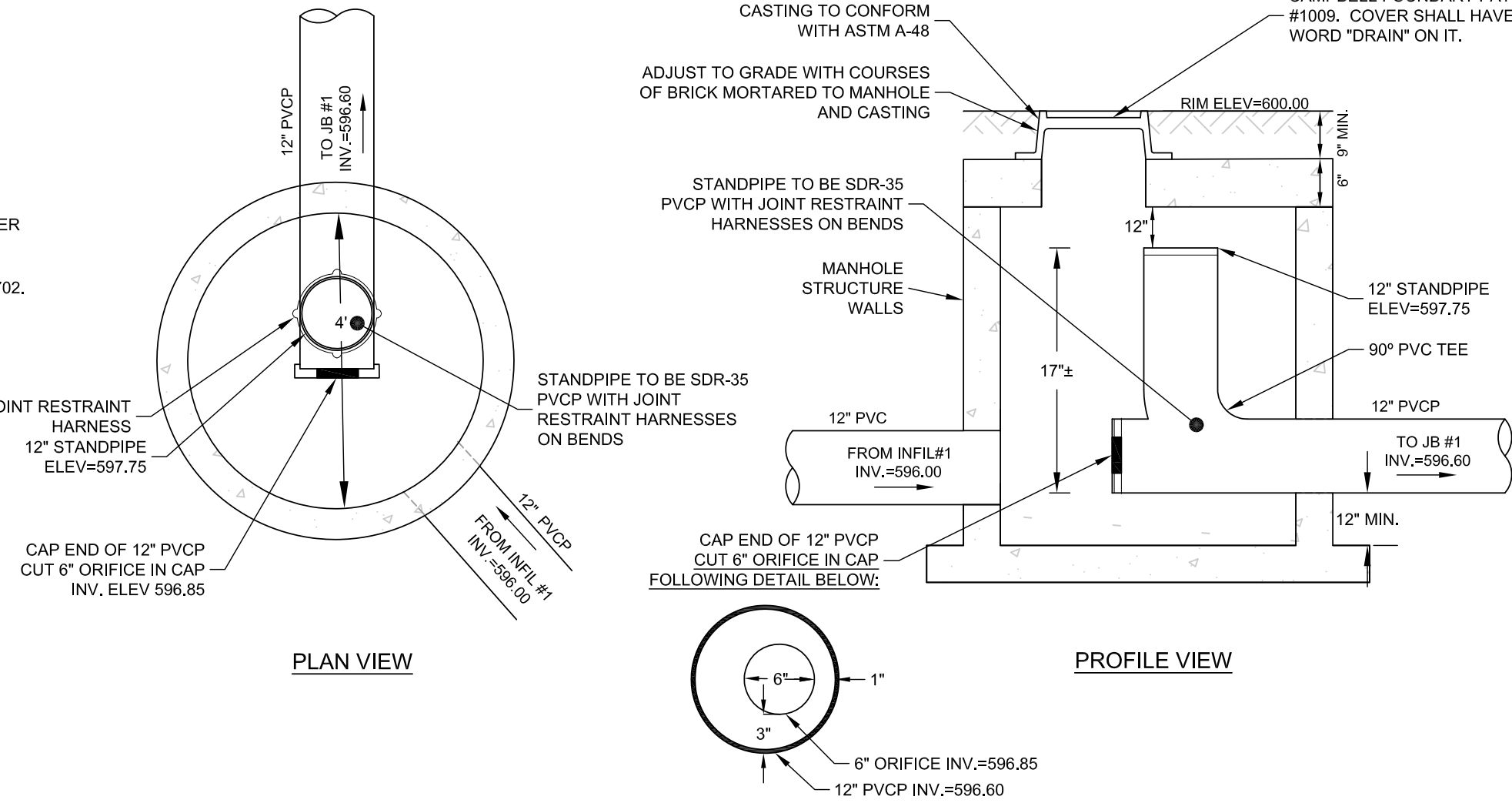
PLACE MANHOLE ON A 6" LAYER OF CRUSHED STONE. IF CRUSHED STONE IS TO BE PLACED ON FILL, ALL FILL BELOW THE MANHOLE SHALL BE COMPACTED TO 95% OF THE MAXIMUM PRD DENSITY AS PER ASTM D-1557. CRUSHED STONE UNDERNEATH DRAINAGE STRUCTURES SHALL BE GRADATION NO. 2 PER NYS DOT STANDARD SPECIFICATION SECTION 703. STONE SHALL CONSIST OF SOUND, TOUGH, DURABLE PARTICLES FREE FROM SOFT, THIN, ELONGATED, LAMINATED, FRIABLE, DELETERIOUS MATERIAL.



### DOG HOUSE SANITARY MANHOLE DETAIL

(SMH#2)

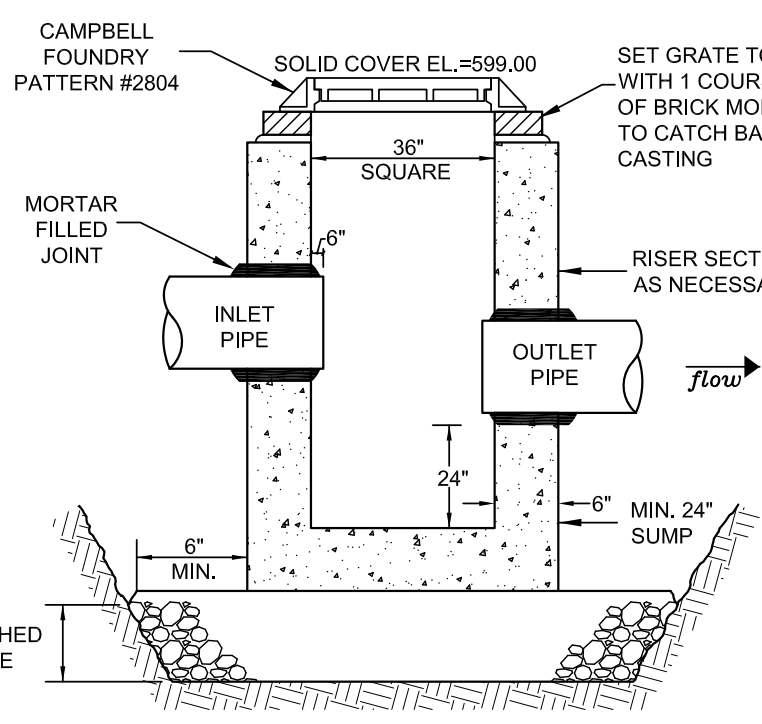
N.T.S.



### STORMWATER METERING MANHOLE DETAIL

(MMH #1)

N.T.S.

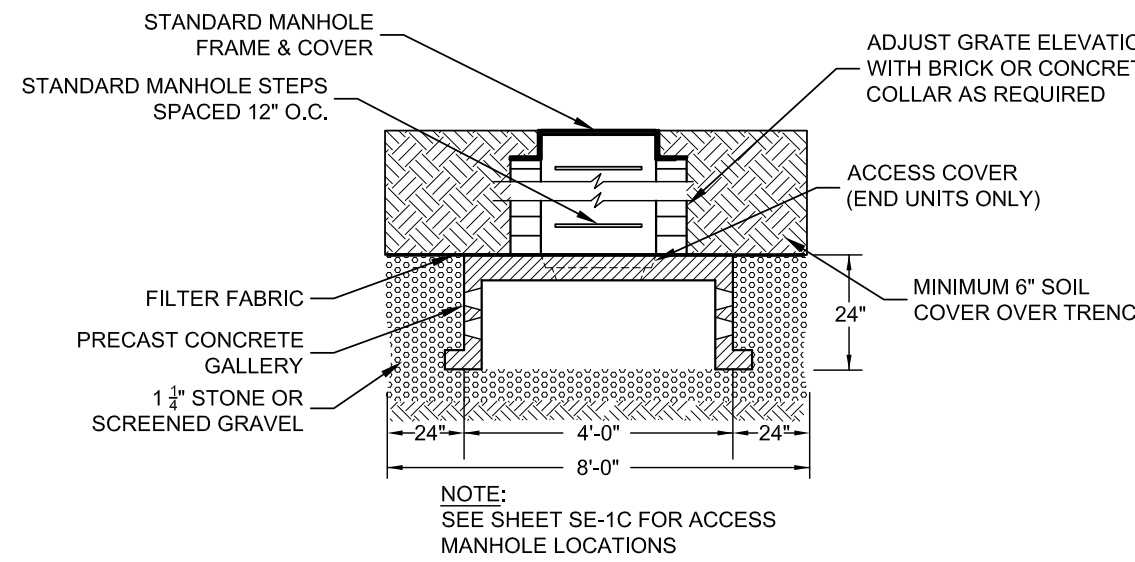
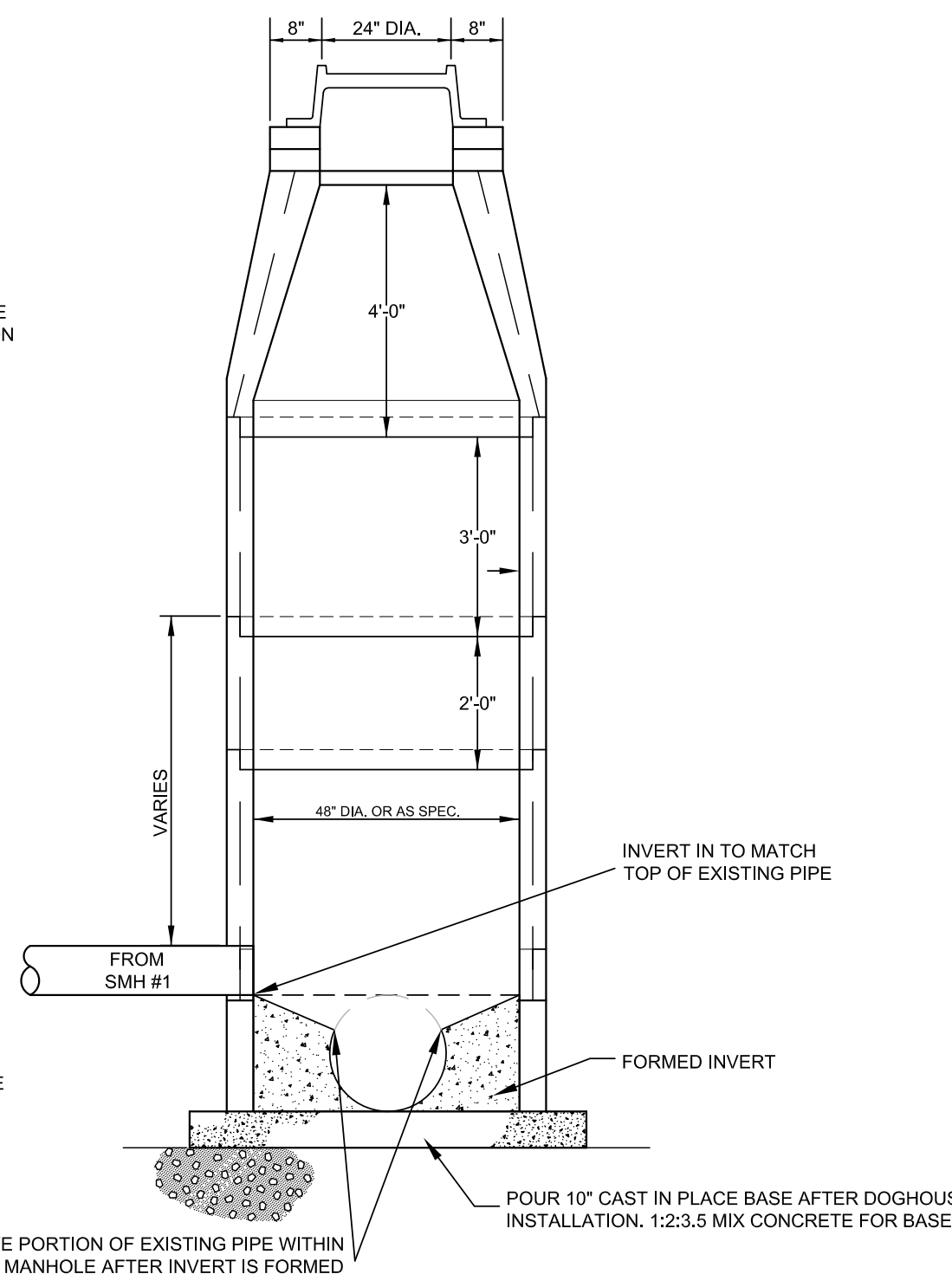


- NOTES:
1. ALL CATCH BASIN COMPONENTS TO BE PRE-CAST REINFORCED CONCRETE, ABLE TO WITHSTAND THE APPLIED EARTH LOADS WITH AN H-20 TRUCK LOAD.
  2. ALL JOINTS TO BE MORTARED.
  3. AREA DRAIN SHALL CONFORM TO ASTM C478.
  4. CRUSHED STONE UNDERNEATH DRAINAGE STRUCTURES SHALL BE GRADATION NO. 2 PER NYS DOT STANDARD SPECIFICATION SECTION 703. STONE SHALL CONSIST OF SOUND, TOUGH, DURABLE PARTICLES FREE FROM SOFT, THIN, ELONGATED, LAMINATED, FRIABLE, DELETERIOUS MATERIAL.

### 36" JUNCTION BOX

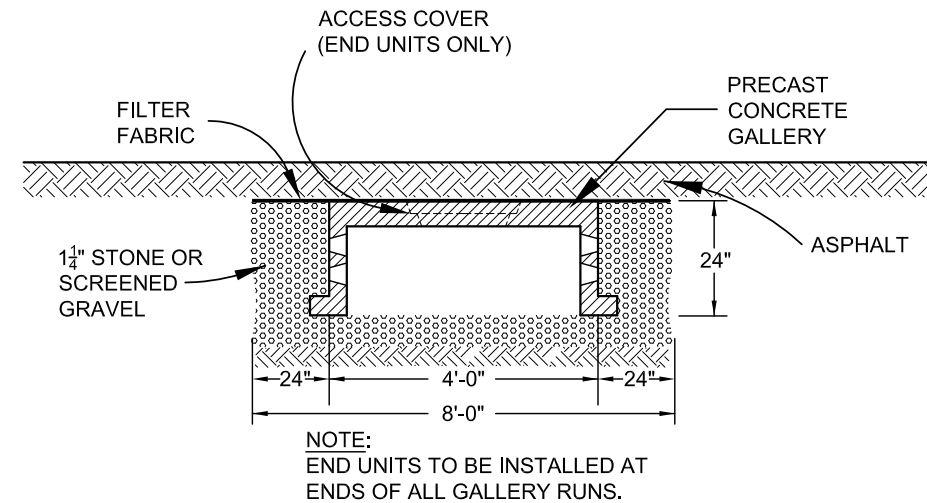
(JB#1)

N.T.S.



