



# VILLAGE OF COLD SPRING

## APPLICATION FOR PERMIT

January 1, 2015 (NO OLD APPLICATIONS WILL BE ACCEPTED)

Application is hereby made pursuant to the New York State Building Construction Code, the Zoning Laws of the Village of Cold Spring and the Cold Spring Village Code for a permit for:

- New Building  Alteration to Existing Premise ..... Addition to Existing Premise ..... Gas .. .. .
- Removal of Existing Fuel Tank ..... Installation of New Fuel Tank ..... Demolition of Existing Premise
- Installation of Fireplace, Wood Stove, Pellet Stove or Fireplace Insert ..... Site Work ..... Plumbing .....
- Other ..... Swimming Pool ..... Mechanical Equipment, Generator: .....

### PROVIDE SPECIFIC DETAILS OF PROPOSED WORK IN # 5 BELOW

If a permit is granted, any work done thereunder will conform with the plans and specifications therefor submitted and with the layout &/or plot plan also herewith submitted and shall comply with all applicable laws, ordinances and regulations.

1. Owner: Ms. Diane McConville Phone #: .....

Address: 4309 Watercolor Way Fort Meyers, FL 33966 .....

E-Mail: .....

2. Applicant: Westchester Modular Homes Phone #: 845-278-1700 ex 104 .....

Address: 1995 Rt 22 Brewster, NY 10509 .....

E-Mail: vletto@westchestermodular.com .....

3. Property Tax Map Number: 48.12-1-17 .....

4. Location of Property (GIVE SUFFICIENT DETAILS TO PERMIT READY IDENTIFICATION)

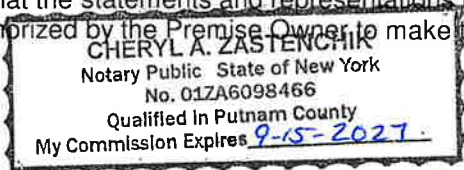
31 Kemble Ave Between Rock Street & The Blvd .....

5. The proposed use for which application is made:

Replace existing fire damaged residence with new modular home .....

### 6. LIST OF CONTRACTORS, PUTNAM COUNTY LICENSE & WORKER'S COMPENSATION DISABILITY INSURANCE FORMS MUST BE SUBMITTED BEFORE A BUILDING PERMIT WILL BE ISSUED.

State of New York, County of Putnam ss: Vincenzo Leto being duly sworn says: I have read the foregoing application; that the statements and representations made therein are true and correct to the best of my knowledge and belief and I am authorized by the Premise Owner to make this application.



*[Signature]*  
.....  
(Signature of Applicant or Agent)

Sworn to before me this 12th day of March, 2024  
Notary Public, Cheryla A. Zastenchuk County Putnam

For Office use only: Reference No. ....



**BUILDING DEPT. REFERENCE #**

**ADDRESS OF PROPERTY**

31 Kemble Ave

**TAX MAP #**

48.12-1-17

**NAME(S) OF APPLICANT**

Ms. Diane McConville c/o  
Westchester Modular

**HISTORIC DISTRICT REVIEW BOARD  
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

*Please complete the following information and submit six copies, along with compiled supporting materials (see checklist) and the required filing fee, by the last Monday of the month. With the exception of signs, applications for Certificates of Appropriateness cannot be submitted without a prior referral from the Building Inspector.*

*If you have questions or need assistance completing this form, please contact the Village Clerk at 845-265-3611 or [vcclerk@coldspringny.gov](mailto:vcclerk@coldspringny.gov).*

*Incomplete applications or applications received after the deadline cannot be included in the monthly agenda.*

Property Owner(s) / Applicant(s)

Ms. Diane McConville / Westchester Modular

Signature

Email Address

[vleto@westchestermodular.com](mailto:vleto@westchestermodular.com)

Telephone Number

845-278-1700 ex 104

Mailing Address

1995 Rt 22 Brewster, NY 10509

*\*If the Applicant is not the Property Owner, complete the attached Property Owner's Endorsement.*

**Project Narrative**

*Describe the work you propose in sufficient detail to communicate a clear sense of the project.*

Replace existing fire damaged residence with new modular home

**FOR INTERNAL USE ONLY**

Date Received \_\_\_\_\_ Application Sequence Number \_\_\_\_\_

Application Fee Paid

HDRB Referral

Planning Board Referral

Building Inspector Referral

ZBA Referral



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Westchester Modular

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APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

**DISCLOSURE OF OFFICIAL INTERESTS STATEMENT**

A. Nature and Extent of Interest of any State Official or Municipal Officer or Employee in this Application:

None

B. Statement of no interest in any State Official or Municipal Officer or Employee in this Application:

*The undersigned Applicant making this request certifies by signature on this Disclosure Statement that, in accordance with the Provisions of §809 of the General Municipal Law, except as stated in "A" above, no State Officer, or any officer or employee of the Village of Cold Spring or any municipality of which the Village is a part has any interest in the person or firm (partnership or association) making the above application.*

Applicant Ms. Diane McConville c/o  
Westchester Modular

Title  
Manager

Signature

Date

3/12/24



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48.12-1-17

**NAME(S) OF APPLICANT**

Ms. Diane McConville c/o  
Westchester Modular

**HISTORIC DISTRICT REVIEW BOARD  
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**CONSENT TO SITE VISITS**

*To be completed by all applicants, and, if different, property owners.*

I, the undersigned, understand that in the normal course of adjudicating an application, it may be necessary for members of the HDRB to inspect, closely and in person, details of my property relevant to the application, during daylight hours. While all considerations will be made to arrange for specific, scheduled, on-site meetings, I understand that this may not always be possible in an effort to process all applications in a timely manner, and I consent to allowing HDRB board members to enter upon and pass through such property in order to inspect the project site, without prior notice and without my being present, to conduct such inspections for the duration of my application's review period. I further acknowledge that in the normal course of such a site visit, HDRB board members may take measurements, take photographs, or create drawings/sketches of property features and elements related to the application.

Applicant

Ms. Diane McConville c/o  
Westchester Modular

Signature

Date

3/12/24

Property Owner (if different)

Signature

Date

OWNER'S ENDORSEMENT

STATE OF New York )  
 )..SS:  
COUNTY OF Putnam )

I, Diane McConville, being duly sworn, deposes and says that (s)he resides at  
31 Kemble Ave, Cold Spring, in the County of Putnam and  
(Owner's Address)  
State of New York and that (s)he is (the owner in fee) or

(Official Title) \_\_\_\_\_ of the \_\_\_\_\_ Corporation which  
is the owner in fee of the premises described in the foregoing application and that (s)he has  
authorized Vinny Leto on Behalf of WMHCC to make the foregoing application as described herein  
and that (s)he agrees to be bound by all statements, conditions and representations contained  
therein as if (s)he had so petitioned.

Diane McConville  
Owner's Signature

Sworn to before me this February  
day of 1, 2024

Notary Public of  
Lee County, Florida

Jess B...  
Jennifer S. Bedharz Leh  
exp 3/8/25

ID: License Florida  
M 251-173-54-582-8



JENNIFER S. BEDNARZ LEHR  
Commission # HH 161716  
Expires March 3, 2025  
Bonded Thru Budget Notary Services