

TOWN OF BEDFORD PLANNING BOARD MEETING

425 Cherry Street
Bedford Hills, New York 10507

Tuesday
March 29, 2016
8:00 PM

Public Hearings:

- 8:00 PM** Special Use Permit – Day-Care Center
Section 60.7 Block 1 Lot 83.1, PB-O(K) Zone
131 Bedford Road, Katonah
Owner: **Bedford Road Realty, LLC**
Applicant: **Little Feet Childcare Center, LLC**
(Consider Special Use Permit.)
- 8:05 PM** Renewal of Special Use Permit – Preschool Program and Daycare Center
Proposed Amendment No. 2 to PB Res. No. 12/20
Section 83.9 Block 1 Lot 17, R-4A Zone
236 South Bedford Road, Katonah
Owner: **Unitarian Fellowship of Northern Westchester**
Applicant: **Aleida Vitolo/A Kid’s World**
Bilingual Preschool and Daycare Center
(Consider Renewal of Special Use Permit.)
- 8:10 PM** Four Lot Subdivision
- Preliminary Subdivision Approval
- Steep Slopes Permit
Section 49.19 Block 2 Lots 31, 32, 33, 41 & 42, R-¼A and VA Zones
36 Hillside Avenue, Katonah
Owner/Applicant: **KED Partners**
(Public Hearing on Preliminary Subdivision Application.)
- 8:15 PM** Final Subdivision Approval – Four Lot Subdivision
Section 82.12 Block 1 Lot 3, R-2A zone
28 McLain Street, Bedford Corners
Owner: **Northern Westchester Professional Park**
Applicant: **Merv Blank**
(Consider Preliminary Final Approval.)

Conferences:

1. Antioch Baptist Church – Proposed Subdivision and Site Plan Approval
Section 60.14 Block 2 Lots 7, 8 & 9, LI Zone
147, 165 & 175 Railroad Avenue, Bedford Hills
Owner: **Antioch Baptist Church**
Applicant: **Town of Bedford**
(Review Preliminary Site Plan Application.)

2. Steep Slope Permit
Section 60.13 Block 1 Lot 3, EL Zone
3 Haines Road, Bedford
Owner: **Bradhurst Realty Corp.**
Applicant: **Joseph Pagni**
(Review Field Trip Notes.)

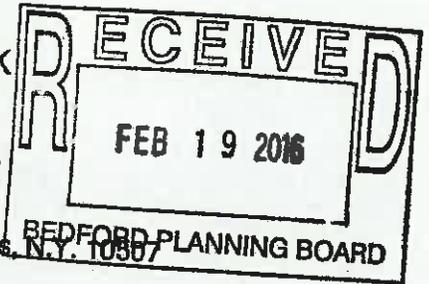
Supporting documentation for all items on this agenda is available at the Town of Bedford website.

www.bedfordny.gov

Larger documents and plans are available at the office of the Planning Board.

Agenda items subject to change.

PLANNING BOARD
TOWN OF BEDFORD
WESTCHESTER COUNTY, NEW YORK



APPLICATION FOR A SPECIAL USE PERMIT

Submit to: Bedford Planning Board, Town House, Bedford Hills, N.Y. 10507

1. IDENTIFICATION OF OWNER

Name of owner: Bedford Road Realty LLC
Address: 165 Waccabuc Rd, Goldens Bridge, NY 10526 Phone: 914-523-5046

2. IDENTIFICATION OF APPLICANT, IF OTHER THAN OWNER

Name of applicant: Little Feet Childcare
Address: 1611 Route 6, Carmel NY 10512 Phone: 845-225-6818

3. PROFESSIONAL PERSON PREPARING SUBDIVISION PLAT

Name: Bibbo Associates
Address: 293 RT 100, Suite 203, Somers, NY 10589 Phone: 914-274-5805

4. IDENTIFICATION OF PROPERTY

- a. Subdivision name or identifying title 131 Bedford Road
- b. Roads which property abuts RT 117 (Bedford Road)
- c. Bedford tax map designation: Section 60.7 Block 1 Lot(s) 83.1
- d. Property lies in a (circle one) 4A 2A 1A 1/2A 1/4 A TF VA NB CE PB-R PB-O LI
Zoning District.
- e. Total area of property in acres .825 ac

5. REQUEST

The applicant requests that the Planning Board approve the issuance of a Special Use Permit under the following section of the Code of the Town of Bedford:

Article: _____, Section: _____

The applicant proposes the following Special Permit Use:

Portion of existing building to be used for Child Day Care

6. PUBLIC NOTICE

Notice of the public hearing shall be published at least 10 days prior to the hearing in the Town newspaper and shall be mailed by the applicant at least 10 days prior to the hearing to all owners of property within 500 feet of the perimeter of the subject lot. The expense of publishing and mailing any notice shall be paid by the applicant, who shall file an affidavit mailing with the Board Secretary prior to the hearing

7. SITE PLAN

Attach a Preliminary Site Plan Application Form, fee and eleven (11) copies of a Preliminary Site Plan complying with all requirements of Article IX, Section 125-88 of the Bedford Town Code

8. FEES (make checks payable to the Town of Bedford)

Special Use Permit Application: \$ _____ \$ _____

Preliminary Site Plan:
\$500 plus \$25 per parking space required by
the Bedford Town Code: \$ _____

Total: \$ _____

Permission is hereby given to the Town of Bedford, its agents, servants and employees to enter upon the above described property solely for the purposes incidental to the within application at reasonable times upon reasonable notice to the owner or tenant in possession

All applications shall be signed by the owner of the property affected by this application and by the applicant, if other than the owner

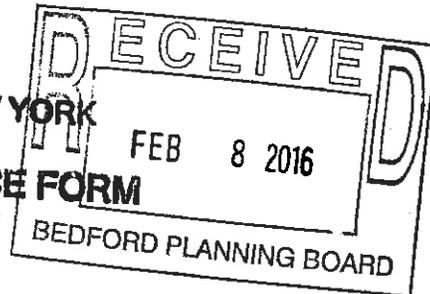
Gust T. Boniello
Signature of Owner _____ Date _____

Darlene Roveto
Signature of Applicant _____ Date _____

Gust T. Boniello
Name of Owner (Please Print) _____ Date _____

Darlene Roveto
Name of Applicant (Please Print) _____ Date _____

PLANNING BOARD
TOWN OF BEDFORD
WESTCHESTER COUNTY, NEW YORK
ENVIRONMENTAL CLEARANCE FORM
(This Side to be Completed by Applicant)



1. IDENTIFICATION OF OWNER

Name of owner: BEDFORD ROAD REALTY, LLC
Address: 165 WACCABUC RD GARDENS BRIDGE, NY Phone: _____

2. IDENTIFICATION OF APPLICANT, IF OTHER THAN OWNER

Name of applicant: SAME
Address: _____ Phone: _____

3. IDENTIFICATION OF SITE INVOLVED, if any

- a. Name or other identification of site 131 BEDFORD ROAD
- b. Roads which site abuts BEDFORD ROAD
- c. Bedford tax map designation: Section: 60.7 Block 1 Lot (s) E3.1
- d. Total site area 35,956 SQ. FT.
- e. Does the applicant have a whole or partial interest in lands adjoining this site? No

4. IDENTIFICATION OF PROPOSED ACTION

- a. Description of Proposed Action CHANGE OF USE (PARTIAL), ADD OUTDOOR PLAY AREA
- b. Relationship to other actions: _____

- 1. List any further actions which may be undertaken, of which this proposed action is part or first step, e. g. further subdivision of a large parcel of land: _____
- 2. List any related actions which may be undertaken, of which this proposed action, e.g. highway reconstruction to serve increased traffic: _____
- 3. List any actions which are dependent upon this proposed action, and therefore should be reviewed as part of this action, e.g. house construction in the case of a residential subdivision: _____

All such actions must be reviewed in conjunction with the action proposed.

5. CLASSIFICATION OF PROPOSED ACTION (see lists of Type I, II, Exempt, Excluded Actions)

- Type I. An Environmental Impact Statement is required unless the applicant demonstrates conclusively that one is not needed. Proceed to Environmental Assessment Form.
- Type II or Exempt Action. No Environmental Impact Statement is needed. Submit this form only.
- Unlisted Action. Pending Analysis of further information, an Environmental Impact Statement may be required. Proceed to Environmental Assessment Form.

04/05

[Signature]
Signature of Applicant

2/8/16
Date

**TOWN OF BEDFORD
ENVIRONMENTAL CLEARANCE FORM**
(This side only for Official Use Only)

1. CLASSIFICATION APPROVED; FURTHER ACTION REQUIRED:

- Type I Action.** The proposed action will have a significant effect on the environment. An Environmental Impact Statement is required unless the applicant demonstrates conclusively that one is not needed. Proceed to Environmental Assessment Form.
- Type II or Exempt or Excluded Action.** No Environmental Impact Statement is needed. No further action required.
- Unlisted Action.** The proposed project may have a significant effect on the environment. Pending analysis of further information, an Environmental Impact Statement may be required. Proceed to Environmental Assessment Form.