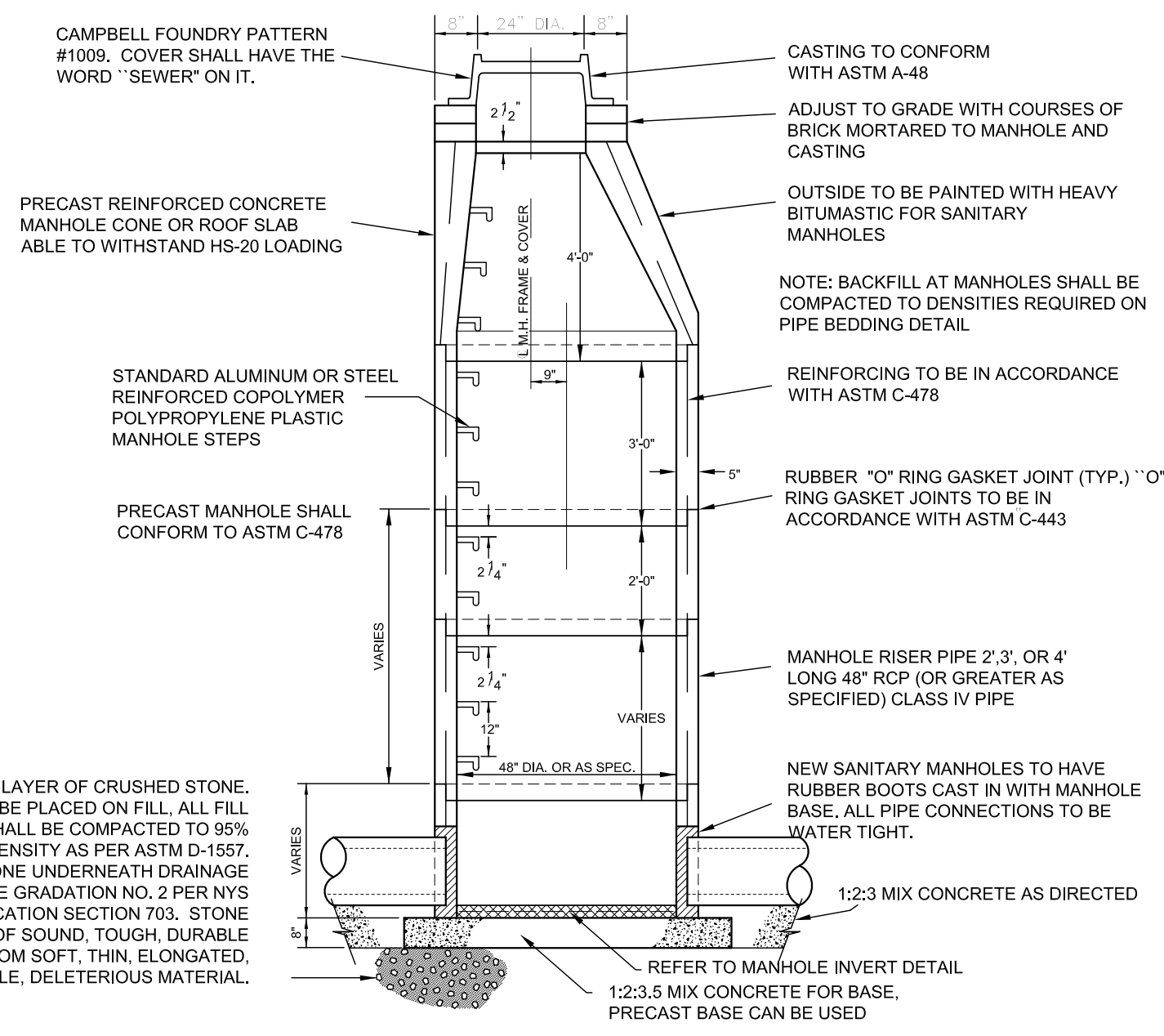
### 24" GALLERY W/ ACCESS MANHOLE

N.T.S.



### 24" GALLERY DETAIL

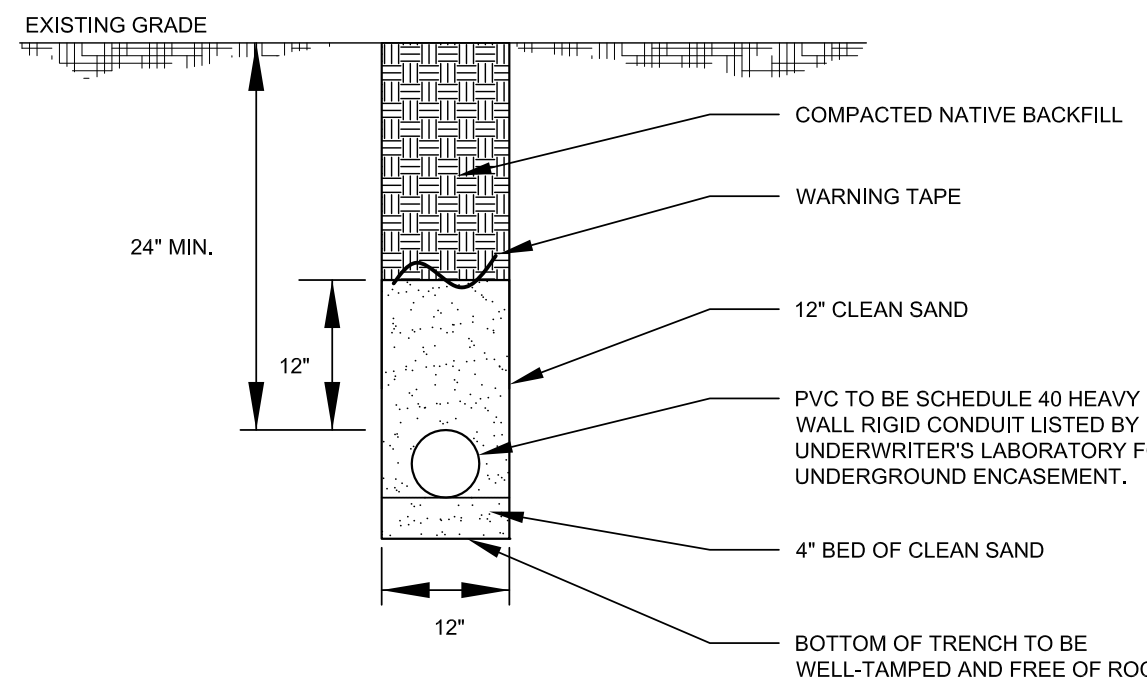
N.T.S.



### SANITARY MANHOLE DETAIL

(SMH#1)

N.T.S.



- NOTES:
1. IF 24" OF COVER CANNOT BE OBTAINED OVER THE CONDUIT, CONDUIT SHALL BE CONCRETE ENCASED.
  2. ALL BACKFILL MATERIAL SHALL BE COMPACTED TO 95% OF THE MAXIMUM DRY DENSITY AS DETERMINED BY ASTM D1557.

### CONDUIT TRENCH DETAIL

(SAND BEDDING)

N.T.S.

APPROVED BY RESOLUTION OF THE LEWISBORO PLANNING BOARD

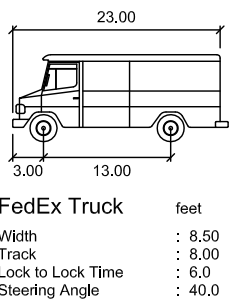
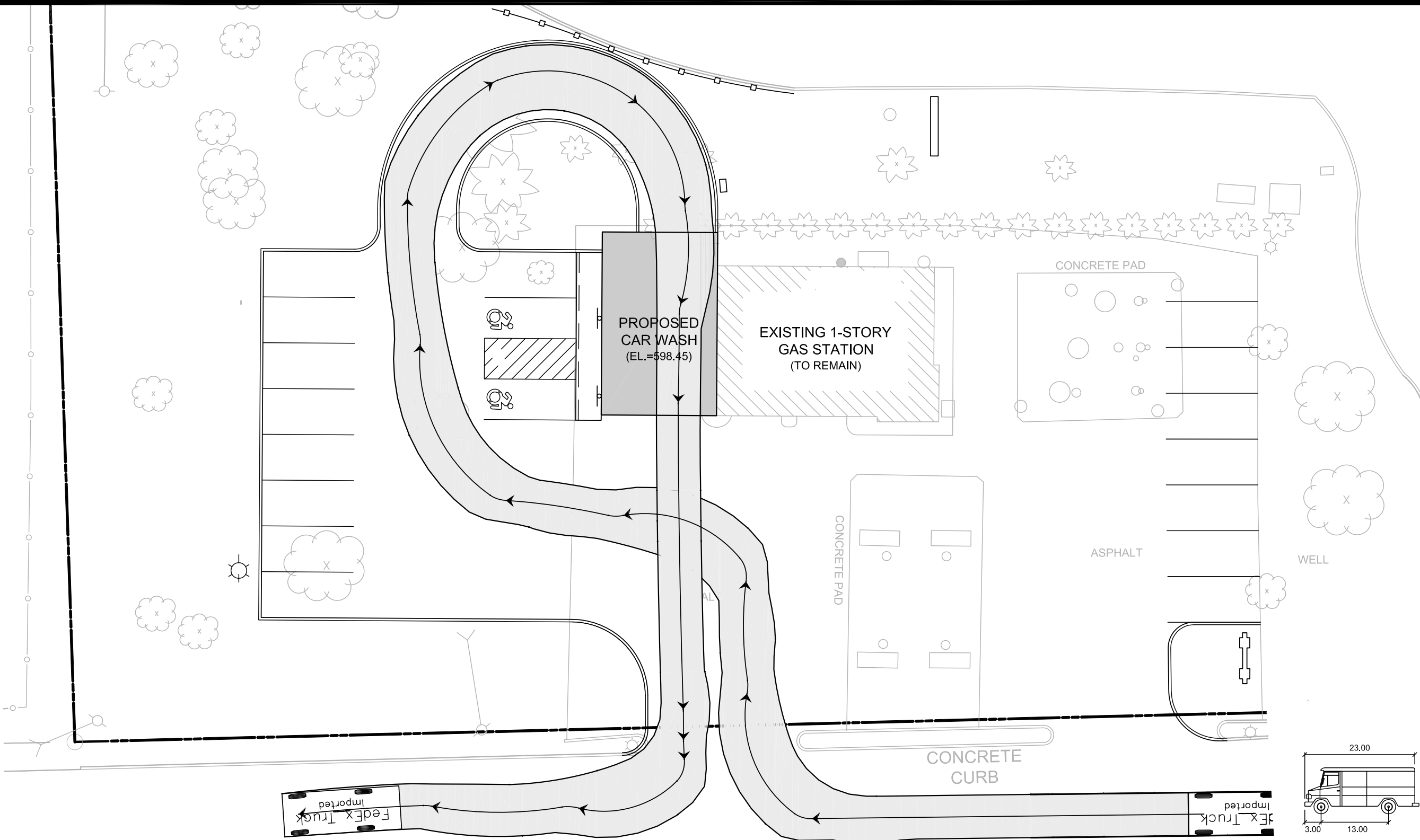
Chairman DATE  
Secretary DATE

TOWN ENGINEER'S CERTIFICATION  
Reviewed for compliance with the Planning Board Resolution dated \_\_\_\_\_  
Joseph M. Cernie, P.E. Date


OWNER'S CERTIFICATION  
The undersigned is the owner(s) of the property shown hereon, is familiar with this drawing and its contents, and hereby approves same for filing.  
Owners Name: Smith Ridge Associates, LLC - Philip Pino, Owner's rep Date  
Owners Address: 450 Oakridge Common, South Salem, NY 10589

I	2/7/2018	ORIGINAL ISSUE DATE
No.	Date	Revision
<b>DETAILS</b> <b>DEPICTING</b> <b>OAKRIDGE COMMONS</b> <b>PHASE III - CAR WASH</b> <b>LEWISBORO, NY</b> <b>PREPARED FOR</b> <b>SMITH RIDGE ASSOCIATES,LLC</b>		
SCALE: N.T.S.		
DRAWN BY: TMM		CHECKED BY: AMK
CRAIG J. FLAHERTY NY, P.E. 093575-1 February 7, 2018		
DATE		
This document and copies thereof are valid only if they bear the signature and embossed seal of the designated licensed professional. Unauthorized alterations render any declaration herein null & void.		
SHEET No:		
REDNISS & MEAD PROFESSIONAL ENGINEERS AND LAND SURVEYORS, P.C.		
22 First Street   Stamford, CT 06905 Tel: 203.327.0500   Fax: 203.357.1118 www.rednissandmead.com		
Comm. No: 2212		





**TRUCK TURNING EXHIBIT**  
**OAKRIDGE COMMONS - PHASE III - CAR WASH**  
**LEWISBORO, NY**



**REDNISS  
& MEAD**

REDNISS & MEAD  
PROFESSIONAL ENGINEERS  
AND LAND SURVEYORS, P.C.

22 First Street | Stamford, CT 06905  
Tel: 203.327.0500 | Fax: 203.357.1118  
www.rednissmead.com


COMM. NO.: 2212	DATE: 2/7/2018
SCALE: 1"=20'	

6/29/2018 7:54 AM G:\JOBFILES\2000\2200\2212\2212 I-1 SHOPPING CENTER LOT (10 ACRES)\DWG\2212 GAS STATION MASTER 2.dwg

## MEMORANDUM

TO: Chairman Jerome Kerner, AIA and  
Members of Lewisboro Planning Board

CC: Ciorsdan Conran  
Judson Siebert, Esq.  
Joseph Angiello

FROM: Jan K. Johannessen, AICP   
Joseph M. Cermele, P.E., CFM  
Town Consulting Professionals

DATE: August 8, 2018

RE: Site Development Plan Approval Application  
King Lumber  
Meadow Street  
Sheet 4A, Block 11111, Lot 2  
Sheet 4A, Block 11113, Lots 7 & 9  
Sheet 4B, Block 12035, Lot 5

---

### PROJECT DESCRIPTION

The subject property is comprised of several lots totaling  $\pm 4.07$  acres of land. The property is nearly all developed and has historically been used as a lumber yard, known as King Lumber. The site is located at the end of Railroad Avenue, on Meadow Street, and is immediately west of the railroad tracks. Tax Lot 9, which contains the main retail building and customer parking lot, was previously occupied by Westchester Ford Tractor, Inc. (a tractor dealership) and has an approved site plan dating back to the late 1980's. No site plan exists for the remainder of the site. According to the applicant, King Lumber has operated on the remainder of the site for more than a century, but acquired the Westchester Ford Tractor parcel and began utilizing it as part of the lumber business 10 or more years ago. This change of use and the modifications that were made to Lot 9 following King Lumber's acquisition of the parcel did not obtain Site Development Plan approval from the Planning Board. Further, the applicant has started a subsidiary U-Haul business, where U-Haul trucks are rented and returned to the site, some of which have been parked off-site and on Meadow Street. Recently, the Building Department issued the King Lumber a notice of violation for non-compliance with the site plan of record, thus triggering the applicant's application to the Planning Board. The application includes an as-built site plan of the entire site, along with modifications to accommodate the U-Haul business.

CIVIL ENGINEERING | LANDSCAPE ARCHITECTURE | SITE & ENVIRONMENTAL PLANNING

### **SEQRA**

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

### **REQUIRED APPROVALS AND REFERRALS**

1. Site Development Plan approval is required from the Planning Board.
2. 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 Secretary will coordinate this referral.

### **COMMENTS**

1. At a minimum, the applicant should identify the following information about the business: hours of operation, number of employees, number and size of delivery trucks, and estimated number of deliveries per day (both to and from the property).
2. It is recommended that the Building Inspector review the site plan for zoning compliance. We recognize that many of the existing conditions may be considered existing nonconforming, but this must be clarified and confirmed by the Building Inspector.
3. Regarding the zoning table provided on the site plan, the rear yard setback should be 50 feet (adjacent to R-4A) and the Floor Area Ratio requirement should be added to the table (0.40).
4. Regarding the parking calculation, the applicant should identify/clarify the provision for 1 space per 1,000 s.f. of storage area; please identify where this standard is provided for in the code?
5. The applicant should demonstrate compliance with the Town's off-street loading requirements (Section 220-57 of the Zoning Code).
6. The site plan shall identify where lumber delivery trucks are parked when not in use.
7. Landscape buffer setback lines shall appear on the site plan pursuant to Section 220-15 of the Zoning Code; the applicant should consider opportunities for landscaping and screening within available space.
8. The applicant should clarify whether any exterior lighting exists throughout the lumber yard beyond what is shown on the site plan. All existing and proposed light fixtures shall be identified/detailed on the plan to the extent possible.



9. The storage and sale of building materials is a permitted use within the underlying zoning district, provided that any outdoor storage or display complies with the requirements for accessory outdoor storage or display (Section 220-20 of the Zoning Code). It is recommended that the Building Inspector opine on the applicability of this code section on the subject application.
10. All existing and proposed parking spaces and drive aisles must be dimensioned on the plan to demonstrate compliance with the Town's parking requirements.
11. The handicap accessible parking and loading spaces must be shown to comply with current design requirements, including related signage.
12. All proposed fences, gates, bollards and other improvements must be detailed on the plan.
13. The applicant should identify the maximum number of U-Hauls to be stored on the subject property. The site plan shall designate specific spaces where U-Haul trucks will be stored. Spaces to be occupied by U-Haul trucks/vans cannot be counted toward required parking spaces.
14. It is recommended that the existing earthen parking area located behind Building A be surfaced with gravel to reduce the potential for erosion, sedimentation and dust.
15. The site plan shall identify all existing drainage structures, connections, routing, and discharge locations.
16. The applicant shall identify if any contractor's equipment is stored and rented on the subject property. If so, Section 220-38, Storage of Contractor's Equipment, of the Zoning Code may apply.
17. The submitted EAF must be signed and dated by the preparer and, on behalf of the Planning Board, the applicant should complete Part 2 of the EAF for the Board's consideration.
18. It is recommended that the applicant's Design Professional contact this office to schedule a site visit.

Chairman Jerome Kerner, AIA and  
August 8, 2018  
Page 4 of 4

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

**PLAN REVIEWED, PREPARED BY J.D. BARRETT & ASSOCIATES, LLC DATED JULY 16, 2018:**

- Site Plan

**DOCUMENTS REVIEWED:**

- Site Development Plan Approval Application
- Letter, prepared by J.D. Barrett & Associates, LLC, dated July 16, 2018
- Short EAF
- Survey of Property
- Site Plan, dated February 12, 1987

JKJ/JMC/dc

T:\Lewisboro\Correspondence\2018-08-08\_LWPB-King Lumber\_Review Memo.docx



July 16, 2018

Mr. Jerome Kerner, RA, Chairman  
Town of Lewisboro Planning Board (PB)  
79 Bouton Road  
South Salem, NY 10590

**Re: Site Plan Application - King Lumber Property**  
**Meadow Street, Goldens Bridge, NY**  
**GB Zone – 4.07 Acres**  
**Sheet 4A, Block 11111, Lot 2-2.100 Acres**  
**Sheet 4A, Block 11113, Lot 7-0.781 Acres**  
**Sheet 4A, Block 11113, Lot 9-0.512 Acres**  
**Sheet 4B, Block 12035, Lot 5-0.683 Acres**

Dear Chairman Kerner and Members of the PB:

On behalf of our client, King Lumber Realty, LLC and King Meadow Street Realty, LLC (King Lumber Co.), we have prepared information in support of a Site Development Plan Application for the current King Lumber supply yard. Attached please find nine sets (six full-size and three reduced-size) of the following information for the PB's review and consideration.

- This explanatory **Cover Letter**, prepared by J.D. Barrett & Associates, LLC, dated July 16, 2018.
- Completed **Applications** and **Application Fees** (signed copies submitted under separate cover), including:
  - Site Development Plan Application (Step 1)
  - Short form EAF
  - Tax Payment Affidavit
  - Affidavit of Ownership
  - A \$205.00 **Application Fee**
  - A \$2,000 **Escrow Review Fee**
- **Site Plan** for the project, prepared by J.D. Barrett & Associates, LLC, dated July 16, 2018.
- **Survey of Property** prepared for King Lumber Realty, LLC and King Meadow Street Realty, LLC, prepared by H. Stanley Johnson & Company Land Surveyors, PC, dated February 21, 2018.
- **Site Plan** for the former Westchester Ford Tractor, Inc., prepared by Nickitas F. Panayotou, PE, dated February 12, 1987.

## **Background**

A lumber yard has existed on the King Lumber Yard site for more than a century. It is now comprised of four tax lots totaling 4.076 acres (see Tax ID sketch on plan). The tax lots listed above include Lots 2, 7, 9 and 5. Tax Lot 9 of the lumber yard property was the former Westchester Ford Tractor, Inc. (Ford Tractor) site, which was merged into the larger lumber yard property more than 10 years ago. The existing lumber yard, given its age, predates the zoning regulations and never had an “approved site plan” from the PB. The former Ford Tractor site did have an approved site plan from the PB when it operated as a tractor dealership. The site plan we have prepared at this time shall serve as the Site Plan of record for the current configuration of the King Lumber Company.

## **Plan Information**

We have developed the King Lumber Site Plan based on a recent survey prepared by H. Stanley Johnson & Company, the former Ford Tractor yard site plan prepared by N. Panayotou, PE, available Westchester GIS information and our field observations and measurements. We have included on the plan a list of structures on the property and indicated their construction type, use – or – function and their footprint size. We have also indicated their positioning on the property relative to the front, side and rear yard setback requirements. You will note that in many cases that the structures are zoning compliant, but in other instances the existing structures would be considered existing non-compliant structures.

Other information on the plan includes a summary of the parking requirements necessary for the site, based on the various uses at the lumber yard, including retail space, office space and storage space. We believe that based on the zoning code that approximately 70 parking spaces for the site would be required. We have shown on the plan where 70 spaces can be accommodated on the property but the owners note, in reality, they do not have a need for 70 spaces.

We also provide a cover type summary for the site. Cover types fall into four general categories, including building/structure, earthen parking/storage areas, asphalt parking/storage areas and vegetated areas. We note that the majority of the property is either covered with structures or asphalt paving.

## **Utilities**

King Lumber is serviced by two existing septic systems and two existing wells for potable water supply. One well and septic system is positioned on the former Ford Tractor property and one well and septic system is positioned on the original lumber yard property. There are overhead utility wires for electric, cable and telephone service. There are also a series of catch basins, drain inlets and manholes to facilitate stormwater runoff. There is existing lighting provided on the retail building and in a few locations within the parking and storage areas, although the lumber yard is closed at night. There are no changes proposed or required to the existing utility infrastructure that services the lumber yard.



## **Fencing**

The entire lumber yard site is surrounded and protected by chain-link fencing. There are multiple gates to access the property but access to the lumber yard is limited to the main gate at the intersection of Railroad Avenue and Meadow Street. The access gates are equipped with rollers and each night after the lumber yard closes, the gates are rolled shut to secure the lumber yard.

## **U-Haul Parking**

It has been noted by Town staff that occasionally U-Haul rental vehicles are parked along Meadow Street. This occurs only when a customer returns a U-Haul vehicle in the hours after the lumber yard is closed and the access gates to the lumber yard are closed. Under this scenario, the U-Haul renter parks the vehicle adjacent to the lumber yard on Meadow Street and drops the keys in the key drop box mounted to the fence. Then, when the lumber yard opens at 6:30-7:00 am, the first employee to arrive opens the gates and moves the U-Haul vehicle into the parking lot.

It was noted by Town staff, however, that the above practice cannot continue and an alternative method must be developed so that U-Haul vehicles are not left on the public street after store hours but, rather, parked in the private lumber yard parking lot. Inasmuch, the project team has worked with the owners to develop a new fencing and gate system so that the main parking lot in front of the retail store remains open at night, but the remainder of the lumber yard remains secure behind locked gates.

In order to achieve the above scenario to provide after hours in-lot parking for U-Haul vehicles returned to the lumber yard after normal store hours, the following seven measures are proposed. Please see the attached parking plan that graphically shows these seven measures, as follows.

- 1) The existing rolling gate at the Railroad Avenue main entry, positioned parallel to Meadow Street will be left open at night, thereby providing access to the parking lot.
- 2) The existing rolling gate by the guard shack (also parallel to Meadow Street) will be closed at night, thereby cutting off access to the interior of the lumber yard from Railroad Avenue.
- 3) The existing rolling gate positioned perpendicular to the main building shall be repaired so it can be rolled to close and secure itself to the rolling gate by the guard shack explained in #2 above.
- 4) A new fixed section of chain-link fence - +/- 15 LF shall be installed between the rolling gate noted in #3 above and secured to the main building. This section of fence would be equipped with a 3' man-gate to access the interior of the lumber yard.
- 5) The existing rolling gate at the northwest corner of the lumber yard gate, positioned parallel to Meadow Street would be kept closed at all times, except for emergencies, as needed.

- 6) Seven new concrete and steel bollards, approximately 3' ht. would be installed to protect the retail store main glass entry to prevent vandals from backing a truck through the glass windows and doors to gain entry after hours.
- 7) An open mesh metal retractable screen/grate will be installed over the existing glass entry of the retail store to prevent vandals from accessing the retail store should the glass be broken to gain entry into the store.

The result of the above noted seven measures are designed to provide "24/7" access to the main parking lot for U-Haul vehicles to park off the Town streets when being dropped off after the lumber yard is closed for the evening or on Sundays. The concrete and steel bollards and retractable metal screen will also act as deterrents to keep vandals out of the retail store.

### **Summary**

We trust that the above information will be helpful to the PB's review and understanding of the lumber yard's physical layout and operations. We look forward to discussing the project with the PB at the next available PB meeting date.

On behalf of our clients, we thank the PB for its time and consideration for the project.

Sincerely,

Jeri D. Barrett, R.L.A.  
JDB:lj

cc: M. Sirignano, Esq.  
P. Lockwood-King Lumber Co.



# TOWN OF LEWISBORO PLANNING BOARD

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

Project Address: 2 Meadow St. Golden's Bridge NY 10526

Gross Parcel Area: 4.076 <sup>ac.</sup> Zoning District: GB Sheet(s): 4A Block(s): 11111 Lot(s): 2

Project Description: 4A 4B 11113 12035 9 5

Site plan application to permit change of use in General Business (GB) zone in connection w/former Ford tractor sales yard to current King Lumber Supply yard.

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

No new structures proposed.

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: King Lumber Realty, LLC King Meadow St. Realty, LLC Email: kinglumber@aol.com

Address: 2 Meadow St. Golden's Bridge, NY 10526 Phone: 914-232-5151

### Applicant's Information (if different)

Name: Same Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Authorized Agent's Information

Name: Michael Sirignano Email: michael@sirignano.us

Address: Old Post Rd. Professional Bldg 892 Rte 35 Phone: 914-763-5500  
P.O. Box 784 Cross River, NY 10518

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 \_\_\_\_\_

# TOWN OF LEWISBORO PLANNING BOARD

79 Bouton Road, South Salem, NY 10590

Email: [planning@lewisborogov.com](mailto:planning@lewisborogov.com)

Tel: (914) 763-5592

Fax: (914) 763-3637

## Affidavit of Ownership

State of: New York

County of: Westchester

Peter Lockwood, being duly sworn, deposes and says that he/she

resides at 136 Edgewood Ave, Thornwood

in the County of Westchester State of New York

and that he/she is (check one) ☐ the owner, or ☒ the President

of King Lumber Realty, LLC and King Meadow Street Realty, LLC  
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

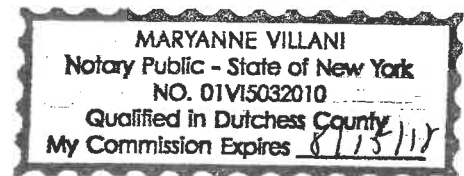
Town of Lewisboro, New York, aforesaid and know and designated on the Tax Map in the Town of

Lewisboro as: 11111 2 4A  
11113 7 4A  
11113 9 4A  
Block 12035 Lot 5 on Sheet 4B

Peter Lockwood  
Owner's Signature

Sworn to before me this

17<sup>th</sup> day of July, 2018



Maryanne Villani  
Notary Public - affix stamp



**TOWN OF LEWISBORO PLANNING BOARD**

79 Bouton Road, South Salem, NY 10590  
Email: [planning@lewisborogov.com](mailto:planning@lewisborogov.com)  
Tel: (914) 763-5592 Fax: (914) 763-3637

**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)**

Peter Lockwood, President  
Name of Applicant

King Lumber  
Project Name

**Property Description**

Tax Block(s): 11111 11113  
Tax Lot(s): 2 7  
Tax Sheet(s): 4A 4A

**Property Assessed to:**

King Lumber Realty, LLC  
Name  
2 Meadows St  
Address  
Goldens Bridge NY 10526  
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]

7/18/18  
Date

Sworn to before me this

18<sup>th</sup> day of July, 2018

[Signature]  
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

## TOWN OF LEWISBORO PLANNING BOARD

79 Bouton Road, South Salem, NY 10590  
 Email: [planning@lewisborogov.com](mailto:planning@lewisborogov.com)  
 Tel: (914) 763-5592 Fax: (914) 763-3637

## 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)

Peter Lockwood - President  
 Name of Applicant

King Lumber  
 Project Name

## Property Description

Tax Block(s): 11113, 12035

Tax Lot(s): 9, 5

Tax Sheet(s): 4A, 4B

## Property Assessed to:

King Meadow Street Realty LLC  
 Name

2 Meadow St  
 Address

Goldens Bridge NY 10526  
 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]

7/18/18  
 Date

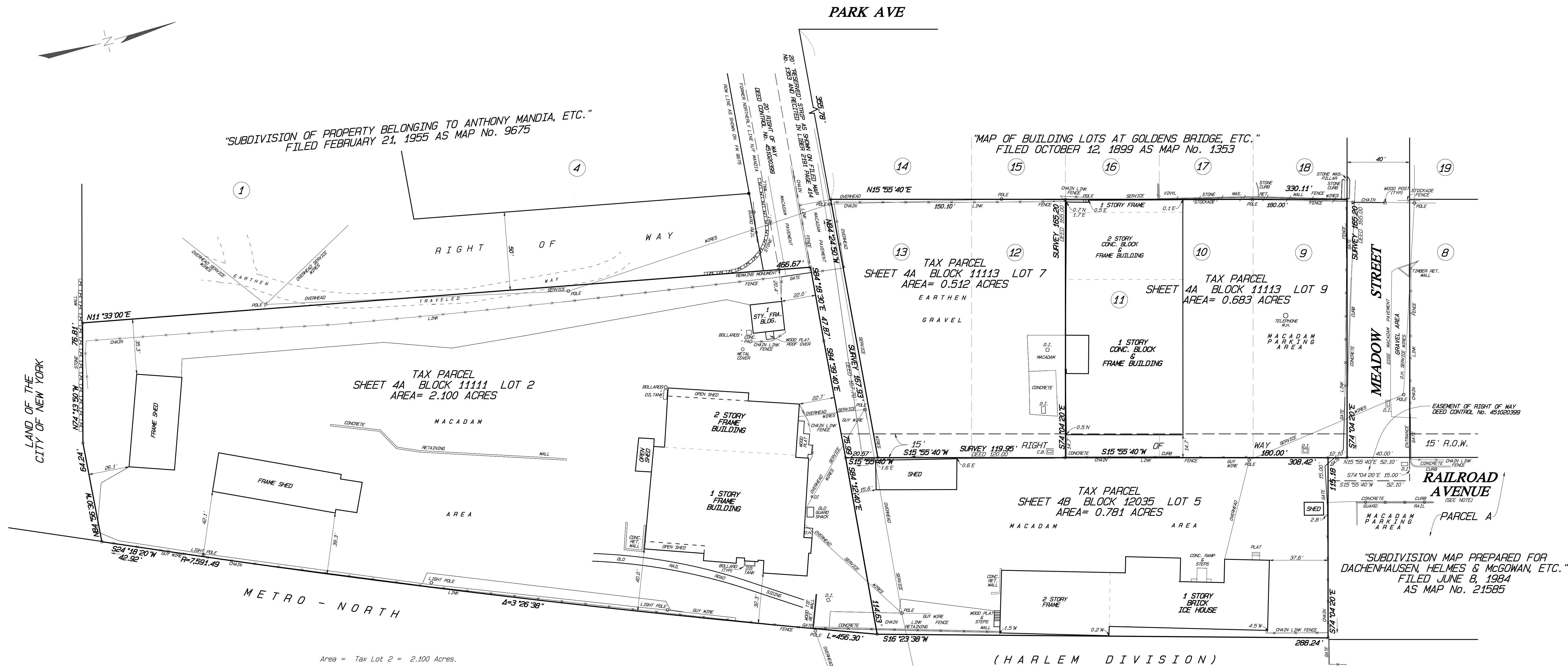
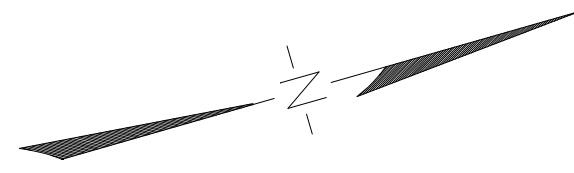
Sworn to before me this

18<sup>th</sup> day of July, 2018

[Signature]  
 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





Area = Tax Lot 2 = 2.100 Acres.  
Tax Lot 5 = 0.781 Acres.  
Tax Lot 7 = 0.512 Acres.  
Tax Lot 9 = 0.683 Acres.  
Total Area = 4.076 Acres.