2. COMMENTS:

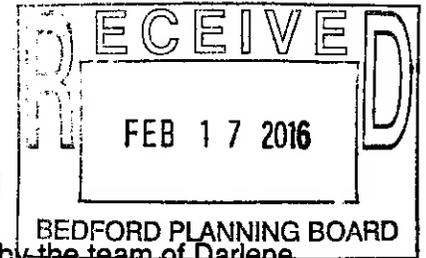
Town Agency

Agency Signature

Date

LITTLE FEET CHILDCARE CENTER

DESCRIPTION OF PROPOSED OPERATION



Little Feet Childcare Center LLC, is a family owned business, operated by the team of Darlene Roveto a Licensed Practical Nurse and her husband and Business Manager Scott Roveto a Civil Engineer by trade.

The owners of Little Feet have been in the Childcare Business for approximately 20 years, having first opened in 2001 in New York City, relocating to Putnam County in 2012 and opening Little Feet Childcare Center in September 2014.

Little Feet Childcare Center is an Award Winning Center caring for children between the ages of 6 weeks and 12 years old. Little Feet Childcare Center is licensed and overseen by the New York State Office of Children and Family Services. Their current operation in Carmel New York is located within the confines of a 12,000 squad foot facility with a licensed capacity of 134 children, employing a staff of approximately 30 teachers and administrative personnel.

OUR MISSION STATEMENT

Little feet Childcare Center will strive to provide the highest quality childcare and education service that promotes and enhances each child's development, while assuring our clients peace of mind in the care and the service in which we render. We provide a safe, nurturing and developmentally appropriate program which fosters active learning, support if the whole child, and a child friendly environment.

We foster innovation, embrace team work, strive for excellence, respect and support families, commit to service at all levels, respect and appreciate diversity, actively listen and seek to understand, communicate openly and productively, use resources creatively and responsibly, work closely with the community in which we serve and to abide by the Mission Statement.

Little Feet Childcare Center's Vision is to be nationally recognized as an outstanding childcare center. Our Goal is to provide a safe, secure environment for your child that will foster physical, social, emotional and cognitive

CREDENTIALS

Darlene Roveto, Owner/Director is a Licensed Practical Nurse within New York State, all of her staff teachers hold either a Teaching Certification, a Degree in Early Childhood Education and or a Credential in Early Childhood Education.

As a result of our recent expansion and success within Putnam County, Little Feet Childcare Center has determined that their Programs have been recognized within the neighboring counties and as a result are hopeful to mirror this within the Town of Katonah, Westchester County, New York.

HOURS OF OPERATION

Little Feet Childcare Center is open between the hours of 7:00AM to 6:00PM, Monday thru Friday.

Little Feet Childcare Center is closed for 13 Major Holidays.

Little Feet Childcare Center is closed for Vacation for one week in August.

Little Feet Childcare Center is seeking to operate within an interior space of approximately 4,316 square feet.

Little Feet Childcare is seeking to have an enrollment of 60 children which will require a staff of 10 personnel. This will include both teachers and administrative staff. We are proposing 6 classroom as follows: (Subject to final approval by the New York State Office of Children and Family Services)

CLASSROOM	TYPE OF CHILDREN	ENROLLMENT
1	INFANTS	8
2	TODDLERS	8
3	PRESCHOOL	12
4	PRESCHOOL	9
5	PRESCHOOL	11
6	SCHOOL AGE (BEFORE/AFTER SCHOOL)	12
TOTAL		60

Little Feet Childcare Center will seek to operate an outdoor playground of approximately 2,000 square feet. Playtime will be provided to each group for 45 minutes at a time. Group size will be limited to 15 children per interval. As follows:

	TIME	NUMBER
TODDLERS (AM)	9:30AM - 10:00AM	8
PRESCHOOL (AM)	10:00AM - 10:45AM	15
PRESCHOOL (AM)	10:45AM - 11:00AM	15
TODDLERS (PM)	3:00PM - 3:45PM	8
PRESCHOOL (PM)	3:45PM - 4:30PM	15
PRESCHOOL (PM)	4:30PM - 5:15PM	15

Little Feet Childcare Center will prior the School Year conduct (1) OPEN HOUSE for Parents on a Saturday in August between the hours 10AM and 2PM.

Little Feet Childcare Center will during the School Year conduct (1) OPEN SCHOOL NIGHT for Parent-Teacher Meetings in September between the hours of 6PM and 8PM.

Little Feet Childcare Center will conduct all Special Events such as Student Field Trips Off Site.

DAILY TRANSPORTATION SCHEDULE

As indicated above Little Feet Childcare Center will be open between the hours of 7AM and 6PM, Monday and Friday.

Little Feet Childcare Center staff will arrive and depart as follows:

Start	Arrival	Departure	Count
AM	6:45AM	3:00PM	6
	6:45AM	6:00PM	4
TOTAL			10

Little Feet Childcare Center clients will arrive between 7:30AM and 8:30AM with parents by Car.

Little Feet Childcare Center clients will depart between 5:00PM and 6:00PM with parents by Car.

*NOTE: Having operated a Childcare Center in Putnam County for approximately 2 years it has been our experience that parents use passenger vehicles for pick up and drop off.

BEFORE AND AFTER SCHOOL (School District Bus)

Based upon enrollment and the Katonah-Lewisboro School District Transportation Office it is anticipated that Little Feet Childcare Center will have 1 bus pick-up in the morning between 8:30AM and 8:45AM and 1 bus drop-off in the afternoon between 3:00PM and 3:15PM.

RECEPTION AND DISMISSAL PROCEDURES FOR STUDENTS

Little Feet Childcare Center is a secured location with an Electronic Security Code Entry System. All Parents elect a four digit security which allows them entry into the facility. Upon arrival parents escort their child to their assigned classroom and enter the start time in the daily log book within their child's classroom. Upon departure, the parent enter the building the same way and again logs out the end time prior to the child leaving the classroom.

Children participating in the Little Feet Before and After School program are greeted at the designated Bus Stop by an authorized employee of Little Feet Childcare Center. When the employee greets the bus they have a clipboard with the name of each child either boarding or departing the bus. The children are escorted into the Center by the teacher in single file format.



*A Loving, Home-Like Environment,
Right In Our Town!*

We will be a NYS OCF's Licensed Childcare Center serving Carmel and all neighboring towns.

We offer a safe and loving environment for all age groups from 6 weeks thru school age children.

*Little Feet Childcare Center is an extension of our Daycare right here in town, established in 2012.
www.littlefeetdaycarecarmelny.com*

Little Feet has over 15 years of childcare experience in New York State.

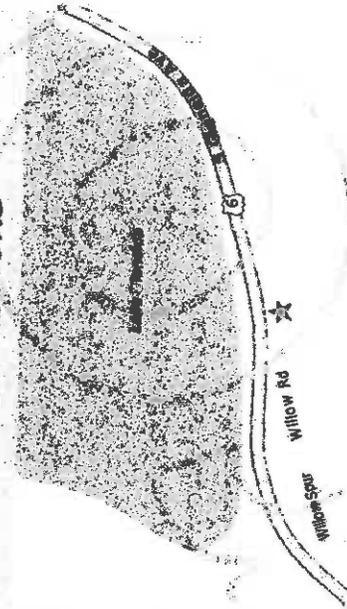
Little Feet Childcare Center is a brand new state of the art facility with beautiful views of Lake Glenelder.

All classrooms have been specially designed with each age group in mind.

We offer an Enrichment Program as well

Day	Hours
Monday	7:00am-6:00pm
Tuesday	7:00am-6:00pm
Wednesday	7:00am-6:00pm
Thursday	7:00am-6:00pm
Friday	7:00am-6:00pm
Monday-Friday	Extended care available until 6:30pm.
Saturday	Events to be announced

Directions



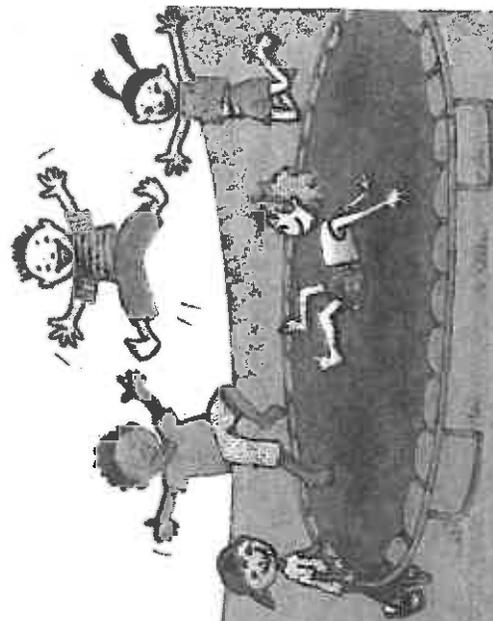
© 2013 Little Feet Childcare Center

Little Feet Childcare Center, L.L.C.

*"A Place Where Children
Always Come First"*

NOW ACCEPTING ENROLLMENTS

FOR SEPTEMBER 2014



Little Feet Childcare Center

L.L.C.

1611 Route 6

Carmel, NY 10512

Contact Ms. Darlene at

845-225-6818

littlefeetchildcarecenter@hotmail.com

www.littlefeetchildcare.com

Credentials

- Member of the Childcare Councils of Westchester, Putnam and Dutchess Counties
- Licensed Practical Nurse On Staff
- Medication Administration Certified
- CPR and First Aid Trained
- Fully Licensed and Insured

Our Teams' Approach

Little Feet Childcare Center is dedicated to providing high-quality child care for children ages 6 weeks thru school age in a safe, loving, clean environment.

Our experienced staff will create enriching and fun activities appropriate for your child's age and skill level.

In addition to music, crafts and story time, your child will explore sensory tables and the environment around them.

While learning and engaging in all these skills he or she will have the opportunity to socialize with other children of the same age, and of course, have fun and play!



Infant Room

Since each infant is unique this room is flexible enough to meet the needs of every baby. We have an open door policy & communicate with each parent to ensure a smooth transition from home to Little Feet and back home again.

Toddler Rooms

Your toddler will be stimulated in order to grow and mature in all areas of development. These rooms provide a safe & learning environment while they explore the world around them.

Preschool Rooms

These rooms are designed for 3 & 4 year olds. We will prepare your child for kindergarten readiness through a State Approved Curriculum along with Common Core Standards for Pre-K. Children will learn with hands-on activity based themes.

Before/After School

Continued education, homework guidance and tutoring will be offered in our Before/After School Program. The children will have the freedom to explore while having the structure they require. Little Feet will accommodate Carmels' Half Day Kindergarten children for both AM & PM sessions.

Brand New 6,500 S.F.

Facility



Award Winning Program

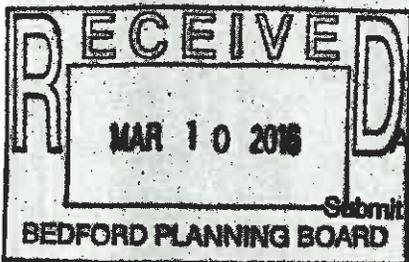
In 2013 Little Feet Daycare was awarded the Group Family Daycare Program of the Year for Putnam and Dutchess Counties

We bring this experience to our Childcare Center as we work toward Accreditation from the National Association for Family Child Care.

Front View Overlooking
Lake Glenside



PLANNING BOARD
TOWN OF BEDFORD
WESTCHESTER COUNTY, NEW YORK



APPLICATION FOR A SPECIAL USE PERMIT - *RENEWAL*

Submit to: Bedford Planning Board, Town House, Bedford Hills, N.Y. 10507

1. IDENTIFICATION OF OWNER
Name of owner: Unitarian Fellowship of Northern Westchester
Address: 236 South Bedford Rd. Mt. Kisco NY 10549 Phone: _____
2. IDENTIFICATION OF APPLICANT, IF OTHER THAN OWNER
Name of applicant: Aleida Vitolo & Kris World
Address: 236 South Bedford rd. Mt. Kisco NY 10549 Phone: (914) 244-8504
3. PROFESSIONAL PERSON PREPARING SUBDIVISION PLAT
Name: _____
Address: _____ Phone: _____
4. IDENTIFICATION OF PROPERTY
 - a. Subdivision name or identifying title _____
 - b. Roads which property abuts _____
 - c. Bedford tax map designation: Section 83.9 Block 1 Lot(s) 17
 - d. Property lies in a (circle one) 4A 2A 1A 1/2A 1/4A TF VA NB CE PB-R PB-O U
Zoning District _____
 - e. Total area of property in acres _____
5. REQUEST

The applicant requests that the Planning Board approve the issuance of a Special Use Permit under the following section of the Code of the Town of Bedford:

Article: _____ Section: 25.160, 25.751

The applicant proposes the following Special Permit Use:

TO renew approved permit by planning Board Amendment No. 1 to Resolution No. 12/20

6. PUBLIC NOTICE

Notice of the public hearing shall be published at least 10 days prior to the hearing in the Town newspaper and shall be mailed by the applicant at least 10 days prior to the hearing to all owners of property within 500 feet of the perimeter of the subject lot. The expense of publishing and mailing any notice shall be paid by the applicant, who shall file an affidavit mailing with the Board Secretary prior to the hearing.

7. SITE PLAN

Attach a Preliminary Site Plan Application Form, fee and eleven (11) copies of a Preliminary Site Plan complying with all requirements of Article IX, Section 125-88 of the Bedford Town Code.

8. FEES (make checks payable to the Town of Bedford)

Special Use Permit Application: \$ _____ \$ _____

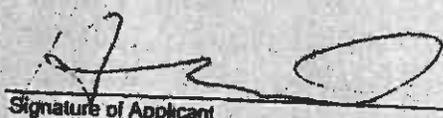
Preliminary Site Plan:
\$500 plus \$25 per parking space required by
the Bedford Town Code: \$ _____

Total: \$ _____

Permission is hereby given to the Town of Bedford, its agents, servants and employees to enter upon the above described property solely for the purposes incidental to the within application at reasonable times upon reasonable notice to the owner or tenant in possession.

All applications shall be signed by the owner of the property affected by this application and by the applicant, if other than the owner.

Signature of Owner Date

 03/10/16
Signature of Applicant Date

UUFNW
Name of Owner (Please Print) Date

Aleida Vitolo 03/10/16
Name of Applicant (Please Print) Date

TOWN OF BEDFORD
BUILDING AND CODE ENFORCEMENT

Steven Fraietta
Building Inspector

James Genovese
Assistant Building Inspector

William O'Keefe
Code Enforcement Officer



Alexandra J. Costello
Sr. Office Assistant

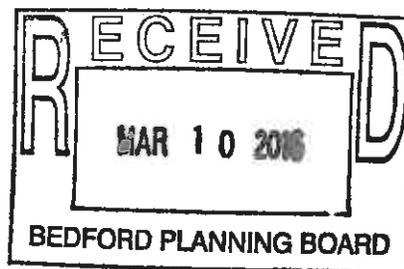
Donna M. Berkowitz
Sr. Office Assistant

Michael Repp
Deputy Fire Inspector

October 5, 2015

Mrs. Aleida Vitolo
A Kid's World
236 South Bedford
Mount Kisco, NY 10549

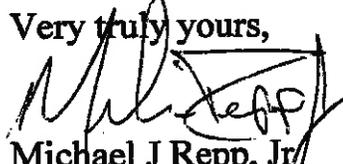
Dear Mrs. Vitolo:



This letter is to affirm that a fire safety inspection was conducted at A Kid's World on October 5, 2015.

As a result of this inspection, no apparent fire safety code violations were noted.

Very truly yours,


Michael J Repp, Jr.
Deputy Fire Inspector

**New York State Office of Children and Family Services
Day Care Center License**

This license certifies that

A Kid's World Preschool & Daycare LLC

may provide child care located at

236 South Bedford Road -- Mt. Kisco, NY 10549 -- (914) 244-8504

Administrator - Aleida Vitolo

Program Director - Danielle Orellana

in the following capacity (effective 04/11/2013)

8 Infants, 6 Toddlers, 11 Preschoolers, and 10 School-Aged Children

This program must be in compliance with the regulations of this Office and all other applicable laws and regulations.

License Effective 09/04/2014 -- License Expires 09/03/2018

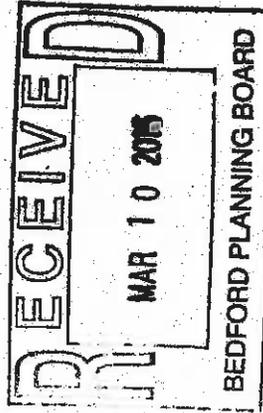
This facility is approved to administer medications.

This license must be posted or displayed conspicuously. It is the property of the New York State Office of Children and Family Services and must be returned when the license expires or is revoked.

License ID#
00600660DCC

Authorized Signature:

FRANCES FRANCO-MONTERO



Parents/guardians are welcome to contact the New York State Office of Children and Family Services, Division of Child Care Services, at (845) 708-2400 or (800) 732-5207 with any concerns or questions about child day care.

**PLANNING BOARD
TOWN OF BEDFORD
WESTCHESTER COUNTY, NEW YORK**

Amendment No. 1 to Resolution No. 12/20

**Unitarian Fellowship of Northern Westchester
Aleida Vitolo/A Kid's World Bilingual Preschool and Daycare Center**

WHEREAS, a formal application from Aleida Vitolo, 20 Lawrence Street, Mount Kisco, New York 10549, for approval of an amendment to a Special Use Permit pursuant to Section 125-75.1 of the Code of the Town of Bedford for a preschool program and daycare center, affecting premises located at 236 South Bedford Road, Bedford Corners, Town of Bedford, shown and designated on Town Tax Maps as Section 83.9 Block 1 Lot 17, in the R-4A Zone was received by the Planning Board on February 19, 2015, and

WHEREAS, the Planning Board received a request on January 7, 2015 from Aleida Vitolo, Owner, A Kid's World Bilingual Preschool and Daycare Center, requesting an amendment to Resolution No. 12/20 for an increase in the number of children from 20 children ages 2 to 5 years of age to 36 children 3 months to 8 years of age, and

WHEREAS, a duly advertised public hearing was held on said application on March 10, 2015 at the Town House Offices, 425 Cherry Street, Bedford Hills, New York, at approximately 8:05 PM., at which time all interested parties present were given an opportunity to be heard, and

WHEREAS, the Planning Board on March 10, 2015 reviewed said request and determined that there was no reason to deny the extension of the afternoon program, and

WHEREAS, the Board determined that, based upon the information submitted, the proposal will not have a significant effect on the environment as defined in the New York State Environmental Quality Review Act (SEQRA), and

WHEREAS, the requirements of Section 125-60 and Section 125.75.1 of the Code of the Town of Bedford have been met by the application.