Tax Identification: Sheet 4A Block 1111 Lot 2.  
Sheet 4A Block 1113 Lot 7.  
Sheet 4A Block 1113 Lot 9.  
Sheet 4B Block 12035 Lot 5.

Deed Reference: Control No. 451020399 King Lumber Realty, LLC  
Control No. 461250470 King Meadow Realty, LLC

In accordance with the existing Code of Practice for Land Surveys as adopted by The New York State Association of Professional Land Surveyors, Inc.

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.

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.

The location of underground improvements or encroachments hereon, if any exist, are not certified or shown.

"Railroad Avenue" so named by Town of Lewisboro Town Board By Resolution Dated: November 15, 2004.

SURVEYED: FEBRUARY 15, 2018  
MAP PREPARED: FEBRUARY 21, 2018

BY:   
NEW YORK STATE LICENSED LAND SURVEYOR NO. 49749  
STEPHEN T. JOHNSON, P.L.S.

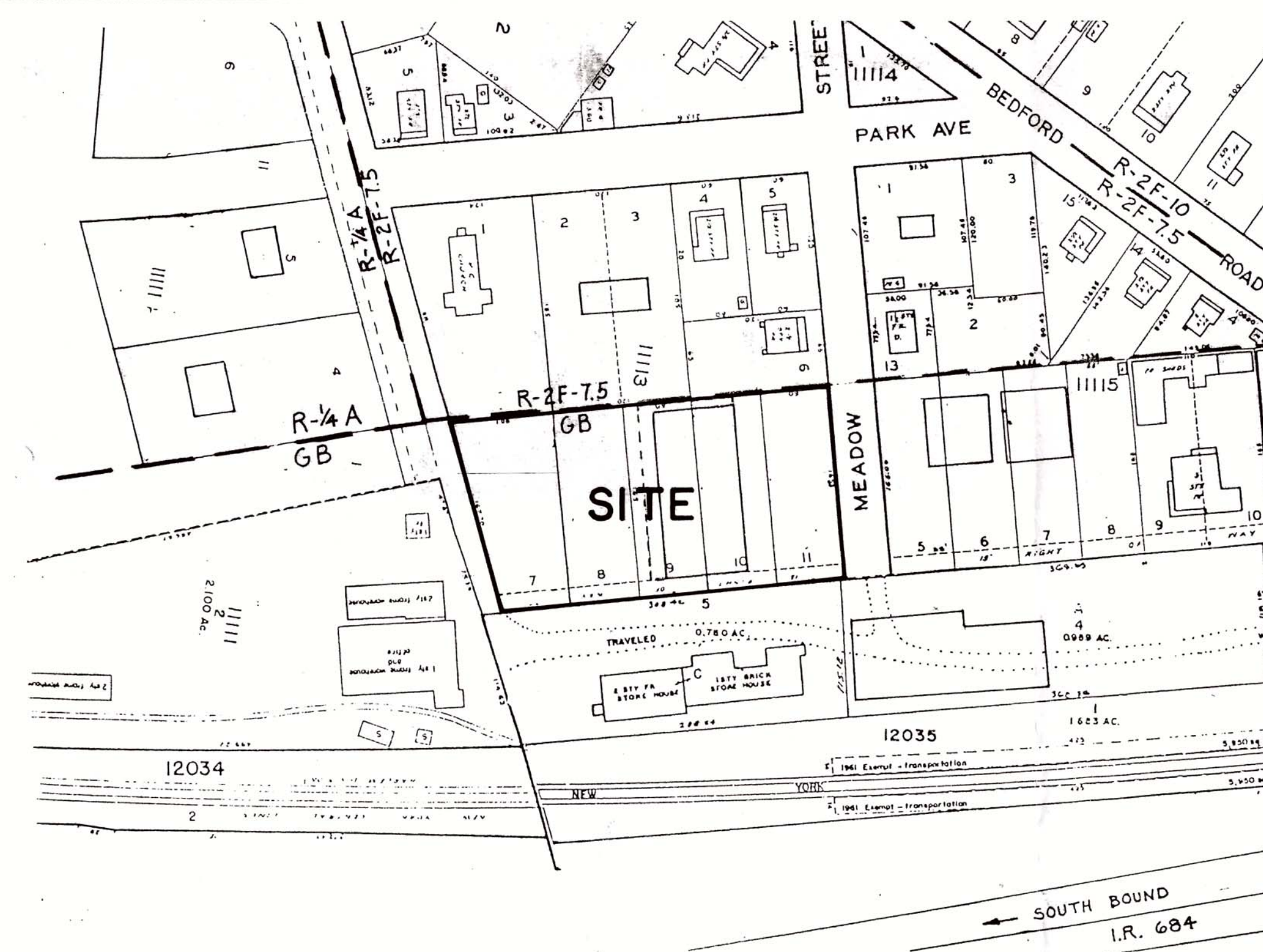
SURVEY OF PROPERTY  
PREPARED FOR  
**KING LUMBER REALTY, LLC**  
AND  
**KING MEADOW STREET REALTY, LLC**

SITUATE IN THE  
TOWN OF LEWISBORO  
WESTCHESTER COUNTY, NEW YORK

SCALE: 1" = 30'

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






Section 4A Block 11111  
Lot 2 Howard Lockwood

Section 4A Block 11113  
Lot 1 Catholic Church  
Lots 2 & 3 Aldo and Catherine R. Travaglini  
Lot 6 Frank Gatto

Section 4B Block 12035  
Lot 4 Helms-McGowan-Dachhausen  
Lot 5 Howard Lockwood

Section 4C Block 11115  
Lot 5 Cor-Bru-Job Realty Corp.  
Lot 13 Matilda M. Plassman

Section 4D Block 11111  
Lot 1 Chas. J. Joseph, & Jacqueline A. Mandia  
Lot 4 Charles J. Mandia

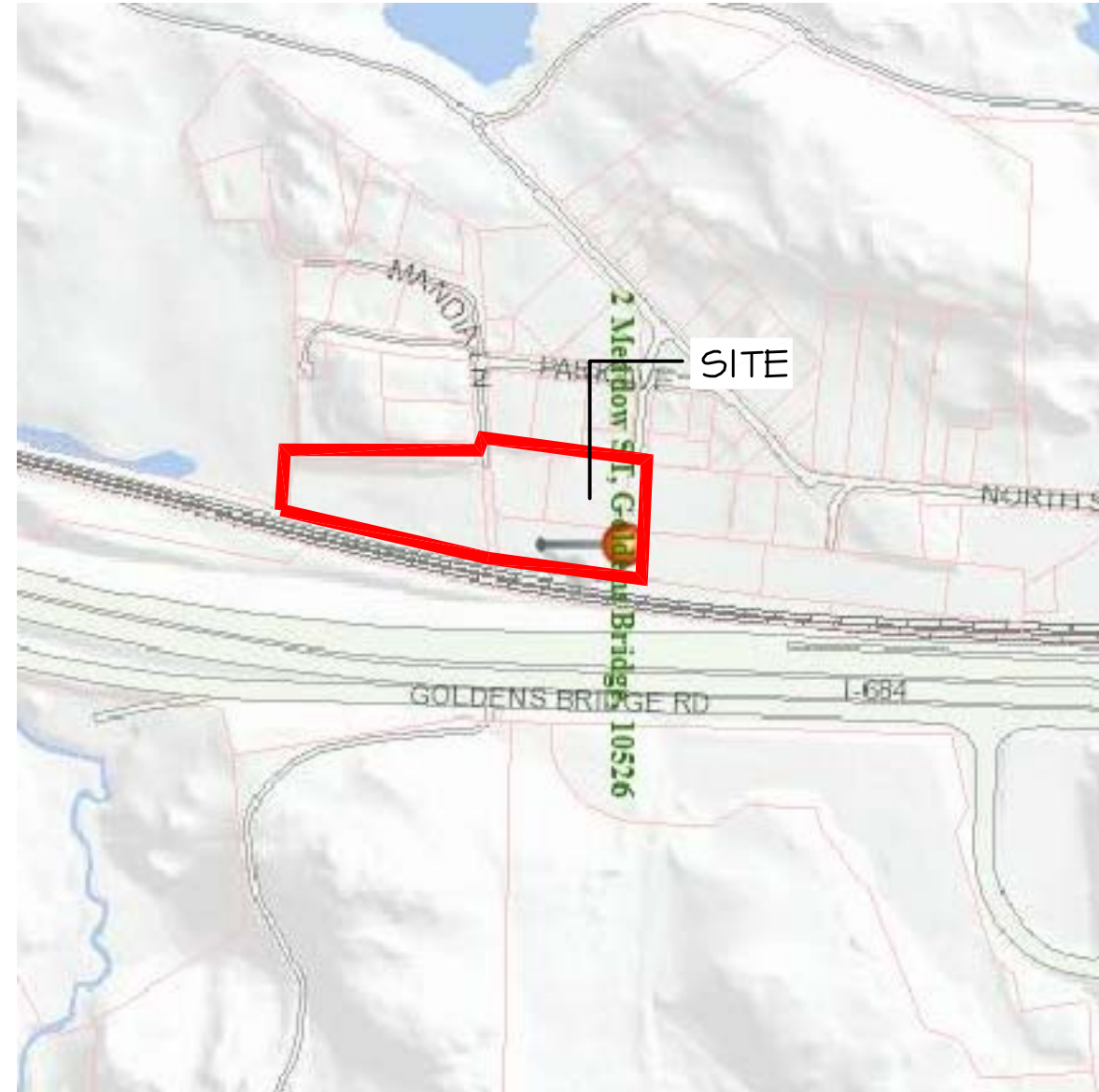


STATE OF NEW YORK  
NICHOLAS F. PANTOLUCCI  
LICENSED PROFESSIONAL ENGINEER  
No. 43583

SCALE: 1" = 20'  
DATE: 2-12-87  
DRAWN BY: N M P  
CHECKED BY: N F P  
JOB NO.: 8603  
DRAWING NO.: S-1

Chairman, Lewisboro Planning Board  
Date

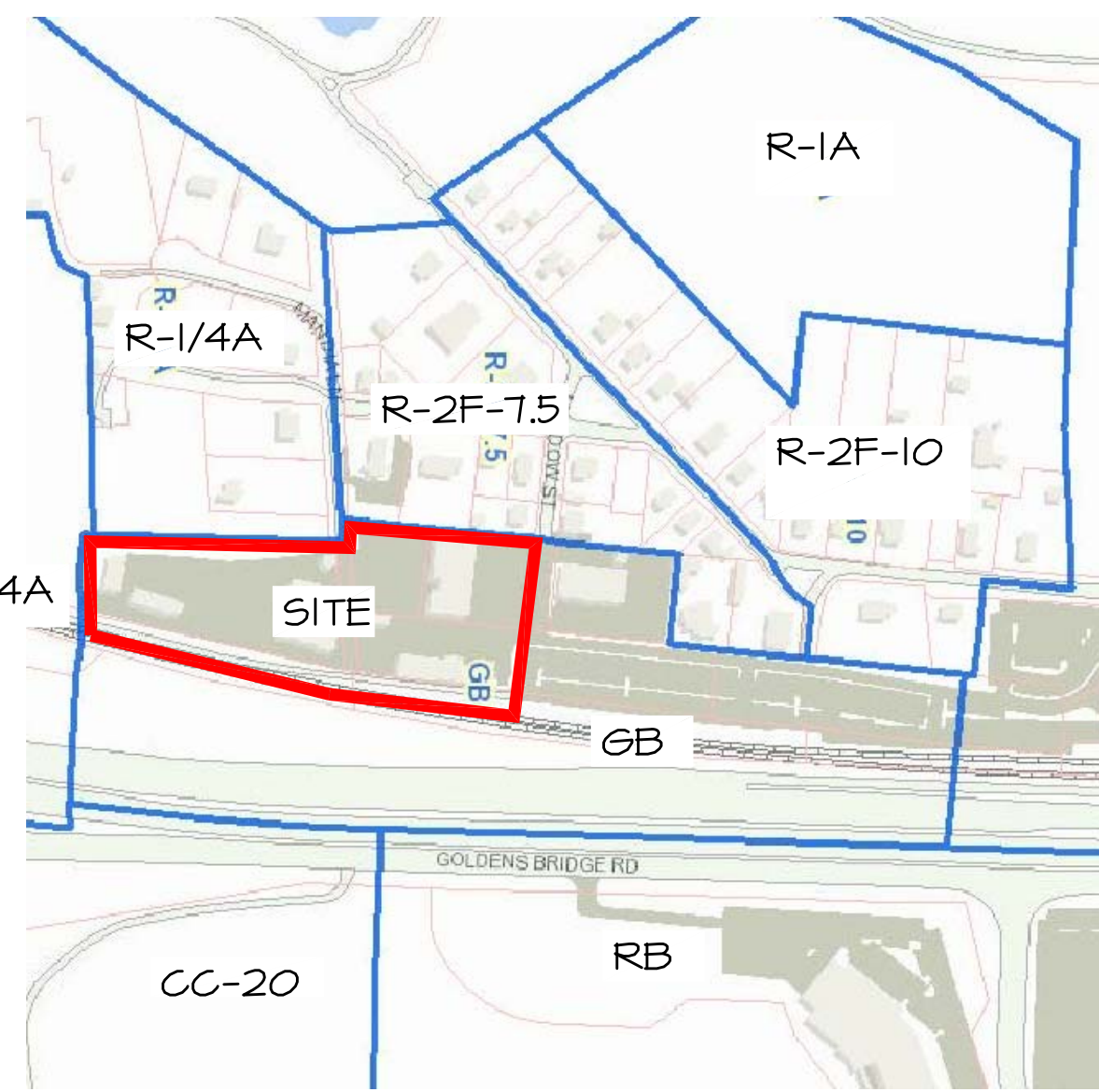




LOCATION MAP  
SCALE: NTS



AERIAL PHOTO  
SCALE: NTS



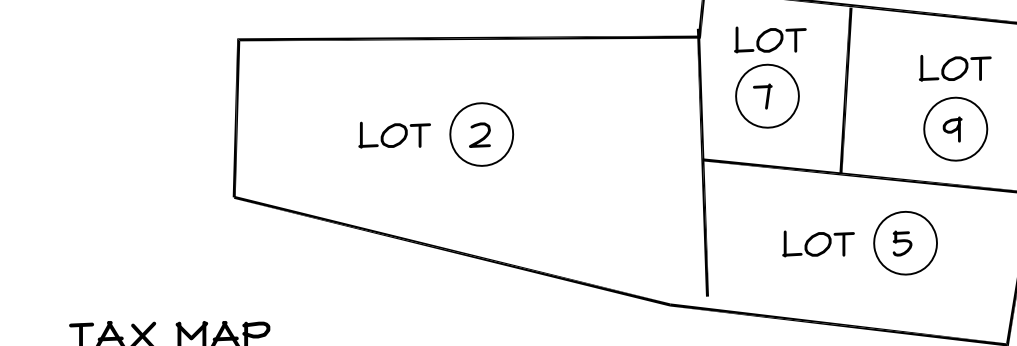
ZONING MAP  
SCALE: NTS

#### SITE DATA

OWNER/APPLICANT:  
KING LUMBER REALTY, LLC  
KING MEADOW STREET REALTY, LLC  
MEADOW STREET  
GOLDENS BRIDGE NEW YORK

#### TAX ID AND AREA:

②	SHEET 4A	BLK IIIII	LOT 2	2.100 ACRES
⑦	SHEET 4A	BLK IIII3	LOT 7	0.781 ACRES
⑨	SHEET 4A	BLK IIII3	LOT 9	0.512 ACRES
⑤	SHEET 4B	BLK I2035	LOT 5	0.683 ACRES
TOTAL AREA				4.076 ACRES