NOW THEREFORE BE IT RESOLVED that the request dated January 7, 2015 from Aleida Vitolo for an increase in the number of children from 20 children ages 2 to 5 years of age to 36 children 3 months to 8 years of age is hereby granted subject to the following conditions:

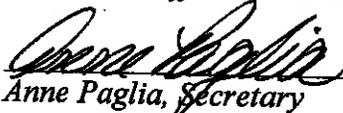
1. The permit shall be granted for one year. The applicant shall return to the Planning Board after one year to assess the impact, if any, of the increased traffic caused by the increase in the number of children.
2. The number of children cannot exceed 36 and shall range in age from 3 months to 8 years.

3. The applicant shall provide the Town with a copy of the New York State approvals.
4. The hours of operation shall remain as 7:30 AM to 5:30 PM.
5. The application shall be corrected to reflect that some students will be dropped off by bus.

Approved: 3/10/15

Dated: May 7, 2015

The foregoing resolution is certified to be a true copy of the resolution, which was approved on March 10, 2015 by the Planning Board of the Town of Bedford that was filed in the Office of the Clerk of the Town of Bedford on May 7, 2015.

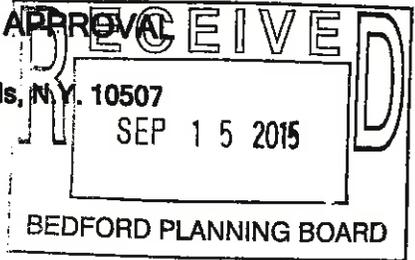


Anne Paglia, Secretary
Town of Bedford Planning Board

PLANNING BOARD
TOWN OF BEDFORD
WESTCHESTER COUNTY, NEW YORK

APPLICATION FOR PRELIMINARY SUBDIVISION APPROVAL

Submit to: Bedford Planning Board, Town House, Bedford Hills, N.Y. 10507



1. IDENTIFICATION OF OWNER

Name of owner: KED PARTNERS

Address: 87 Bedford Rd., Katonah, NY Phone: 232-3191

2. IDENTIFICATION OF APPLICANT, IF OTHER THAN OWNER

Name of applicant: SAME

Address: _____ Phone: _____

3. PROFESSIONAL PERSON PREPARING SUBDIVISION PLAT

Name: TIM MUELLER P.E. - BIBBO ASSOCIATES

Address: 293 Rt 100, Somers, N.Y., 10589 Phone: 277-5805

4. IDENTIFICATION OF PROPERTY

- a. Subdivision name or identifying title KED PARTNERS
- b. Roads which property abuts HILLSIDE AVE, HUNTINGTON RD, BEDFORD RD. (R-114)
- c. Bedford tax map designation: Section 42.19 Block 2 Lot(s) 31, 32, 33, 41, 42
- d. Property lies in a (circle one) 4A 2A 1A 1/2A 1/4A TF NB CE PB-R PB-O LI
- e. Total area of property in acres 5.75

5. REQUIRED INFORMATION

- a. Items required as part of this application are shown on the checklist on the other side of the application. Indicate all items submitted and, if necessary, submit a statement explaining the absence of any items.
- b. Waivers: Attach a list of any waivers of the provisions of the Subdivision of Land Chapter of the Town of Bedford requested and an explanation of the special circumstances therefor
- c. Fees: An application fee of \$500 plus \$150 for each new lot or dwelling unit. Lots or Units 4. Fee \$ 1100.00.
- d. Consideration of conservation subdivision of the property (is) (is not) requested. Date of Town Board authorization _____

Permission is hereby given to the Town of Bedford, its agents, servants and employees to enter upon the above described property solely for the purposes incidental to the within application at reasonable times upon reasonable notice to the owner or tenant in possession.

All applications shall be signed by the owner of the property affected by this application and by the applicant if other than the owner.

[Signature] 9/9/15
Signature of Owner Date

Signature of Applicant Date

Burns, Kelly
Name of Owner (please print)

Name of Applicant (please print)

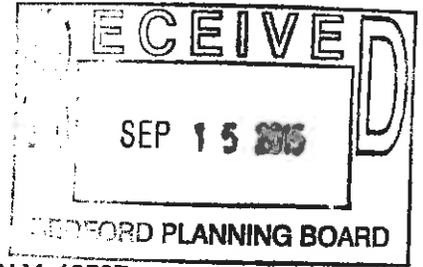
ITEMS TO ACCOMPANY APPLICATION

- (1) Eleven (11) copies each of the preliminary subdivision plat____, final construction plans____, topographic map____, and map of contiguous holdings_____.
- (2) Copy of deed or deeds to the subject property as well as copies of easement agreements affecting said property_____.
- (3) The engineer's or surveyor's certification of the total area of the subdivision shown on the on the plat____, the length of all proposed roads shown on the plat____, and the staking of the subdivision as required under Section 107-31 of the Town Code.
- (4) Proof of approval by the Wetlands Control Commission of any alterations to existing terrain conditions which are subject to the issuance of a permit by such Commission.
(See Wetlands Chapter of the Town Code)
- (5) Such additional information, maps or studies, including but not limited to soils studies, hydrographic studies, as the Planning Board may deem necessary to study and determine the capacity of the land in relation to the proposed subdivision and any required assessment and/or impact statements.
- (6) Any required assessment and/or impact statements required pursuant to the New York State Environmental Quality Review Act (SEQRA)

CONSERVATION SUBDIVISIONS ONLY

- (7) Approval by resolution of the Town Board authorizing the Planning Board to consider a conservation subdivision of the subject property.
- (8) Statement requesting application of the conservation subdivision procedure, stating the purpose of the plan and listing proposed Town Code modifications_____.
- (9) Four copies each of a sketch layout and preliminary construction plans for a conventional subdivision, in accordance with Section 107-31 of the Town Code.
- (10) Site development plan where authorization to construct attached buildings is requested_____.

PLANNING BOARD
TOWN OF BEDFORD
WESTCHESTER COUNTY, NEW YORK



APPLICATION FOR A STEEP SLOPE PERMIT

Submit to: Bedford Planning Board, Town House, Bedford Hills, N.Y. 10507

1. IDENTIFICATION OF OWNER

Name of owner: KED PARTNERS

Address: 87 Bedford Rd., Katonah, NY Phone: 232-3191

2. IDENTIFICATION OF APPLICANT, IF OTHER THAN OWNER

Name of applicant: SIME

Address: _____ Phone: _____

3. PROFESSIONAL PERSON PREPARING SUBDIVISION PLAT

Name: TIM ANTON P.E., BIBB ASSOC.

Address: Rt 100, Somers, N.Y. 10589 Phone: 277-5805

4. IDENTIFICATION OF PROPERTY

Name or identifying title: K.E.D PARTNERS PROPERTY

Address: HILLSIDE AVE, HARTON, BEDFORD RD, HUNTING G

Bedford tax map designation: Section 49.19 Block 2 Lot(s) 31, 32, 33, 41, 42

Property lies in a (circle one) 4A 2A 1A 1/2A (1/4A) TF (VA) NB CE PB-R PB-O LI

Total area of property in acres 5.75

Property abuts a State or County highway, thruway or park: Yes: No:

Property is within 500 feet of the boundary of Town of Bedford: Yes: No:

5. SITE PLAN

Attach eleven (11) copies of a Site Plan complying with all requirements of Chapter 102-4B(1) of the Bedford Town Code. (See back of this sheet for details)

6. FEES (Make checks payable to the Town of Bedford)

\$100 plus \$250.00 for each 10,000 square feet of disturbed steep slope or portion thereof over 1,000 square feet.

7. REQUEST

The applicant requests that the Planning Board approve the issuance of a Steep Slope Permit under Chapter 102 of the Code of the Town of Bedford. The applicant proposes the following:

CONSOLIDATION OF 5 TAX PARCELS INTO 4
SINGLE FAMILY RESIDENTIAL LOTS

Permission is hereby given to the Town of Bedford, its agents, servants and employees to enter upon the above described property solely for the purposes incidental to the within application at reasonable times upon reasonable notice to the owner or tenant in possession.

All applications shall be signed by the owner of the property affected by this application and by the applicant if other than the owner.

Signature of Owner [Signature] Date 9/9/15 Signature of Applicant _____ Date _____

Name of Owner EDWARD KELLY (please print) Name of Applicant _____ (please print)
3/05 (over)

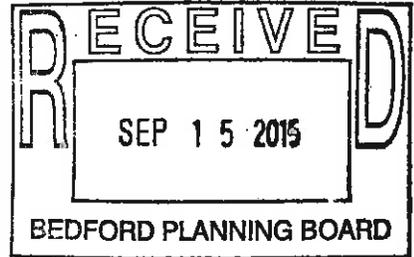
DATA REQUIRED WITH THIS APPLICATION

This application shall include the following:

1. Eleven copies of a site plan drawn at a scale of not less than one (1) inch equals thirty (30) feet, prepared by an engineer, licensed by the State of New York, showing within the lot or lots containing steep slopes, the following:
 - (a) Proposed location of major buildings, septic systems, wells and driveways.
 - (b) The location of the proposed area of disturbance and its relation to neighboring properties, together with buildings, roads, affected trees as defined in Chapter 112 of the Town Code, and affected wetlands as defined in Chapter 122 of the Town Code, if any, within one hundred (100) feet of the boundaries of the said area. An inset map at a reduced scale may be used if requested by the Town Engineer.
 - (c) Existing topography of the proposed area of disturbance at a contour interval of not more than two feet. Contours shall be shown for a distance of fifty (50) feet or greater beyond the limits of the proposed area of disturbance, if determined necessary by the Town Engineer in order to fully evaluate the application.
 - (d) Proposed final contours and proposed surface materials or treatment at the maximum contour interval of two feet.
 - (e) Existing topography of the area proposed to be disturbed and the entire watershed tributary to said area presented at a scale of not more than one hundred (100) feet per inch. This map shall show existing and, if required by the Town Engineer, proposed controls and diversions of upland water.
 - (f) Existing soils on the property, taken from field investigations by a soils scientist and and classified into Hydrologic Soil Groups. The depth to bedrock and depth to water table, K-factor and soil and rock strata in all areas of disturbance shall be identified.
 - (g) The details of any surface or subsurface drainage system proposed to be installed, including special erosion control measures, designed to provide for proper surface or subsurface drainage, both during the performance of the work and after its completion.
 - (h) Cut/Fill Map delineating proposed areas of disturbance at affected depths in feet of 0-3, 3-6, 6-10, and 10 and over.
 - (i) Slope Map showing existing and proposed slopes for each of the soil types described in paragraph (f) above.
 - (j) Any special reports deemed necessary by the Town Engineer to evaluate the application, including but not limited to geologic or hydrogeologic studies.
2. A written narrative explaining the nature of the proposal, including any future development proposals for the property and whether alternative locations exist for the proposed activity.

PLANNING BOARD
TOWN OF BEDFORD
WESTCHESTER COUNTY, NEW YORK

ENVIRONMENTAL CLEARANCE FORM
(This Side to be Completed by Applicant)



1. IDENTIFICATION OF OWNER

Name of owner: KEY PARTNERS
Address: 87 BEDFORD RD., KROONH Phone: 232-3191

2. IDENTIFICATION OF APPLICANT, IF OTHER THAN OWNER

Name of applicant: Same
Address: _____ Phone: _____

3. IDENTIFICATION OF SITE INVOLVED, if any

- a. Name or other identification of site KEY PARTNERS - ONE HOME
- b. Roads which site abuts HILLSIDE AVE, HURVILLE RD, BEDFORD RD (117)
- c. Bedford tax map designation: Section: 49.19 Block 2 Lot (s) 31, 32, 33, 41, 42
- d. Total site area 5.75 ACRES
- e. Does the applicant have a whole or partial interest in lands adjoining this site? YES

4. IDENTIFICATION OF PROPOSED ACTION

- a. Description of Proposed Action CONSOLIDATION OF 5 TAX PARCELS & 2 EXISTING HOUSES INTO 4 SINGLE FAMILY LOTS
- b. Relationship to other actions:
 - 1. List any further actions which may be undertaken, of which this proposed action is part or first step, e. g. further subdivision of a large parcel of land: NONE
 - 2. List any related actions which may be undertaken, of which this proposed action, e.g. highway reconstruction to serve increased traffic: PAVE RECONSTRUCTION OF EXISTING DEWEY RD UTILITIES
 - 3. List any actions which are dependent upon this proposed action, and therefore should be reviewed as part of this action, e.g. house construction in the case of a residential subdivision: 2 NEW HOUSES

All such actions must be reviewed in conjunction with the action proposed.

5. CLASSIFICATION OF PROPOSED ACTION (see lists of Type I, II, Exempt, Excluded Actions)

- Type I. An Environmental Impact Statement is required unless the applicant demonstrates conclusively that one is not needed. Proceed to Environmental Assessment Form.
- Type II or Exempt Action. No Environmental Impact Statement is needed. Submit this form only.
- Unlisted Action. Pending Analysis of further information, an Environmental Impact Statement may be required. Proceed to Environmental Assessment Form.

04/05

[Signature]
Signature of Applicant

9/9/15
Date

**TOWN OF BEDFORD
ENVIRONMENTAL CLEARANCE FORM**
(This side only for Official Use Only)

1. CLASSIFICATION APPROVED; FURTHER ACTION REQUIRED:

- Type I Action.** The proposed action will have a significant effect on the environment. An Environmental Impact Statement is required unless the applicant demonstrates conclusively that one is not needed. Proceed to Environmental Assessment Form.

- Type II or Exempt or Excluded Action.** No Environmental Impact Statement is needed. No further action required.

- Unlisted Action.** The proposed project may have a significant effect on the environment. Pending analysis of further information, an Environmental Impact Statement may be required. Proceed to Environmental Assessment Form.

2. COMMENTS:

Town Agency

Agency Signature

Date

PLANNING BOARD
TOWN OF BEDFORD
WESTCHESTER COUNTY, NEW YORK

APPLICATION FOR PRELIMINARY SUBDIVISION APPROVAL

Submit to: Bedford Planning Board, Town House, Bedford Hills, N.Y. 10507

1. IDENTIFICATION OF OWNER

Name of owner: No. WESTCHESTER PROF. PARK ASSOCIATES II

Address: 21 FRANKLIN CT., NEWTOWN CT 06407 Phone: 914-506-0316

2. IDENTIFICATION OF APPLICANT, IF OTHER THAN OWNER

Name of applicant: MR. MERV BLANK

Address: SAME Phone: _____

3. PROFESSIONAL PERSON PREPARING SUBDIVISION PLAT

Name: TIM BROWN, P.E. - BIBBO ASSOCIATES

Address: Rt 100, SOMERS, NY 10589 Phone: 914-277-5805

4. IDENTIFICATION OF PROPERTY

a. Subdivision name or identifying title: ABOVE

b. Roads which property abuts: McCLAN ST.

c. Bedford tax map designation: Section 92.12 Block 1 Lot(s) 3

d. Property lies in a (circle one) 4A 2A 1A 1/2A 1/4 A TF VA NB CE PB-R PB-O LI

e. Total area of property in acres: 10.6 ACRES - 9.7 ACRES BEDFORD ONLY

5. REQUIRED INFORMATION

a. Items required as part of this application are shown on the checklist on the other side of the application. Indicate all items submitted and, if necessary, submit a statement explaining the absence of any items.

b. Waivers: Attach a list of any waivers of the provisions of the Subdivision of Land Chapter of the Town of Bedford requested and an explanation of the special circumstances therefor

c. Fees: An application fee of \$500 plus \$150 for each new lot or dwelling unit.

Lots or Units 4. Fee \$ 1100.

d. Consideration of conservation subdivision of the property (is) (is not) requested. Date of Town Board authorization _____

Permission is hereby given to the Town of Bedford, its agents, servants and employees to enter upon the above described property solely for the purposes incidental to the within application at reasonable times upon reasonable notice to the owner or tenant in possession.

All applications shall be signed by the owner of the property affected by this application and by the applicant if other than the owner.

Signature of Owner: [Signature] Date: 8/9/12 Signature of Applicant: _____ Date: _____

Name of Owner: MERV BLANK (please print) Name of Applicant: _____ (please print)

(over)

ITEMS TO ACCOMPANY APPLICATION

- (1) Eleven (11) copies each of the preliminary subdivision plat____, final construction plans____, topographic map____, and map of contiguous holdings_____.
- (2) Copy of deed or deeds to the subject property as well as copies of easement agreements affecting said property_____.
- (3) The engineer's or surveyor's certification of the total area of the subdivision shown on the on the plat____, the length of all proposed roads shown on the plat____, and the staking of the subdivision as required under Section 107-31 of the Town Code.
- (4) Proof of approval by the Wetlands Control Commission of any alterations to existing terrain conditions which are subject to the issuance of a permit by such Commission.
(See Wetlands Chapter of the Town Code)
- (5) Such additional information, maps or studies, including but not limited to soils studies, hydrographic studies, as the Planning Board may deem necessary to study and determine the capacity of the land in relation to the proposed subdivision and any required assessment and/or impact statements.
- (6) Any required assessment and/or impact statements required pursuant to the New York State Environmental Quality Review Act (SEQRA)

CONSERVATION SUBDIVISIONS ONLY

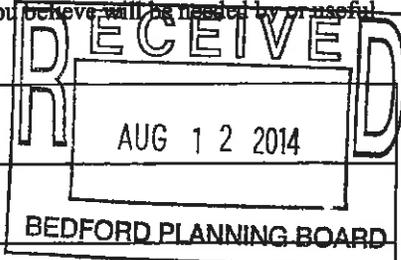
- (7) Approval by resolution of the Town Board authorizing the Planning Board to consider a conservation subdivision of the subject property.
- (8) Statement requesting application of the conservation subdivision procedure, stating the purpose of the plan and listing proposed Town Code modifications_____.
- (9) Four copies each of a sketch layout and preliminary construction plans for a conventional subdivision, in accordance with Section 107-31 of the Town Code.
- (10) Site development plan where authorization to construct attached buildings is requested_____.