TAX MAP  
SCALE: NTS

#### ZONING CONFORMANCE ANALYSIS: ZONE: GB DISTRICT (GENERAL BUSINESS)

REGULATION	REQUIRED	EX. CONDITION
MINIMUM LOT SIZE		
AREA (ACRES)	1/2 ACRE	4.076 ACRES
FRONTAGE (FT)	100'	165'
MINIMUM YARD (FEET)		
FRONT:		
FROM STREET TO CENTERLINE	45'	118'
FROM FRONT LOT LINE	20'	31.6'
SIDE	15' * (8')	0'
REAR	15' * (40')	26.1'
MAXIMUM BLDG HEIGHT	2.5	< 2.5
STORIES	30'	< 30'
FEET		
MAXIMUM BLDG COVERAGE	20% **	19%
MAXIMUM SITE COVERAGE	60% **	82% (EX. NON-COMPLIANT)

\* WHERE A LOT LINE ABUTS LAND IN A RESIDENCE DISTRICT, THE SETBACK REQUIREMENTS FOR THAT RESIDENCE DISTRICT SHALL GOVERN.

\*\* NO SINGLE STRUCTURE SHALL EXCEED COVERAGE OF 10,000 SQUARE FEET. (BUILDING A & A-1 EXCEED 10,000 SF @ 10,942 SF)

#### KING LUMBER BUILDING SUMMARY:

KEY	NAME/USE	SIZE	BLDG MATERIAL	FRONT	SIDE	REAR
A	RETAIL GROUND FLOOR/OFFICE UPPER FLOOR	6441 SF	CONCRETE BLOCK AND FRAME	YES	NO *	YES
A-1	GARAGE STORAGE	4451 SF	CONCRETE BLOCK AND FRAME	YES	NO *	YES
B	ICE HOUSE/MATERIAL STORAGE	6825 SF	BRICK AND FRAME	YES	NO *	YES
C	SHED (CLOSED SIDES)	356 SF	FRAME	YES	YES	YES
D	OPEN SHED (1 STORY)	997 SF	FRAME	YES	NO*	YES
E	PINE/LUMBER SHED/BLDG	10,152 SF	FRAME	YES	YES	YES
F	CLOSED 1 STORY BLDG/STORAGE	369 SF	FRAME	YES	YES	YES
G	PLYWOOD SHED	2258 SF	FRAME	YES	YES	YES
H	OPEN SHED	1724 SF	FRAME	YES	YES	YES
I	GUARD SHACK	101 SF	FRAME	NO*	YES	YES

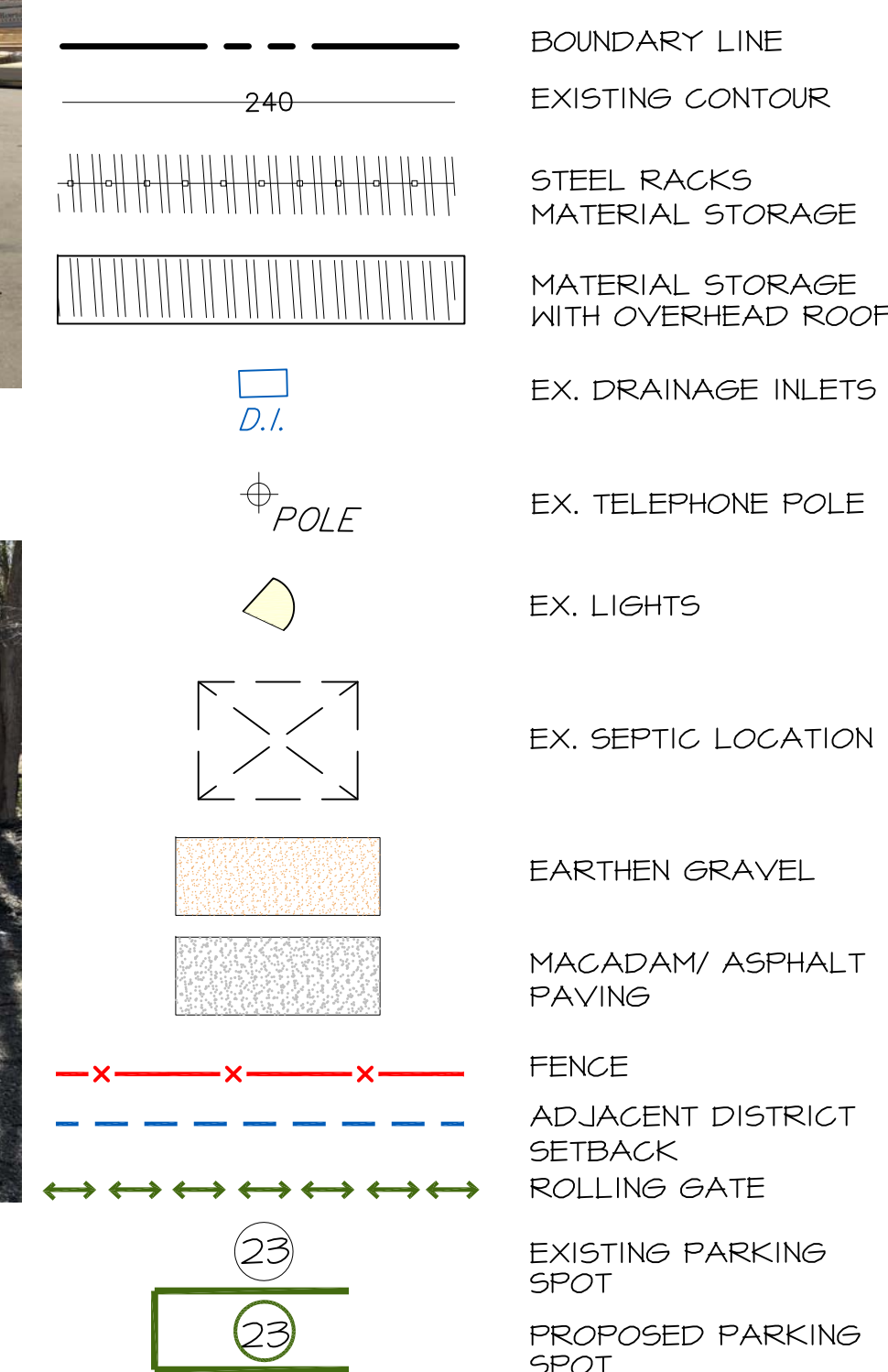
#### PARKING REQUIREMENTS:

RETAIL	OFFICE	STORAGE
= 1 SPACE / 200 SF X 3752 SF	= 1 SPACE / 250 SF X 6464 SF	= 1 SPACE / 1000 SF X 21,233 SF
18 SPACES	25 SPACES	21 SPACES

#### GENERAL NOTES:

- THESE PLANS ARE PREPARED IN SUPPORT OF SITE PLAN APPLICATION APPROVAL FOR THE KING'S LUMBER, LLC PROPERTY, MEADOW STREET, GOLDEN BRIDGE, NEW YORK.
- SURVEY INFORMATION PREPARED BY H. STANLEY JOHNSON AND COMPANY LAND SURVEYORS, P.C., 42 SMITH AVENUE, P.O. BOX 43 MT. KISCO, NEW YORK DATED FEBRUARY 21, 2018.
- TOPOGRAPHIC INFORMATION TAKEN FROM MAPPING WESTCHESTER COUNTY GIS WEBSITE.
- SITE PLAN INFORMATION PREPARED BY J.D. BARRETT & ASSOCIATES, 104 SPORT HILL ROAD, EASTON, CONNECTICUT.
- THERE ARE NO PROPOSED CHANGES TO SITE UTILITIES (ELECTRIC, TELEPHONE, CABLE SEPTIC AND WATER). THERE ARE NO PROPOSED SEWER AND WATER CONNECTIONS TO THE PROPOSED REPLACEMENT STORAGE BUILDING.
- ANY FUTURE OR REPLACEMENT OIL, STORAGE TANK FACILITIES, IF UTILIZED, SHALL BE RESTRICTED TO THE CONFINES OF AN INTERIOR OR BASEMENT INSTALLATION. NO SUCH FACILITY SHALL BE LOCATED ON THE EXTERIOR OF THE BUILDING OR BURIED IN THE GROUND EXCEPT AS SHOWN HEREON.
- ANY CHANGES TO THESE APPROVED AND SIGNED AMENDED SITE PLANS, AND THE IMPROVEMENTS SHOWN HEREON SHALL REQUIRE THE PRIOR REVIEW AND APPROVAL OF THE PLANNING BOARD AS AN AMENDMENT TO THE AMENDED SITE PLAN, AS APPROPRIATE.
- AREAS CURRENTLY DEPICTED HEREON AS PROPOSED TEMPORARY STORAGE AREAS REPRESENT THE GENERAL VICINITY OF STORAGE AREA ON THE SITE, HOWEVER THE LOCATION, SIZE AND SHAPE OF THESE AREAS MAY VARY DURING DAY TO DAY OPERATIONS. AT ALL TIMES ACCESS ANGLES SUITABLE FOR EMERGENCY VEHICLE ACCESS MUST BE MAINTAINED.
- CATCH BASINS, DRAIN MANHOLES TO BE CLEANED OF ACCUMULATED SEDIMENT AND DEBRIS EVERY SPRING AND FALL.
- LUMBER YARD STORAGE AREAS ARE TO BE SHEPT EVERY SPRING TO REMOVE SAND AND SALT ASSOCIATED WITH DEICING OPERATIONS.
- "SPEEDY- DRY" AND FUEL ABSORBENT PADS SHALL BE KEPT ON SITE AND AVAILABLE AT ALL TIMES FOR USE ON MINOR FUEL SPILLS ASSOCIATED WITH THE FUELING OPERATION. CONTAMINATED "SPEEDY- DRY" AND ABSORBENT PADS SHALL BE DISPOSED OF IN ACCORDANCE WITH LOCAL, STATE AND FEDERAL REGULATIONS.
- THE FIRE DEPARTMENT SHALL BE NOTIFIED OF ANY FUEL SPILL UNABLE TO BE CONTAINED WITH "SPEEDY- DRY" OR FUEL ABSORBENT PADS.

#### KEY:



#### SITE PLAN

Prepared For:  
**KING LUMBER**  
MEADOW STREET  
GOLDENS BRIDGE, NEW YORK  
10526

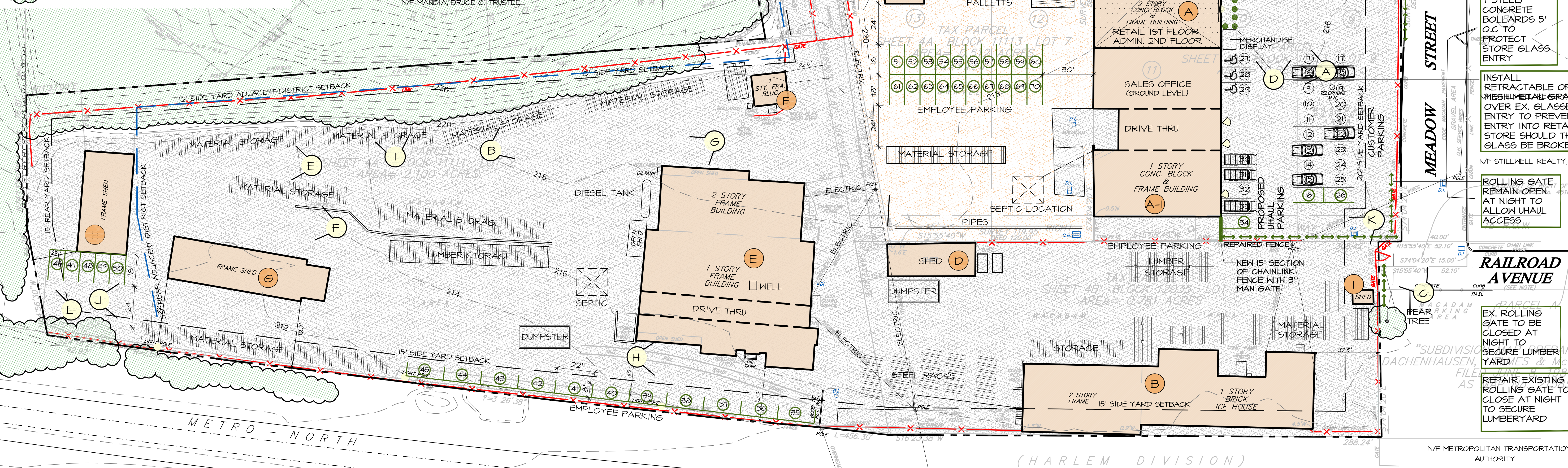
Prepared By:  
Attorney:  
**MICHAEL FULLER SIRIGNANO**  
892 RTE 35, 3RD FLOOR SUITE  
CROSS RIVER, NEW YORK 10518  
Tel. 914.763.5500 Fax 914.763.4584

Landscape Architect/Environmental Planner:  
**J.D. BARRETT & ASSOCIATES, LLC**  
104 SPORT HILL ROAD  
EASTON, CONNECTICUT 06612  
Tel. 203.372.5805 Fax 203.372.0499

Surveyor:  
**H. STANLEY JOHNSON AND COMPANY**  
LAND SURVEYORS, P.C.  
42 SMITH AVENUE  
P.O. BOX 43  
MT. KISCO, NEW YORK 10549  
TEL. 914.241.3872 FAX. 914.241.0438  
Scale: 1" = 30'

Date: June 20, 2018  
Rev. Date: July 16, 2018

KEY	TYPE	AREA	% OF LOT
	STRUCTURE	33,724 SF	19%
	EARTHEN	22,376 SF	12%
	ASPHALT	114,547 SF	63%
	VEGETATION	8,712 SF	6%



A VIEW TOWARD BUILDING A - RETAIL AND OFFICE FROM PARKING AREA



B VIEW NORTH TOWARD MAIN BUILDING/ LUMBER STORAGE AT RIGHT



C VIEW OF EXISTING ROLLING GATE AT MAIN ENTRY



D VIEW WEST TOWARD B' SOLID FENCE ON ADJACENT NEIGHBOR PROPERTY AND EXISTING UHAUL PARKING



E VIEW SOUTH TOWARD STEEL RACKS AND STORAGE AREA AT WEST PROPERTY



F VIEW SOUTH TOWARD REAR BUILDING AND LUMBER STORAGE AREA



G VIEW SOUTH EAST TOWARD PINE SHED/ MATERIAL STORAGE IN PARKING LOT



H VIEW NORTH TOWARD 1 STORY BUILDING AND EMPLOYEE PARKING



I VIEW WEST TOWARD STEEL STORAGE RACKS AND ADJACENT WOODED PROPERTY



J VIEW NORTH TO ADDITIONAL EMPLOYEE PARKING AND PLYWOOD SHED

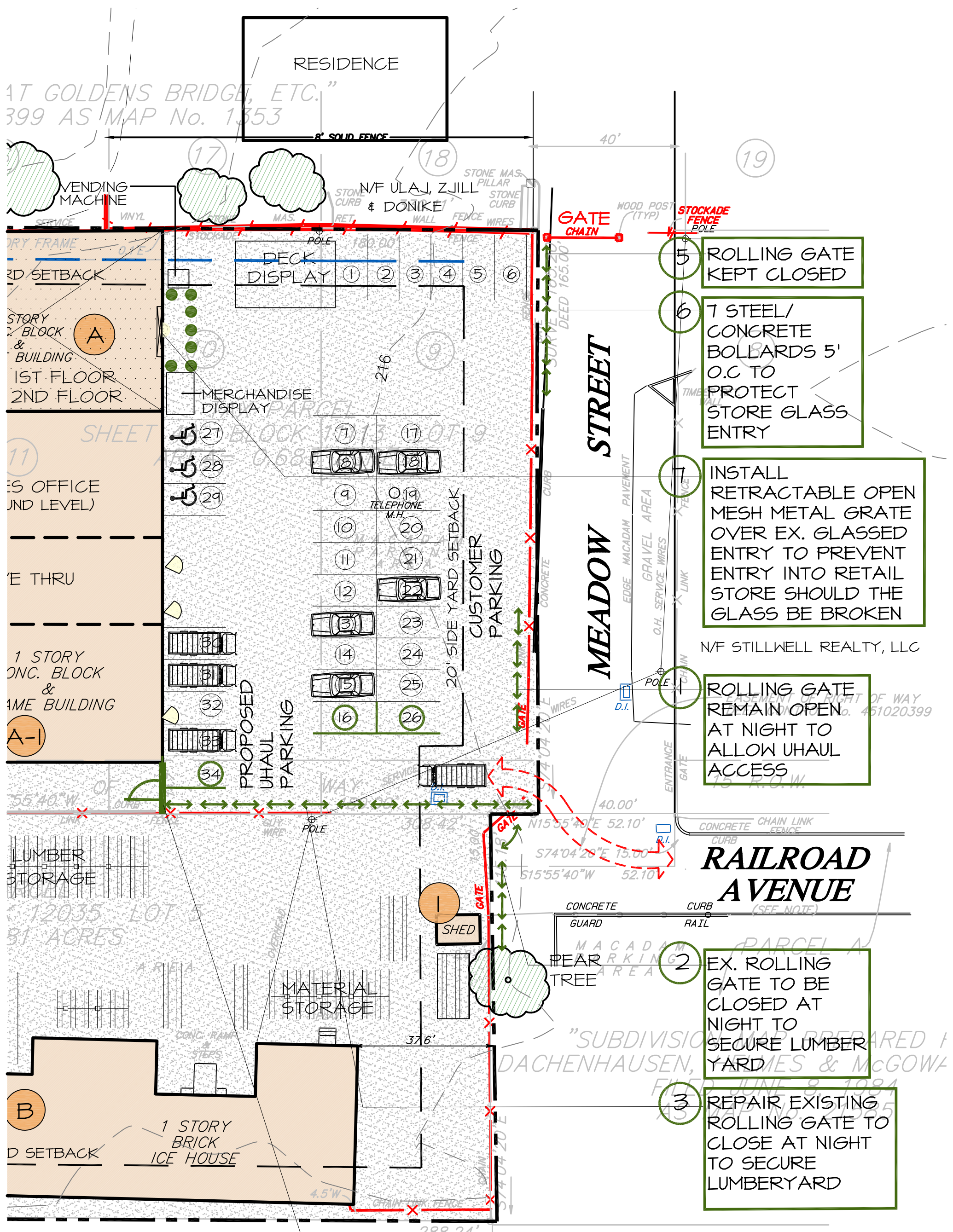


K VIEW TOWARD BUILDING B, FORMER ICE HOUSE AND GUARD SHACK



L VIEW SOUTH TOWARD VEGETATED AREA AT RESERVOIR PROPERTY

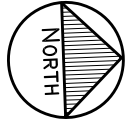




UHAUL PARKING  
PLAN

Prepared For :  
KING LUMBER  
MEADOW STREET  
GOLDENS BRIDGE, NEW YORK

DATE: July 16, 2018  
SCALE: NTS



5 ROLLING GATE  
KEPT CLOSED

6 7 STEEL/  
CONCRETE  
BOLLARDS 5'  
O.C TO  
PROTECT  
STORE GLASS  
ENTRY

7 INSTALL  
RETRACTABLE OPEN  
MESH METAL GRATE  
OVER EX. GLASSSED  
ENTRY TO PREVENT  
ENTRY INTO RETAIL  
STORE SHOULD THE  
GLASS BE BROKEN

N/F STILLWELL REALTY, LLC

1 ROLLING GATE  
REMAIN OPEN  
AT NIGHT TO  
ALLOW UHAUL  
ACCESS

2 EX. ROLLING  
GATE TO BE  
CLOSED AT  
NIGHT TO  
SECURE LUMBER  
YARD

3 REPAIR EXISTING  
ROLLING GATE TO  
CLOSE AT NIGHT  
TO SECURE  
LUMBERYARD

4 NEW 15' SECTION  
OF CHAINLINK  
FENCE WITH 3'  
MAN GATE



# Short Environmental Assessment Form

## Part 1 - Project Information

### Instructions for Completing

**Part 1 - Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

<b>Part 1 - Project and Sponsor Information</b>							
Name of Action or Project: <i>King Lumber</i>							
Project Location (describe, and attach a location map): <i>Meadow St &amp; Mundia Lane</i>							
Brief Description of Proposed Action: <i>Site Plan application to permit change of use in General Business (GB) zone in connection with former Ford tractor sales yard to current King Lumber Supply yard. No new structures are proposed.</i>							
Name of Applicant or Sponsor: <i>King Lumber</i>		Telephone: <i>914-232-5151</i>					
		E-Mail: <i>kinglumber@aol.com</i>					
Address: <i>2 Meadow St.</i>							
City/PO: <i>Golden's Bridge</i>		State: <i>NY</i>	Zip Code: <i>10526</i>				
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"><b>NO</b></td> <td style="width: 50%; padding: 2px;"><b>YES</b></td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </table>	<b>NO</b>	<b>YES</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NO</b>	<b>YES</b>						
<input type="checkbox"/>	<input type="checkbox"/>						
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"><b>NO</b></td> <td style="width: 50%; padding: 2px;"><b>YES</b></td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input checked="" type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </table>	<b>NO</b>	<b>YES</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>NO</b>	<b>YES</b>						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
3.a. Total acreage of the site of the proposed action? <span style="float: right;"><u>4.076</u> acres</span> b. Total acreage to be physically disturbed? <span style="float: right;">_____ acres</span> c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? <span style="float: right;"><u>4.076</u> acres</span>							
4. Check all land uses that occur on, adjoining and near the proposed action. <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Urban</div> <div style="width: 50%;"><input type="checkbox"/> Rural (non-agriculture)</div> <div style="width: 50%;"><input type="checkbox"/> Industrial</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Commercial</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Residential (suburban)</div> <div style="width: 50%;"><input type="checkbox"/> Forest</div> <div style="width: 50%;"><input type="checkbox"/> Agriculture</div> <div style="width: 50%;"><input type="checkbox"/> Aquatic</div> <div style="width: 50%;"><input checked="" type="checkbox"/> Other (specify): <u>MTA Station</u></div> <div style="width: 50%;"><input type="checkbox"/> Parkland</div> </div>							

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?		NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
8. a. Will the proposed action result in a substantial increase in traffic above present levels?		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
b. Are public transportation service(s) available at or near the site of the proposed action?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: <span style="float: right;">NA</span>		NO <input type="checkbox"/>	YES <input type="checkbox"/>
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____		NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____		NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places? b. Is the proposed action located in an archeological sensitive area?		NO <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/>
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____		NO <input type="checkbox"/> <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> <input type="checkbox"/>
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
16. Is the project site located in the 100 year flood plain?		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <span style="float: right;"><input type="checkbox"/> NO    <input type="checkbox"/> YES</span> b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <span style="float: right;"><input type="checkbox"/> NO    <input type="checkbox"/> YES</span>		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>





18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____ _____	<b>NO</b>  <input checked="checked" type="checkbox"/>	<b>YES</b>  <input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____ _____	<b>NO</b>  <input checked="checked" type="checkbox"/>	<b>YES</b>  <input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____ _____	<b>NO</b>  <input checked="checked" type="checkbox"/>	<b>YES</b>  <input type="checkbox"/>
<b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>  Applicant/sponsor name: _____ Date: _____ Signature: _____		

**MEMORANDUM**

TO: Chairman Jerome Kerner, AIA and  
Members of Lewisboro Planning Board

CC: Ciorsdan Conran  
Judson Siebert, Esq.  
Joseph Angiello

FROM: Jan K. Johannessen, AICP   
Joseph M. Cermele, P.E., CFM   
Town Consulting Professionals

DATE: August 8, 2018

RE: Waiver of Site Development Plan Procedures  
Le Chateau – Shed  
1410 Route 35  
Sheet 39, Block 10549, Lot 17

---

**PROJECT DESCRIPTION**

The applicant is seeking retroactive Amended Site Development Plan Approval for the installation of a 10' x 16' storage shed that was installed on the subject property without the benefit of Planning Board approval or a Building Permit.

**SEQRA**

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



**REQUIRED APPROVALS**

1. Amended Site Development Plan Approval is required from the Planning Board; the proposed action qualifies for "Waiver of Application Procedures" pursuant to Section 220-47(2) of the Zoning Code.
2. The application requires a "notification-only" referral to the Westchester County Planning Board in accordance with Section 239-m of the General Municipal Law; the Planning Board Secretary will coordinate this referral.

**COMMENTS**

1. Details of the shed and its foundation (we assume gravel) shall be submitted.
2. The type of materials intended to be stored within the shed shall be identified.
3. The applicant shall identify if any utilities (electric/water) have been, or are proposed to be, connected to the shed.

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

**PLAN REVIEWED, PREPARED BY RKW LAND SURVEYING, DATED JUNE 18, 2018:**

- As Built Survey

**DOCUMENTS REVIEWED:**

- Waiver of Site Development Plan Procedures Application

JKJ/JMC/dc

# TOWN OF LEWISBORO PLANNING BOARD

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

☐

Step I

☐

Step II

☐

Step I

☐

Step II

☐

Step III

☐

### Project Information

Project Name: Le Chateau - 1410 Route 35 LLC

Project Address: 1410 Route 35

Gross Parcel Area: 24.226 Zoning District: R4A Sheet(s): 237;254;25 Block (s): \_\_\_\_\_ Lot(s): \_\_\_\_\_

Project Description: Installation of 10ft x 16ft Shed

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: 1410 Route 35 LLC Email: sc@westnav.com

Address: 506 Candlewood Lake Road, Brookfield, CT 06804 Phone: 203 775 4442

### Applicant's Information (if different)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Authorized Agent's Information

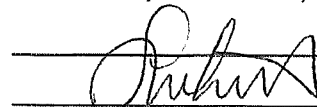
Name: Simon Curtis Email: sc@westnav.com

Address: 506 Candlewood Lake Road, Brookfield, CT 06804 Phone: 203 775 4442

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

5.29.18



**TOWN OF LEWISBORO PLANNING BOARD**

79 Bouton Road, South Salem, NY 10590  
Email: [planning@lewisborony.gov](mailto:planning@lewisborony.gov)  
Tel: (914) 763-5592 Fax: (914) 763-3637

**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.

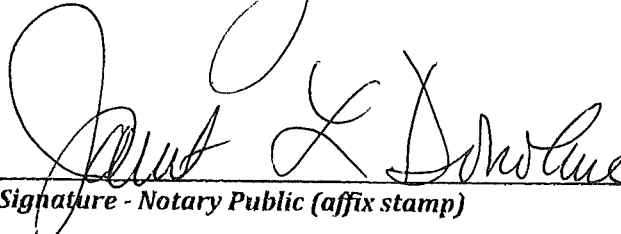
**To Be Completed by Applicant**  
(Please type or print)

1410 Route 35 LLC	Le Chateau
_____ Name of Applicant	_____ Project Name
<b><u>Property Description</u></b>	<b><u>Property Assessed to:</u></b>
Tax Block(s): 10549	1410 Route 35 LLC
Tax Lot(s): 17	Name 506 Candlewood Lake Road
Tax Sheet(s): 39	Address Brookfield, CT, 06804
	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: 6/17/2018

Sworn to before me this 17<sup>th</sup> day of June, 2018

  
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

# TOWN OF LEWISBORO PLANNING BOARD

PO Box 725, 20 North Salem Road, Cross River, NY 10518

Email: [planning@lewisborogov.com](mailto:planning@lewisborogov.com)

Tel: (914) 763-5592

Fax: (914) 763-3637

## Affidavit of Ownership

State of: New York

County of: Westchester

Simon Curtis \_\_\_\_\_, being duly sworn, deposes and says that he/she

resides at 340 Goodhill Road, Weston

in the County of Fairfield, State of CT

and that he/she is (check one) ☒ the owner, or ☐ the \_\_\_\_\_

of 1410 Route 35 LLC 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

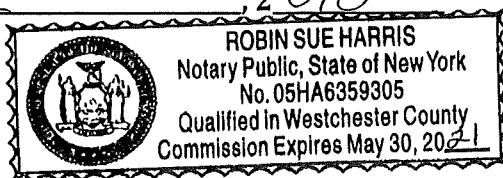
Lewisboro as:


Block 10549, Lot 17, on Sheet 39.