617.20
Appendix B
Short Environmental Assessment Form

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.



Part 1 - Project and Sponsor Information			
Name of Action or Project: <i>BLANK SUBDIVISION</i>			
Project Location (describe, and attach a location map): <i>WEST SIDE OF Mc CUTEN ST - APPROX 400' NORTH OF Rt 172</i>			
Brief Description of Proposed Action: <i>IN THE TOWN OF BEDFORD THE SUBDIVISION OF APPROX. 10 ACRES OF LAND INTO 4 BUILDING LOTS SERVED BY INDIVIDUAL WELLS AND SEPTIC SYSTEMS. A SHORT TOWN ROAD AND ASSOCIATED PERMITS WILL ALSO BE PROVIDED</i>			
Name of Applicant or Sponsor: <i>NO. WEST PROFESSIONAL PARK ASSOC. II</i>		Telephone: <i>914-506-0314</i>	
Address: <i>18 BLANK SWAN CT. C/O MERV BLANK.</i>		E-Mail:	
City/PO: <i>BROOKFIELD</i>	State: <i>CT</i>	Zip Code: <i>06804</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.		NO	YES
		<input checked="" 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:		NO	YES
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		<i>10.2</i> acres	
b. Total acreage to be physically disturbed?		<i>5.9</i> acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<i>10.2</i> 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 checked="" type="checkbox"/> Commercial <input checked="" 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			

	NO	YES	N/A
5. Is the proposed action, a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input 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"/>	<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: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: <u>IND. DRILLED WELLS</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: <u>IND. SEPTIC SYSTEMS</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the proposed action located in an archeological sensitive area?	<input checked="" type="checkbox"/>	<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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: _____	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100 year flood plain?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <u>ADJACENT STORM WATER</u> <u>CATCH BASINS + PIPING</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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: _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: _____ Signature: _____	Date: <u>8/12/14</u>	

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing: a. public / private water supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<input checked="" type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.
<u>DEYOLE PLANNING BOARD</u>	<u>FEB. 9, 2016</u>
Name of Lead Agency	Date
<u>DEYOLE COURTNEY-BATSON</u>	<u>PLANNING BOARD CHAIRMAN</u>
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
<u>Courtney Batson</u>	
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)

PRINT

PLANNING BOARD
TOWN OF BEDFORD
WESTCHESTER COUNTY, NEW YORK

ENVIRONMENTAL CLEARANCE FORM
(This Side to be Completed by Applicant)

1. IDENTIFICATION OF OWNER

Name of owner: NO. WESTCHESTER PROFESSIONAL PARK ASSOCIATES
Address: 21 FRANKLIN CR., HENRIETTA CT, 06407 Phone: 914-506-0316

2. IDENTIFICATION OF APPLICANT, IF OTHER THAN OWNER

Name of applicant: SOME c/o M&W BANK
Address: _____ Phone: _____

3. IDENTIFICATION OF SITE INVOLVED, if any

- a. Name or other identification of site - ABOVE
b. Roads which site abuts McCLAIN ST
c. Bedford tax map designation: Section: 82.12 Block 1 Lot (s) 3
d. Total site area 10.6 ACRES - 9.7 ACRES IN BEDFORD
e. Does the applicant have a whole or partial interest in lands adjoining this site? YES

4. IDENTIFICATION OF PROPOSED ACTION

- a. Description of Proposed Action: SUBDIVISION OF PROPERTY INTO 4 RESIDENTIAL BUILDING LOTS
b. Relationship to other actions:

1. List any further actions which may be undertaken, of which this proposed action is part or first step, e. g. further subdivision of a large parcel of land: NONE
2. List any related actions which may be undertaken, of which this proposed action, e.g. highway reconstruction to serve increased traffic: NONE
3. List any actions which are dependent upon this proposed action, and therefore should be reviewed as part of this action, e.g. house construction in the case of a residential subdivision: HOUSE, W&W, SEPTIC CONSTRUCTION ON EACH LOT

All such actions must be reviewed in conjunction with the action proposed.

5. CLASSIFICATION OF PROPOSED ACTION (see lists of Type I, II, Exempt, Excluded Actions)

- Type I. An Environmental Impact Statement is required unless the applicant demonstrates conclusively that one is not needed. Proceed to Environmental Assessment Form.
- Type II or Exempt Action. No Environmental Impact Statement is needed. Submit this form only.
- Unlisted Action. Pending Analysis of further information, an Environmental Impact Statement may be required. Proceed to Environmental Assessment Form.

04/05

[Signature]
Signature of Applicant

8/9/12
Date

**PLANNING BOARD
TOWN OF BEDFORD
WESTCHESTER COUNTY, NEW YORK**

**Resolution No. 15/32
Sketch Plan Approval**

**Antioch Baptist Church
Town of Bedford**

WHEREAS, the Planning Board received an application dated June 23, 2015, from Antioch Baptist Church, 175 Railroad Avenue, Bedford Hills, New York 10507, for approval for a change of lot line subdivision and site plan approval for Antioch Baptist Church, affecting properties located at 147, 165 and 175 Railroad Avenue, Bedford Hills, Town of Bedford, shown and designated on Town Tax Maps as Section 60.14 Block 2 Lots 7, 8 and 9, in the Light Industrial Zone, and

WHEREAS, the Planning Board received a site plan titled "Preliminary Site Plan," prepared by The Helmes Group, 184 Katonah Avenue, Katonah, New York 10536, dated 8/31/15, revised 9/8/15 and received in this office on 9/8/15, and

WHEREAS, on September 8, 2015 the Planning Board reviewed said plan, and

WHEREAS, the Sketch plan meets all requirements of the Code of the Town of Bedford, except as noted below, and

NOW THEREFORE BE IT RESOLVED that the above described sketch plan is approved.

ADOPTED: September 8, 2015

DATED: November 10, 2015

The foregoing resolution is certified to be a true copy of the resolution, which was approved on September 8, 2015 by the Planning Board of the Town of Bedford that was filed in the Office of the Clerk of the Town of Bedford on November 10, 2015.



Anne Paglia, Secretary
Town of Bedford Planning Board

PLANNING BOARD
TOWN OF BEDFORD
WESTCHESTER COUNTY, NEW YORK

FILE

APPLICATION FOR A STEEP SLOPE PERMIT

Submit to: Bedford Planning Board, Town House, Bedford Hills, N.Y. 10507

1. IDENTIFICATION OF OWNER

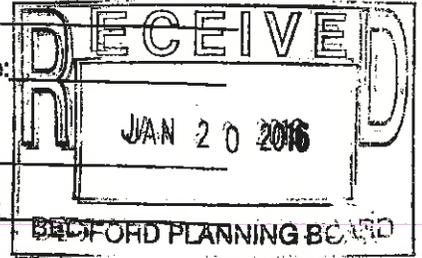
Name of owner: Joseph Pugni

Address: 140 Brandhurst Ave. Valhalla NY 10595 Phone: _____

2. IDENTIFICATION OF APPLICANT, IF OTHER THAN OWNER

Name of applicant: _____

Address: _____ Phone: _____



3. PROFESSIONAL PERSON PREPARING SUBDIVISION PLAT

Name: Timothy S. Allen

Address: 293 Route 100 Suite 203, Somers NY 10589 Phone: 914-277-5205

4. IDENTIFICATION OF PROPERTY .

Name or identifying title: Pugni

Address: 3 Haines Rd

Bedford tax map designation: Section 60.13 Block 1 Lot(s) 3

Property lies in a (circle one) (4A) 2A 1A 1/2A 1/4A TF VA NB CE PB-R PB-O LI

Total area of property in acres 4.0

Property abuts a State or County highway, thruway or park: Yes: _____ No:

Property is within 500 feet of the boundary of Town of Bedford: Yes: _____ No:

5. SITE PLAN

Attach eleven (11) copies of a Site Plan complying with all requirements of Chapter 102-4B(1) of the Bedford Town Code. (See back of this sheet for details)

6. FEES (Make checks payable to the Town of Bedford)

\$100 plus \$250.00 for each 10,000 square feet of disturbed steep slope or portion thereof over 1,000 square feet.

7. REQUEST

The applicant requests that the Planning Board approve the issuance of a Steep Slope Permit under Chapter 102 of the Code of the Town of Bedford. The applicant proposes the following:

The applicant is proposing to build a single family residence on the 4.0 acre lot involving the disturbance of steep slopes.

Permission is hereby given to the Town of Bedford, its agents, servants and employees to enter upon the above described property solely for the purposes incidental to the within application at reasonable times upon reasonable notice to the owner or tenant in possession.