  
Owner's Signature

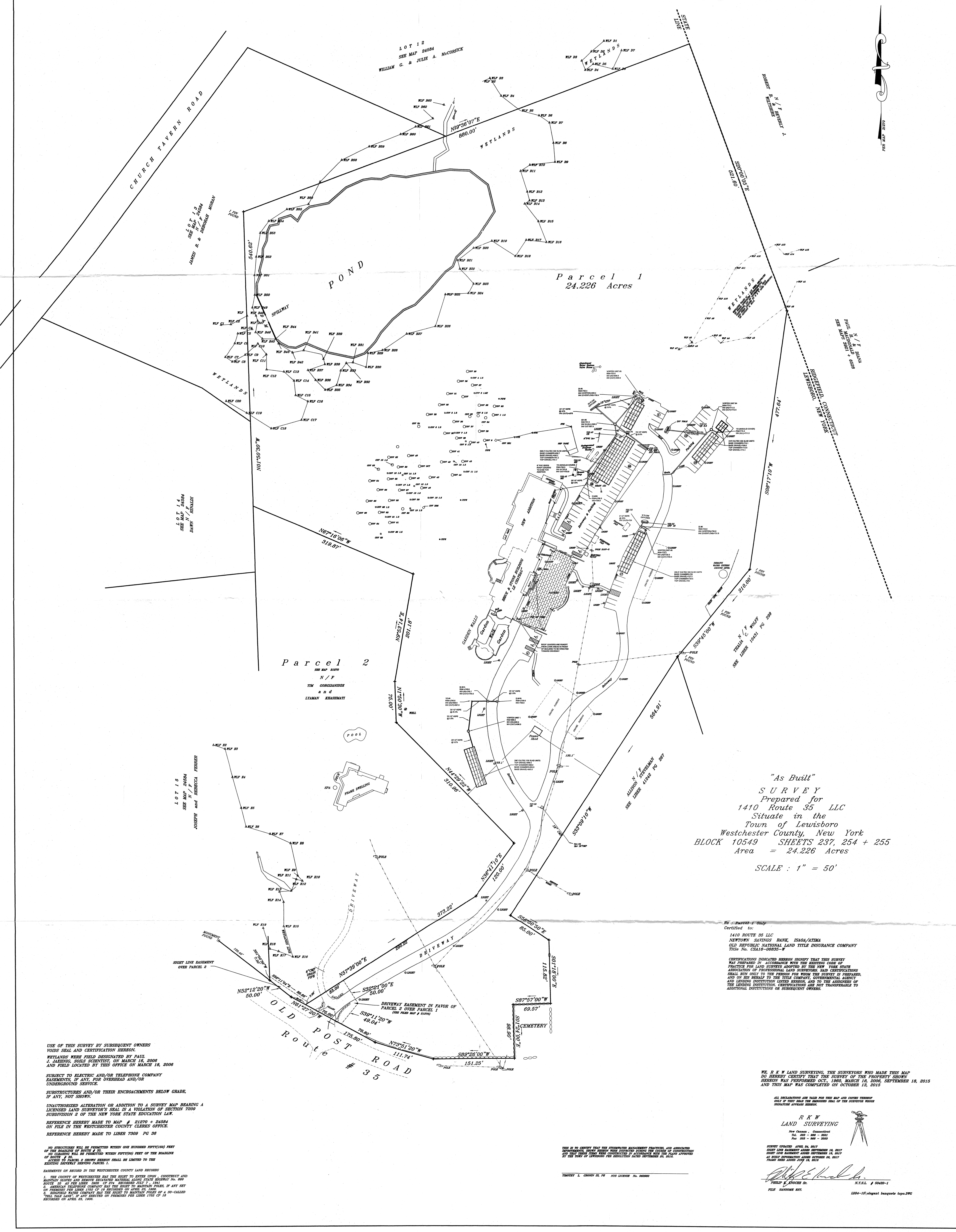
Sworn to before me this

10 day of July, 2018



  
Notary Public - affix stamp





"As Built"  
 S U R V E Y  
 Prepared for  
 1410 Route 35 LLC  
 Situate in the  
 Town of Lewisboro  
 Westchester County, New York  
 BLOCK 10549 SHEETS 237, 254 + 255  
 Area = 24.226 Acres  
 SCALE : 1" = 50'

1410 ROUTE 35 LLC  
 NEWTOWN SAVINGS BANK, ISAO/ATIMA  
 OLD REPUBLIC NATIONAL LAND TITLE INSURANCE COMPANY  
 Title No. C5418-06535-E

CERTIFICATIONS INDICATED HEREON SIGNIFY THAT THE SURVEY WAS PREPARED IN ACCORDANCE WITH THE EXISTING CODE OF PRACTICE FOR LAND SURVEYS ADOPTED BY THE NEW YORK STATE ASSOCIATION OF PROFESSIONAL LAND SURVEYORS. SAID CERTIFICATIONS SHALL RUN ONLY TO THE PERSON FOR WHOM THE SURVEY IS PREPARED, AND ON HIS BEHALF TO THE TITLE COMPANY, GOVERNMENTAL AGENCY AND LENDING INSTITUTION LISTED HEREON, AND TO THE ASSIGNEES OF THE LENDING INSTITUTION. CERTIFICATIONS ARE NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS.

WE, R K W LAND SURVEYING, THE SURVEYORS WHO MADE THIS MAP DO HEREBY CERTIFY THAT THE SURVEY OF THE PROPERTY SHOWN HEREON WAS PERFORMED OCT. 1980, MARCH 16, 2006, SEPTEMBER 16, 2015 AND THIS MAP WAS COMPLETED ON OCTOBER 12, 2015

ALL DIMENSIONS ARE VALID FOR THIS MAP AND COVER THEREOF ONLY IF THEY HAVE THE MANUSCRIPT SEAL OF THE SURVEYOR WHOSE SIGNATURE APPEARS HEREON.

R K W  
 LAND SURVEYING  
 New Canaan, Connecticut  
 Tel. 203 - 866 - 0001  
 Fax 203 - 866 - 0000

SURVEY UPDATES APRIL 24, 2017  
 SHORT LINE EASEMENT ADDED SEPTEMBER 16, 2017  
 SHORT LINE EASEMENT ADDED SEPTEMBER 16, 2017  
 AS BUILT PROVISIONAL ADDED OCTOBER 26, 2017  
 PLANS REE ADDED JUNE 16, 2018

PHILIP E. KROCHER, S.  
 FILE: SARAHMUN RST.

USE OF THIS SURVEY BY SUBSEQUENT OWNERS  
 VOIDS SEAL AND CERTIFICATION HEREON.  
 WETLANDS WERE FIELD DESIGNATED BY PAUL  
 J. JARVING, SOILS SCIENTIST, ON MARCH 16, 2006  
 AND FIELD LOCATED BY THIS OFFICE ON MARCH 16, 2006

SUBJECT TO ELECTRIC AND/OR TELEPHONE COMPANY  
 EASEMENTS, IF ANY, FOR OVERHEAD AND/OR  
 UNDERGROUND SERVICE.

SUBSTRUCTURES AND/OR THEIR ENCROACHMENTS BELOW GRADE,  
 IF ANY, NOT SHOWN.

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.

REFERENCE HEREBY MADE TO MAP # 21270 + 24504  
 ON FILE IN THE WESTCHESTER COUNTY CLERKS OFFICE.

REFERENCE HEREBY MADE TO LIBER 7309 PG 36

NO STRUCTURES WILL BE PERMITTED WITHIN ONE HUNDRED FIFTY(150) FEET  
 OF THE BOUNDARY OF LOT 12.  
 NO CLEARING WILL BE PERMITTED WITHIN FIFTY(50) FEET OF THE BOUNDARY  
 OF LOT 12.  
 ACCESS TO PARCELS 1 AND 2 SHOWN HEREON SHALL BE LIMITED TO THE  
 EXISTING DRIVEWAY SERVING PARCELS 1.

EASEMENTS ON RECORD IN THE WESTCHESTER COUNTY LAND RECORDS

1. THE COUNTY OF WESTCHESTER HAS THE RIGHT TO ENTER UPON, CONSTRUCT AND  
 MAINTAIN ROADS AND REMOVE EXCESSIVE MATERIAL ALONG STATE HIGHWAY NO. 89  
 ROUTE 35 AS PER LIBER 2085 OF 574 RECORDED JULY 7, 1941  
 2. AMERICAN TELEPHONE COMPANY HAS THE RIGHT TO MAINTAIN POLES, IF ANY SET  
 ON PREMISES PER LIBER 1762 OF 18 RECORDED ON APRIL 25, 1906  
 3. HUNTERD WIFE COMPANY HAS THE RIGHT TO MAINTAIN POLES OF A SO-CALLED  
 "TALL TALK LANE," IF ANY EXISTED ON PREMISES PER LIBER 1762 OF 18  
 RECORDED ON APRIL 25, 1906

THIS IS TO CERTIFY THAT THE HYDROLOGICAL MANAGEMENT PRACTICES AND ASSOCIATED  
 MONITORING SHALL BE CONDUCTED DURING THE COURSE OF CONSTRUCTION  
 AND THAT THESE THINGS WERE CONDUCTED IN ACCORDANCE WITH THE PLANS APPROVED  
 BY THE TOWN OF LEWISBORO FOR RESOLUTION DATED SEPTEMBER 26, 2016.

TIMOTHY L. CRONIN, D.E. NYS LICENSE NO. 06880

1204-151 elegant landscape logo.DWG



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

County Ref. No. **LEW N18-003**

*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](mailto:muniref@westchestergov.com) or print and fax to 914-995-3780.**

Municipality: **Town of 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: **Elegant Banquets - Shed Cal# 11-15PB**

Address: **1410 Route 35, South Salem, NY 10590**

Section: **39** Block: **10549** Lot: **17**

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: **8/8/18**


Notification acknowledged by (name and title): **Kay Eisenman, Planner**



## MEMORANDUM

TO: Chairman Jerome Kerner, AIA and  
Members of Lewisboro Planning Board

CC: Ciorsdan Conran  
Judson Siebert, Esq.  
Joseph Angiello

FROM: Jan K. Johannessen, AICP   
Joseph M. Cermele, P.E., CFM  
David J. Sessions, RLA, AICP  
Town Consulting Professionals

DATE: August 8, 2018

RE: Wetland Permit Application  
Lake Waccabuc Association Boat Ramp  
Located Between 18 & 20 Cove Road  
Sheet 33B, Block 11157, Lot 24

---

### PROJECT DESCRIPTION

The Lake Waccabuc Association is proposing the installation of a 12'W x 60'L gravel boat ramp on its parcel located between 18 and 20 Cove Road. The parcel is currently used as a boat launch and contains boat storage and a dock; currently the boat ramp consists of an informal earthen path which, according to the applicant, is unstable and susceptible to erosion.

### SEQRA

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

**REQUIRED APPROVALS**

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

**COMMENTS**

1. The plan shall be revised to quantify the amount of gravel to be deposited into the lake itself; deposition of material into the lake may require permitting from the Army Corps of Engineers.
2. The proposed stone size shall be specified on the plan.
3. The site plan shall illustrate and calculate (s.f.) the proposed limits of disturbance.
4. A note on the plan indicates that an 18" twin maple tree is proposed to be removed; however, its location is not shown.
5. A location map shall be added to the plan; the tax parcel identification number of the subject property shall be identified on the plan.
6. Note #1 under the "Sequence of Construction" notes shall eliminate reference to a building permit.
7. The Planning Board may wish to refer this matter to the Three Lakes Council for review and comment.

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

**PLAN REVIEWED, PREPARED BY CROSS RIVER ARCHITECTS, LLC, DATED JUNE 14, 2018:**

- Site Plan & Details (A1)

**DOCUMENTS REVIEWED:**

- Wetland Permit Application
- Waiver of Site Development Plan Procedures Application
- Letter, prepared by Cross River Architects, LLC, dated July 6, 2018
- Short EAF, dated July 6, 2018

JKJ/JMC/DJS/dc

T:\Lewisboro\Correspondence\2018-08-08\_LWPB-Lake Waccabuc Assoc Boat Ramp\_Review Memo.docx



**TO:** Town of Lewisboro Planning Board

**FROM:** Lewisboro Conservation Advisory Council

**SUBJECT:** Hunter suction harvesting and Lake Waccabuc Association boat ramp

**DATE:** August 6, 2018

---

The Conservation Advisory Council (CAC) reviewed the two applicant's recent submission documents.

The CAC has no issues with the proposed gravel boat ramp as described. The CAC suggests that this boat ramp be made available to the town for emergency services.

The CAC has concerns about the Hunter suction harvesting. The CAC's views are consistent with the July 23, 2018 memo written by Paul Lewis, Chairman, Lakes Preservation Committee, Three Lakes Council. The CAC would like to see the procedures outlined in this memo followed with a review by the Wetlands Inspector.

Application No: \_\_\_\_\_

Fee: \_\_\_\_\_ Date: \_\_\_\_\_

## TOWN OF LEWISBORO WETLAND PERMIT APPLICATION

79 Bouton Road, South Salem, NY 10590

Phone: 914-763-5592

Fax: 914-763-3637

planning@lewisborogov.com

### Project Information

Project Address: (No Number) Cove Rd. (located between # 18 and #20 Cove Rd.) South Salem, NY 10590

Sheet: 033B Block: 11157 Lot(s): 024

Project Description (identify the improvements proposed within the wetland/wetland buffer and the approximate amount of wetland/wetland buffer disturbance): Remove one tree. Install gravel Boat Ramp.

### Owner's Information

Owner's Name: Lake Waccabuc Association, John Lemke Rep Phone: 914-763-5690

Owner's Address: 5 Shady Glen Court, South Salem, NY 10590 Email: Blockisland44@att.net

### Applicant's Information (if different)

Applicant's Name: John Lemke, Lake Waccabuc Assoc. Rep Phone: 914-763-5690

Applicant's Address: 5 Shady Glen Court, South Salem, NY 10590 Email: Blockisland44@att.net

### Authorized Agent's Information (if applicable)

Agent's Name: Robert Eberts, Cross River Architects, LLC Phone: 914-763-5887

Agent's Address: PO Box 384, Cross River, NY 10518 Email: RJE@CRARCH.com

### To Be Completed By Owner/Applicant

1. What type of Wetland Permit is required? (see §217-5C and §217-5D of the Town Code)  
☐ Administrative ☐ Planning Board
2. Is the project located within the NYCDEP Watershed? ☒ Yes ☐ No
3. Total area of proposed disturbance: ☒ < 5,000 s.f. ☐ 5,000 s.f. - < 1 acre ☐ ≥ 1 acre
4. 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: None

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/Applicant Signature: \_\_\_\_\_

Date: 7/2/18



# TOWN OF LEWISBORO PLANNING BOARD

79 Bouton Road, South Salem, NY 10590

Email: [planning@lewisborogov.com](mailto:planning@lewisborogov.com)

Tel: (914) 763-5592

Fax: (914) 763-3637

## Affidavit of Ownership

State of: NY

County of: West

John Lemke, being duly sworn, deposes and says that he/she  
resides at 5 Shady Glen  
in the County of Westchester, State of NY  
and that he/she is (check one) X the owner, or Representative  
of Lake Waccabuc Association 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 11157, Lot 024, on Sheet 033B

[Signature]  
Owner's Signature

Sworn to before me this

6 day of July, 2018

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

[Signature]  
Notary Public - affix stamp

CROSS  
RIVER  
ARCHITECTS,  
LLC

ROBERT J. EBERTS, R.A.  
PRINCIPAL

6 July 2018

Town of Lewisboro Planning Bd.  
79 Bouton Rd.  
South Salem, NY 10590  
Attn: Chairman Kerner and Members

Re: Lake Waccabuc Association  
Gravel Boat Ramp  
Cove Rd., South Salem, NY

Chairman Kerner and Members:

We are making application to improve an existing use at a site on Lake Waccabuc In Lewisboro, NY. The site has been used by the Lake Waccabuc Association members to move their boats in and out of the water for many years. They are asking permission to improve the condition of the existing grassed ramp by adding a gravel ramp with geotech fabric reinforcement.

The site which has no street number is located on Cove Rd. between #18 and #20. It has shrubs and a fence on both sides and a chain across the entrance. There are several large trees on the property, which we do not feel will be affected. The site is grassed and at times gets muddy after several boats have been ramped out of the water. At the edge of the water the grade drops about 12", which, along with the lack of traction, makes it difficult to use.

We propose to remove 6" of topsoil from a 12' wide x 60' long strip of land and install 6" of 1 1/2" diameter crushed gravel reinforced with a geotech fabric. The gravel would continue into the water a maximum of 10 feet to smooth out the ramp. The ramp would be mechanically compacted.