All applications shall be signed by the owner of the property affected by this application and by the applicant if other than the owner.

X [Signature] 10/29/15
Signature of Owner Date

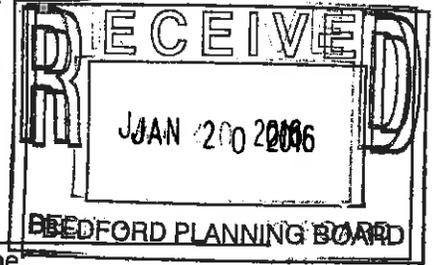
Signature of Applicant Date

X Joseph R Pugni
Name of Owner (please print)
3/05 (over)

Name of Applicant (please print)

PLANNING BOARD
TOWN OF BEDFORD
WESTCHESTER COUNTY, NEW YORK

ENVIRONMENTAL CLEARANCE FORM
(This Side to be Completed by Applicant)



1. IDENTIFICATION OF OWNER

Name of owner: Mark Pugni
Address: 140 Bradhurst Ave, Valhalla, NY Phone: _____

2. IDENTIFICATION OF APPLICANT, IF OTHER THAN OWNER

Name of applicant: Same
Address: _____ Phone: _____

3. IDENTIFICATION OF SITE INVOLVED, if any

- a. Name or other identification of site Pugni
- b. Roads which site abuts Haines Road
- c. Bedford tax map designation: Section: 60.13 Block 1 Lot (s) 3
- d. Total site area 4.0 acres
- e. Does the applicant have a whole or partial interest in lands adjoining this site? No

4. IDENTIFICATION OF PROPOSED ACTION

- a. Description of Proposed Action To build a single family residence w/ a new driveway coming off Haines Rd.
- b. Relationship to other actions:

- 1. List any further actions which may be undertaken, of which this proposed action is part or first step, e. g. further subdivision of a large parcel of land: _____
- 2. List any related actions which may be undertaken, of which this proposed action, e.g. highway reconstruction to serve increased traffic: _____
- 3. List any actions which are dependent upon this proposed action, and therefore should be reviewed as part of this action, e.g. house construction in the case of a residential subdivision: _____

All such actions must be reviewed in conjunction with the action proposed.

5. CLASSIFICATION OF PROPOSED ACTION (see lists of Type I, II, Exempt, Excluded Actions)

- Type I. An Environmental Impact Statement is required unless the applicant demonstrates conclusively that one is not needed. Proceed to Environmental Assessment Form.
- Type II or Exempt Action. No Environmental Impact Statement is needed. Submit this form only.
- Unlisted Action. Pending Analysis of further information, an Environmental Impact Statement may be required. Proceed to Environmental Assessment Form.

04/05

[Signature]
Signature of Applicant

11/12/15
Date

TOWN OF BEDFORD
ENVIRONMENTAL CLEARANCE FORM
(This side only for Official Use Only)

1. CLASSIFICATION APPROVED; FURTHER ACTION REQUIRED:

- Type I Action.** The proposed action will have a significant effect on the environment. An Environmental Impact Statement is required unless the applicant demonstrates conclusively that one is not needed. Proceed to Environmental Assessment Form.

- Type II or Exempt or Excluded Action.** No Environmental Impact Statement is needed. No further action required.

- Unlisted Action.** The proposed project may have a significant effect on the environment. Pending analysis of further information, an Environmental Impact Statement may be required. Proceed to Environmental Assessment Form.

2. COMMENTS:

Town Agency

Agency Signature

Date

BIBBO ASSOCIATES, L.L.P.

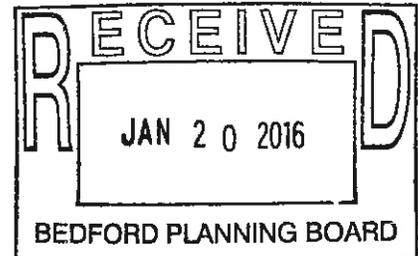
Consulting Engineers

Joseph J. Buschynski, P.E.

Timothy S. Allen, P.E.

Sabri Barisser, P.E.

January 20, 2016



Bedford Planning Board
425 Cherry Street
Bedford Hills, NY 10507

ATTN: Ms. Deirdre Courtney-Batson, Chair

RE: Mark Pagni (Formerly Joseph Pagni / Bradhurst Realty)
Steep Slopes Application
T.M. # 60.13 - 1 - 3

Dear Members of the Board:

This project has been in front of the Board in the past during 2007 and previously in 2003 and 2004. We offer the following for your review:

- 10 copies – Plan Set, last revised 11-30-2015
 - Existing Conditions
 - Site Plan
 - Driveway Plan
 - Steep Slopes Plan
 - Details
- 10 copies – Steep Slope Permit Application, dated 10-28-2015
- 10 copies – Steep Slopes Narrative, dated 1-20-2016
- 10 copies – Environmental Clearance Form, dated 11-13-2015
- 3 copies – Stormwater Pollution Prevention Plan, dated 11-11-2015
- NYSDEC Notice of Intent and MS4 Acceptance Form
- Steep Slope Permit fee of \$350

The current owner, Mark Pagni, is proposing to construct a single family residence on the 4.0 acre lot located off of Haines Road. The property consists of forest on steep slopes throughout much of the lot. The driveway and residence construction will disturb approximately 9,224 square feet of steep slopes. The proposed steep slopes disturbance will be mitigated by a proposed stormwater control system designed to lower the runoff from all design storms.

We respectfully request that this matter be placed on your next available agenda for consideration.

Very truly yours,

A handwritten signature in black ink, appearing to read "Timothy S. Allen".

Timothy S. Allen, P.E.

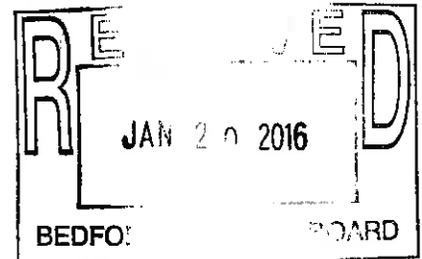
TSA/nh
Enclosures

Site Design ♦ Environmental



Steep Slopes Narrative

Prepared for
Mark Pagni
Haines Road
Town of Bedford, NY



Timothy S. Allen, PE
N.Y.S. License #: 073434



The applicant is proposing to build a new single family residence on the existing 4.0 acre lot.

The land where the proposed residence will be constructed is fairly uniformly sloping land. The ascent to the residence is mostly steep slopes greater than 25% grade where the driveway is proposed. Most of the steep slopes to be disturbed drain towards a small wetland where the entrance of the driveway is proposed. The proposed construction will disturb approximately 38,000 SF, which includes about 9,800 SF disturbance to steep slopes (land with slopes > 25%) or approximately 25 % of the area being disturbed. Cut and Fill in the steep slopes consists of approximately 4,991 SF.

There are no alternative locations which could be used on this property for access to the proposed residence. Most of the property contains steep slopes and the disturbance in the steep slopes has been minimized to the greatest extent.

NOTICE OF INTENT

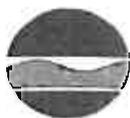
New York State Department of Environmental Conservation

Division of Water

625 Broadway, 4th Floor

Albany, New York 12233-3505

NYR
(for DEC use only)



Stormwater Discharges Associated with Construction Activity Under State Pollutant Discharge Elimination System (SPDES) General Permit # GP-0-15-002
All sections must be completed unless otherwise noted. Failure to complete all items may result in this form being returned to you, thereby delaying your coverage under this General Permit. Applicants must read and understand the conditions of the permit and prepare a Stormwater Pollution Prevention Plan prior to submitting this NOI. Applicants are responsible for identifying and obtaining other DEC permits that may be required.

-IMPORTANT-
RETURN THIS FORM TO THE ADDRESS ABOVE
OWNER/OPERATOR MUST SIGN FORM

Owner/Operator Information

Owner/Operator (Company Name/Private Owner Name/Municipality Name)

P u g n i

Owner/Operator Contact Person Last Name (NOT CONSULTANT)

P u g n i

Owner/Operator Contact Person First Name

M a r k

Owner/Operator Mailing Address

1 4 0 B r a n d h u r s t A v e .

City

V a l h a l l a

State

N Y

Zip

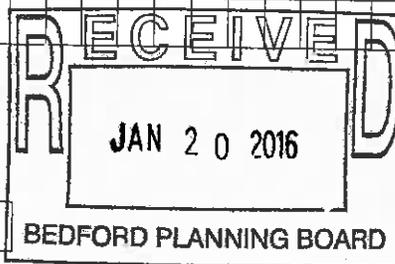
1 0 5 9 5 -

Phone (Owner/Operator)

- -

Fax (Owner/Operator)

- -



Email (Owner/Operator)

FED TAX ID

- (not required for individuals)

Post-construction Stormwater Management Practice (SMP) Requirements

Important: Completion of Questions 27-39 is not required
if response to Question 22 is No.

27. Identify all site planning practices that were used to prepare the final site plan/layout for the project.

- Preservation of Undisturbed Areas
- Preservation of Buffers
- Reduction of Clearing and Grading
- Locating Development in Less Sensitive Areas
- Roadway Reduction
- Sidewalk Reduction
- Driveway Reduction
- Cul-de-sac Reduction
- Building Footprint Reduction
- Parking Reduction

27a. Indicate which of the following soil restoration criteria was used to address the requirements in Section 5.1.6 ("Soil Restoration") of the Design Manual (2010 version).

- All disturbed areas will be restored in accordance with the Soil Restoration requirements in Table 5.3 of the Design Manual (see page 5-22).
- Compacted areas were considered as impervious cover when calculating the **WQv Required**, and the compacted areas were assigned a post-construction Hydrologic Soil Group (HSG) designation that is one level less permeable than existing conditions for the hydrology analysis.

28. Provide the total Water Quality Volume (WQv) required for this project (based on final site plan/layout).

Total WQv Required

. acre-feet

29. Identify the RR techniques (Area Reduction), RR techniques (Volume Reduction) and Standard SMPs with RRv Capacity in Table 1 (See Page 9) that were used to reduce the Total WQv Required (#28).

Also, provide in Table 1 the total impervious area that contributes runoff to each technique/practice selected. For the Area Reduction Techniques, provide the total contributing area (includes pervious area) and, if applicable, the total impervious area that contributes runoff to the technique/practice.

Note: Redevelopment projects shall use Tables 1 and 2 to identify the SMPs used to treat and/or reduce the WQv required. If runoff reduction techniques will not be used to reduce the required WQv, skip to question 33a after identifying the SMPs.

Table 1 - Runoff Reduction (RR) Techniques and Standard Stormwater Management Practices (SMPs)

<u>RR Techniques (Area Reduction)</u>	<u>Total Contributing Area (acres)</u>		<u>Total Contributing Impervious Area (acres)</u>	
<input type="radio"/> Conservation of Natural Areas (RR-1) ...	<input type="text"/>	<input type="text"/>	and/or	<input type="text"/>
<input type="radio"/> Sheetflow to Riparian Buffers/Filters Strips (RR-2)	<input type="text"/>	<input type="text"/>	and/or	<input type="text"/>
<input type="radio"/> Tree Planting/Tree Pit (RR-3)	<input type="text"/>	<input type="text"/>	and/or	<input type="text"/>
<input type="radio"/> Disconnection of Rooftop Runoff (RR-4) ..	<input type="text"/>	<input type="text"/>	and/or	<input type="text"/>
<u>RR Techniques (Volume Reduction)</u>				
<input type="radio"/> Vegetated Swale (RR-5)	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="radio"/> Rain Garden (RR-6)	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="radio"/> Stormwater Planter (RR-7)	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="radio"/> Rain Barrel/Cistern (RR-8)	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="radio"/> Porous Pavement (RR-9)	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="radio"/> Green Roof (RR-10)	<input type="text"/>	<input type="text"/>		<input type="text"/>
<u>Standard SMPs with RRv Capacity</u>				
<input type="radio"/> Infiltration Trench (I-1)	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="radio"/> Infiltration Basin (I-2)	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="radio"/> Dry Well (I-3)	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input checked="" type="radio"/> Underground Infiltration System (I-4)	<input type="text"/>	<input type="text"/>	0	1 7 4
<input type="radio"/> Bioretention (F-5)	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="radio"/> Dry Swale (O-1)	<input type="text"/>	<input type="text"/>		<input type="text"/>
<u>Standard SMPs</u>				
<input type="radio"/> Micropool Extended Detention (P-1)	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="radio"/> Wet Pond (P-2)	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="radio"/> Wet Extended Detention (P-3)	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="radio"/> Multiple Pond System (P-4)	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="radio"/> Pocket Pond (P-5)	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="radio"/> Surface Sand Filter (F-1)	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="radio"/> Underground Sand Filter (F-2)	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="radio"/> Perimeter Sand Filter (F-3)	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="radio"/> Organic Filter (F-4)	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="radio"/> Shallow Wetland (W-1)	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="radio"/> Extended Detention Wetland (W-2)	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="radio"/> Pond/Wetland System (W-3)	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="radio"/> Pocket Wetland (W-4)	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="radio"/> Wet Swale (O-2)	<input type="text"/>	<input type="text"/>		<input type="text"/>

33. Identify the Standard SMPs in Table 1 and, if applicable, the Alternative SMPs in Table 2 that were used to treat the remaining total WQv(=Total WQv Required in 28 - Total RRv Provided in 30).

Also, provide in Table 1 and 2 the total impervious area that contributes runoff to each practice selected.

Note: Use Tables 1 and 2 to identify the SMPs used on Redevelopment projects.

33a. Indicate the Total WQv provided (i.e. WQv treated) by the SMPs identified in question #33 and Standard SMPs with RRv Capacity identified in question 29.

WQv Provided

0 . 0 2 2 acre-feet

Note: For the standard SMPs with RRv capacity, the WQv provided by each practice = the WQv calculated using the contributing drainage area to the practice - RRv provided by the practice. (See Table 3.5 in Design Manual)

34. Provide the sum of the Total RRv provided (#30) and the WQv provided (#33a).

0 . 0 5 6

35. Is the sum of the RRv provided (#30) and the WQv provided (#33a) greater than or equal to the total WQv required (#28)? Yes No

If Yes, go to question 36.

If No, sizing criteria has not been met, so NOI can not be processed. SWPPP preparer must modify design to meet sizing criteria.

36. Provide the total Channel Protection Storage Volume (CPv) required and provided or select waiver (36a), if applicable.

CPv Required

. acre-feet

CPv Provided

. acre-feet

36a. The need to provide channel protection has been waived because:

Site discharges directly to tidal waters or a fifth order or larger stream.

Reduction of the total CPv is achieved on site through runoff reduction techniques or infiltration systems.

37. Provide the Overbank Flood (Qp) and Extreme Flood (Qf) control criteria or select waiver (37a), if applicable.

Total Overbank Flood Control Criteria (Qp)

Pre-Development

1 . 3 0 CFS

Post-development

0 . 9 9 CFS

Total Extreme Flood Control Criteria (Qf)

Pre-Development

4 . 5 8 CFS

Post-development

4 . 4 5 CFS

Owner/Operator Certification

I have read or been advised of the permit conditions and believe that I understand them. I also understand that, under the terms of the permit, there may be reporting requirements. I hereby certify that this document and the corresponding documents were prepared under my direction or supervision. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further understand that coverage under the general permit will be identified in the acknowledgment that I will receive as a result of submitting this NOI and can be as long as sixty (60) business days as provided for in the general permit. I also understand that, by submitting this NOI, I am acknowledging that the SWPPP has been developed and will be implemented as the first element of construction, and agreeing to comply with all the terms and conditions of the general permit for which this NOI is being submitted.

Print First Name

M a r k

MI

Print Last Name

P u g n i

Owner/Operator Signature



Date

11 / 16 / 2015



Department of
Environmental
Conservation

NYS Department of Environmental Conservation
Division of Water
625 Broadway, 4th Floor
Albany, New York 12233-3505

**MS4 Stormwater Pollution Prevention Plan (SWPPP) Acceptance
Form**
for

Construction Activities Seeking Authorization Under SPDES General Permit
*(NOTE: Attach Completed Form to Notice Of Intent and Submit to Address Above)

I. Project Owner/Operator Information

1. Owner/Operator Name: Mark Pugni

2. Contact Person: Mark Pugni

3. Street Address: 140 Brandhurst Ave.

4. City/State/Zip: Valhalla, NY 10595

II. Project Site Information

5. Project/Site Name: Pugni

6. Street Address: Haines Road

7. City/State/Zip: Bedford, NY 10507

III. Stormwater Pollution Prevention Plan (SWPPP) Review and Acceptance Information

8. SWPPP Reviewed by:

9. Title/Position:

10. Date Final SWPPP Reviewed and Accepted:

IV. Regulated MS4 Information

11. Name of MS4:

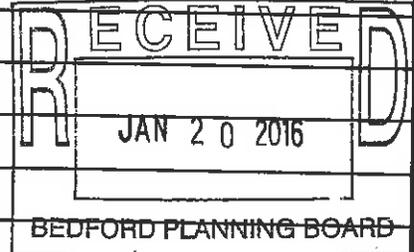
12. MS4 SPDES Permit Identification Number: NYR20A

13. Contact Person:

14. Street Address:

15. City/State/Zip:

16. Telephone Number:



MS4 SWPPP Acceptance Form - continued

V. Certification Statement - MS4 Official (principal executive officer or ranking elected official) or Duly Authorized Representative

I hereby certify that the final Stormwater Pollution Prevention Plan (SWPPP) for the construction project identified in question 5 has been reviewed and meets the substantive requirements in the SPDES General Permit For Stormwater Discharges from Municipal Separate Storm Sewer Systems (MS4s).
Note: The MS4, through the acceptance of the SWPPP, assumes no responsibility for the accuracy and adequacy of the design included in the SWPPP. In addition, review and acceptance of the SWPPP by the MS4 does not relieve the owner/operator or their SWPPP preparer of responsibility or liability for errors or omissions in the plan.

Printed Name:

Title/Position:

Signature:

Date:

VI. Additional Information