Please note that a similar ramp was installed recently by another organization on Lake Waccabuc.

Should you have any questions, please feel free to contact me at 914-763-5887 or [rje@crarch.com](mailto:rje@crarch.com). Thank you for your consideration in this matter.

Sincerely,



Robert J. Eberts, RA  
Principal, Cross River Architects, LLC

PO Box 384  
19 NO. SALEM RD. 2<sup>nd</sup> FL.  
CROSS RIVER, NY 10518  
914.763.5887  
Email [RJE@CRARCH.com](mailto:RJE@CRARCH.com)



# *Short Environmental Assessment Form*

## *Part 1 - Project Information*

### **Instructions for Completing**

**Part 1 - Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

<b>Part 1 - Project and Sponsor Information</b>			
Name of Action or Project:			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor:		Telephone:	
		E-Mail:	
Address:			
City/PO:		State:	Zip Code:
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			<b>NO</b>
			<b>YES</b>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			<b>NO</b>
			<b>YES</b>
3.a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Parkland			

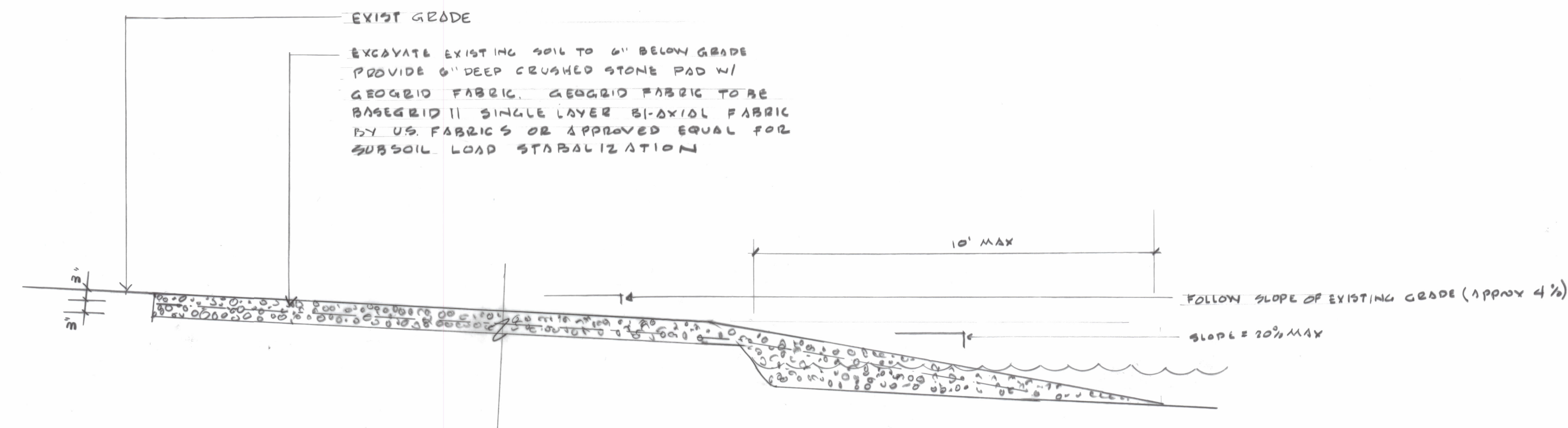
5. Is the proposed action, a. A permitted use under the zoning regulations?  b. Consistent with the adopted comprehensive plan?	<b>NO</b>	<b>YES</b>	<b>N/A</b>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	<b>NO</b>	<b>YES</b>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____ _____	<b>NO</b>	<b>YES</b>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?  b. Are public transportation service(s) available at or near the site of the proposed action?  c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	<b>NO</b>	<b>YES</b>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<b>NO</b>	<b>YES</b>	
10. Will the proposed action connect to an existing public/private water supply?  If No, describe method for providing potable water: _____ _____	<b>NO</b>	<b>YES</b>	
11. Will the proposed action connect to existing wastewater utilities?  If No, describe method for providing wastewater treatment: _____ _____	<b>NO</b>	<b>YES</b>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?  b. Is the proposed action located in an archeological sensitive area?	<b>NO</b>	<b>YES</b>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?  b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	<b>NO</b>	<b>YES</b>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	<b>NO</b>	<b>YES</b>	
16. Is the project site located in the 100 year flood plain?	<b>NO</b>	<b>YES</b>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES  b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____	<b>NO</b>	<b>YES</b>	



18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____ _____	<b>NO</b>   	<b>YES</b>   
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____ _____	<b>NO</b>   	<b>YES</b>   
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____ _____	<b>NO</b>   	<b>YES</b>   
<b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b> Applicant/sponsor name: _____ Date: _____ Signature: _____		

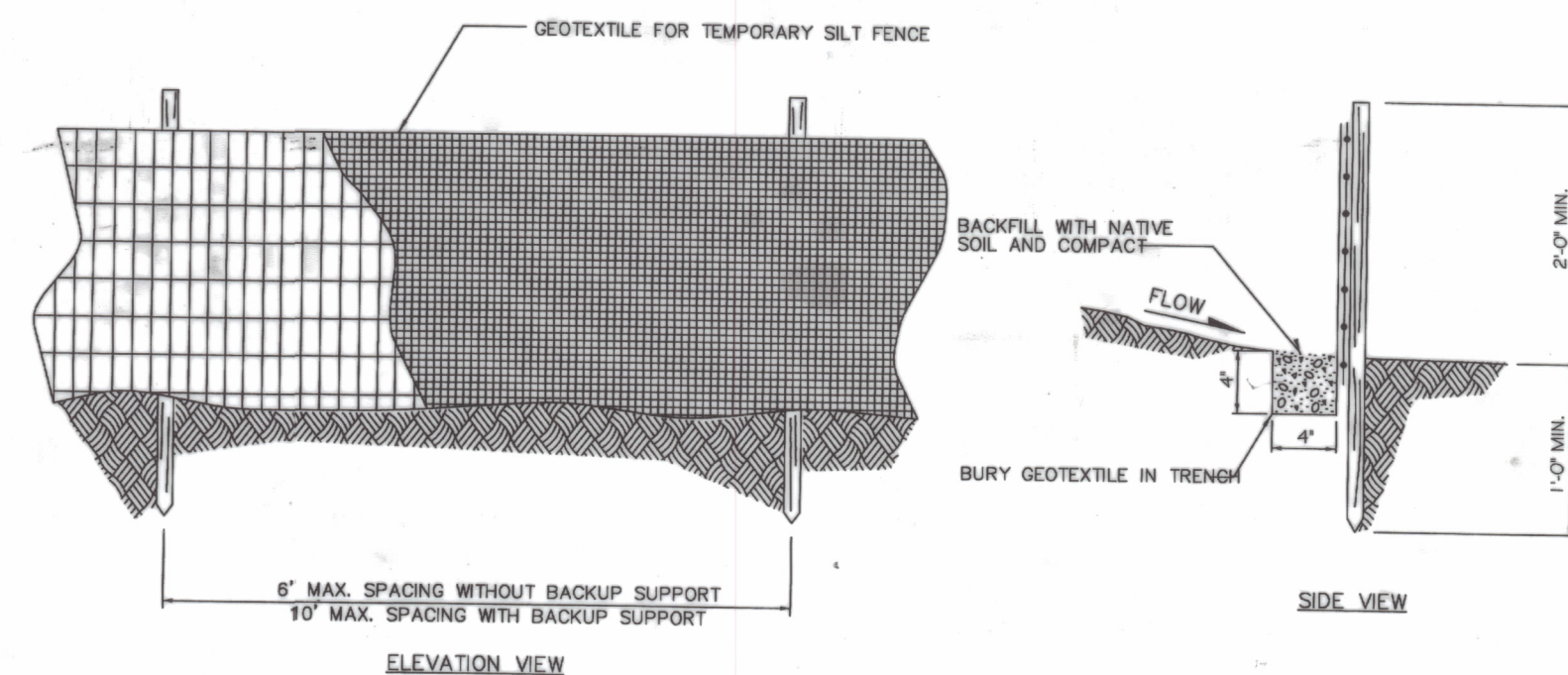


- SEQUENCE OF CONSTRUCTION
1. NO WORK SHALL BEGIN ON SITE UNTIL A BUILDING PERMIT FROM THE TOWN OF LEWISBORO BUILDING DEPT. HAS BEEN ISSUED AND POSTERD ON SITE. CALL 811 CALL BEFORE YOU DIG. MAP ALL UNDERGROUND UTILITIES IN AREA OF DISTURBANCE.
  2. EROSION CONTROL WORK AS DESCRIBED IN THE APPROVED PLANS SHALL BE IN PLACE PRIOR TO DISTURBANCE OF ANY EARTH.
  3. INSTALL ALL NECESSARY TEMPORARY BARRICADES AND FENCING FOR PROTECTION OF THE PUBLIC. PROTECT ALL LANDSCAPING TO REMAIN IN THE AREA OF DISTURBANCE.
  4. REMOVE TREES, SHRUBS AND OTHER PLANTINGS AS INDICATED IN THE DRAWINGS COMPLETELY FROM SITE IN ACCORDANCE WITH TOWN REGULATIONS.
  5. STRIP AND STOCKPILE ALL TOPSOIL FROM THE AREA OF DISTURBANCE. ROUGH GRADE THE RAMP AREA INDICATED ON THE DRAWINGS.
  6. MECHANICALLY COMPACT THE SUBGRADE.
  7. INSTALL THE GRAVEL AND GEOTECH FABRIC. MECHANICALLY COMPACT THE BOAT RAMP AREA.
  8. SPREAD STOCKPILED TOPSOIL. SPREAD GRASS SEED IN DISTURBED AREAS AND COVER WITH THIN LAYER OF SALT HAY. WATER EVERY SECOND DAY FOR A MINIMUM OF 15 DAYS.
  9. REMOVE EROSION CONTROL MEASURES ONLY AFTER GRASS HAS BEEN CUT THREE TIMES.

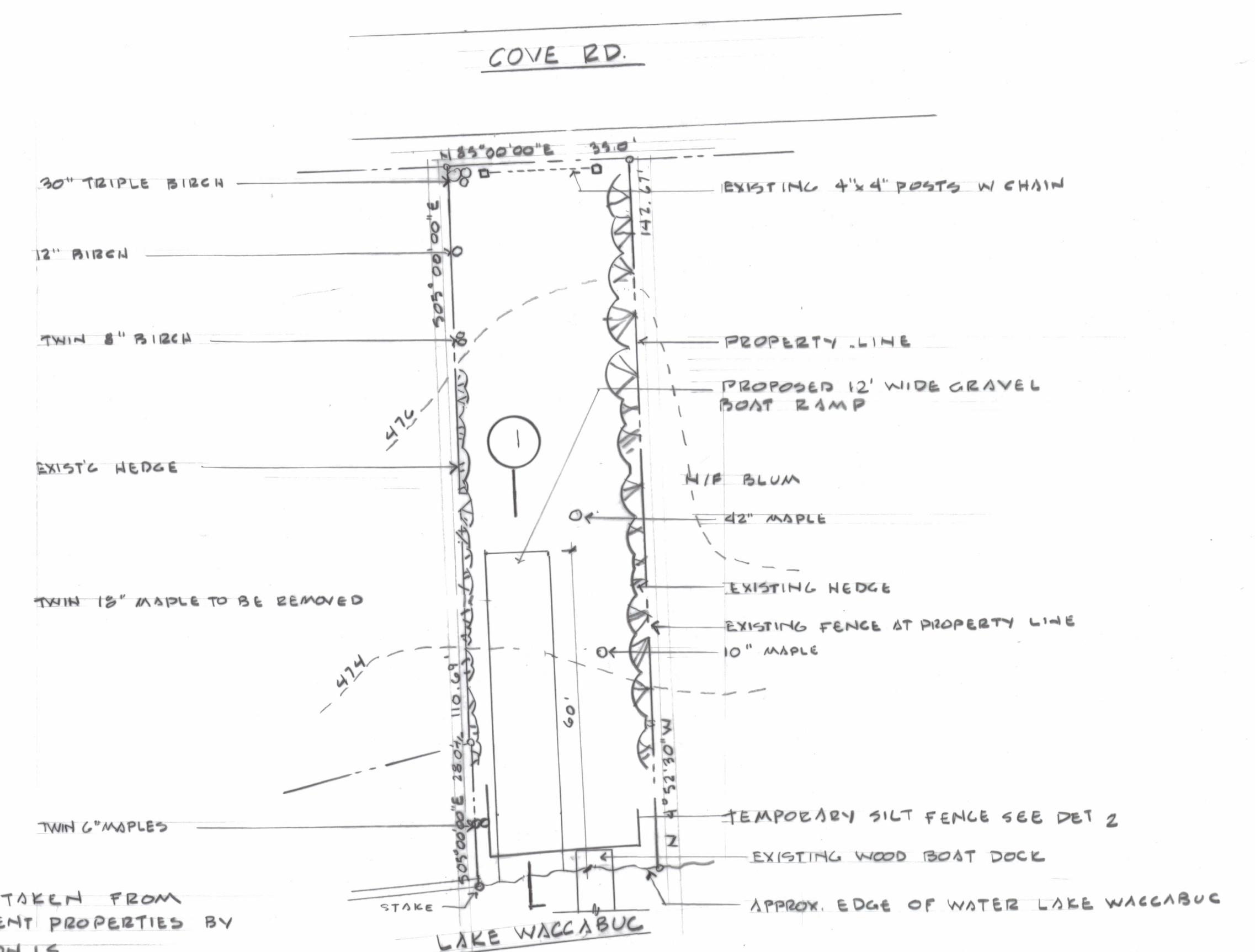


1 SECTION THRU GRAVEL BOAT RAMP  
1/2" = 1'-0"

- NOTES
1. MAXIMIZE DETENTION OF STORMWATER BY PLACING FENCE AS FAR AWAY FROM THE TOP OF SLOPE AS POSSIBLE WITHOUT ENCRoACHING ON SENSITIVE AREAS OR OUTSIDE OF THE CLEARING BOUNDARIES.
  2. INSTALL SILT FENCING ALONG CONTOURS WHENEVER POSSIBLE.
  3. INSTALL THE ENDS OF THE SILT FENCE TO POINT SLIGHTLY UP-SLOPE TO PREVENT SEDIMENT FROM FLOWING AROUND THE ENDS OF THE FENCE.



2 SILT FENCE DETAIL



SITE PLAN INFO TAKEN FROM  
SURVEYS OF ADJACENT PROPERTIES BY  
H. STANLEY JOHNSON, LS  
AND FIELD OBSERVATIONS OF  
ROBERT EBERTS, RA ON  
JUNE 1, 2018

3 SITE PLAN  
1" = 20.0'

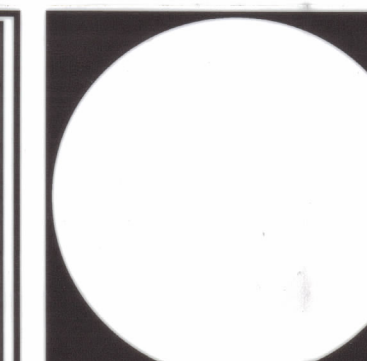
CROSS RIVER ARCHITECTS, LLC

ROBERT J. EBERTS R.A., PRINCIPAL

P.O. BOX 384  
19 NO. SALEM RD. 2nd FL.  
CROSS RIVER, N.Y. 10518

914.763.5887

Revisions		
No	Comments	Date



PROJECT	LAKE WACCABUG ASSOCIATION BOAT RAMP
TITLE	SITE PLAN & DETAILS
SCALE	AS NOTED
DATE	JUNE 14, 2018
PROJECT #	
DRAWN BY	

