



**Town of North Castle  
Residential Project Review Committee**

17 Bedford Road Armonk, New York 10504  
(914) 273-3542 (914) 273-3554 (fax)

**RPRC COMPLETENESS REVIEW FORM**

*This form represents the standard requirements for a completeness review for all Residential Project Review Committee submissions. Failure to provide all of the information requested will result in a determination that the application is incomplete.*

Project Name on Plan: Valentine Residents

Initial Submittal  Revised Preliminary

Street Location: 25 Limestone Road

Zoning District: \_\_\_\_\_ Property Acreage: .99 Tax Map Parcel ID: 108.03-2-64

Date: \_\_\_\_\_

**DEPARTMENTAL USE ONLY**

Date Filed: \_\_\_\_\_ Staff Name: \_\_\_\_\_

**Preliminary Plan Completeness Review Checklist**

Items marked with a  are complete, items left blank  are incomplete and must be completed, "NA" means not applicable.

1. Plan prepared by a registered architect or professional engineer
2. Aerial photo (Google Earth) showing the applicant's entire property and adjacent properties and streets
3. Map showing the applicant's entire property and adjacent properties and streets
4. A locator map at a convenient scale
5. The proposed location, use and design of all buildings and structures
6. Existing topography and proposed grade elevations
7. Location of drives
8. Location of all existing and proposed site improvements, including drains, culverts, retaining walls and fences

**RPRC COMPLETENESS REVIEW FORM**

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<input type="checkbox"/>	9. Description of method of water supply and sewage disposal and location of such facilities
<input type="checkbox"/>	10. The name and address of the applicant, property owner(s) if other than the applicant and of the planner, engineer, architect, surveyor and/or other professionals engaged to work
<input type="checkbox"/>	1. Submission of a Zoning Conformance Table depicting the plan's compliance with the minimum requirements of the Zoning District
<input type="checkbox"/>	2. If a tree removal permit is being sought, submission of a plan depicting the location and graphical removal status of all Town-regulated trees within the proposed area of disturbance. In addition, the tree plan shall be accompanied by a tree inventory includes a unique ID number, the species, size, health condition and removal status of each tree.
<input type="checkbox"/>	3. If a wetlands permit is being sought, identification of the wetland and the 100-foot wetland buffer.

More information about the items required herein can be obtained from the North Castle Planning Department. A copy of the Town Code can be obtained from Town Clerk or on the North Castle homepage: <http://www.northcastleny.com/townhall.html>

_____	On this date, all items necessary for a technical review of the proposed site plan have been submitted and constitute a COMPLETE APPLICATION.
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TOWN OF NORTH CASTLE  
 WESTCHESTER COUNTY  
 17 Bedford Road  
 Armonk, New York 10504-1898

PLANNING DEPARTMENT  
 Adam R. Kaufman, AICP  
 Director of Planning

Telephone: (914) 273-3542  
 Fax: (914) 273-3554  
[www.northcastleny.com](http://www.northcastleny.com)

**GROSS LAND COVERAGE CALCULATIONS WORKSHEET**

Application Name or Identifying Title: Valentine - 25 Limestone Date: 2/17/21  
 Tax Map Designation or Proposed Lot No.: 108.03-2-64

Gross Lot Coverage

1. Total lot Area (Net Lot Area for Lots Created After 12/13/06): 15 square ft.
2. **Maximum** permitted gross land coverage (per Section 355-26.C(1)(b)): N/A
3. **BONUS** maximum gross land cover (per Section 355-26.C(1)(b)):  
 Distance principal home is beyond minimum front yard setback  
 \_\_\_\_\_ x 10 = \_\_\_\_\_
4. **TOTAL Maximum Permitted gross land coverage** = Sum of lines 2 and 3 \_\_\_\_\_
5. Amount of lot area covered by **principal building**:  
 \_\_\_\_\_ existing + \_\_\_\_\_ proposed = N/A
6. Amount of lot area covered by **accessory buildings**:  
 \_\_\_\_\_ existing + \_\_\_\_\_ proposed = N/A
7. Amount of lot area covered by **decks**:  
 \_\_\_\_\_ existing + \_\_\_\_\_ proposed = N/A
8. Amount of lot area covered by **porches**:  
 \_\_\_\_\_ existing + \_\_\_\_\_ proposed = N/A
9. Amount of lot area covered by **driveway, parking areas and walkways**:  
 \_\_\_\_\_ existing + \_\_\_\_\_ proposed = N/A
10. Amount of lot area covered by **terraces**:  
 \_\_\_\_\_ existing + \_\_\_\_\_ proposed = N/A
11. Amount of lot area covered by **tennis court, pool and mechanical equip**:  
 \_\_\_\_\_ existing + \_\_\_\_\_ proposed = N/A
12. Amount of lot area covered by **all other structures**:  
 \_\_\_\_\_ existing + \_\_\_\_\_ proposed = N/A
13. Proposed **gross land coverage**: Total of Lines 5 – 12 = \_\_\_\_\_

If Line 13 is less than or equal to Line 4, your proposal **complies** with the Town's maximum gross land coverage regulations and the project may proceed to the Residential Project Review Committee for review. If Line 13 is greater than Line 4 your proposal does not comply with the Town's regulations.

[Signature]  
 Signature and Seal of Professional Preparing Worksheet

2/17/21  
 Date







customer plans on using boxwoods  
for screening.



**Town of North Castle Building Department**

17 Bedford Road

Armonk, New York 10504-1898

Telephone: (914) 273-3000 ext. 44 Fax: (914) 273-3554

www.northcastleny.com

**Residential Building Permit Application**

NOTE: TWO (2) SETS OF ALL REQUIRED DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION

**Section I-** PROJECT ADDRESS: 25 Limestone Road DATE: 9-23-20

**Section II-** CONTACT INFORMATION: (Please print clearly. All information must be current.)

APPLICANT: Dominick Valentine

ADDRESS: 25 Limestone Road

PHONE: 845-476-0403 MOBILE: \_\_\_\_\_ EMAIL: acunzo324@gmail.com

PROPERTY OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Section III-** DESCRIPTION OF WORK: (Any work conducted outside of the house requires approval from the RPRC unless the proposed action is minor in nature and complies with 355-26 C (3) of the Town of North Castle code.)

wiring for 22kw generator

**Section IV-** USE AND OCCUPANCY:

EXISTING/ CURRENT USE: \_\_\_\_\_

PROPOSED RESIDENTIAL:

- One Family Dwelling
- Two Family Dwelling
- Townhouse
- Detached Accessory Structure

**Section V-** PERMIT FEES: (\$100 app fee plus \$14 per \$1000, cost of construction and a \$75 CO fee.)

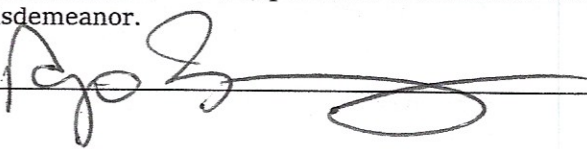
ESTIMATED COST OF CONSTRUCTION (Based on fair market value labor & material) \$ 5,000

AFFIDAVIT OF CONSTRUCTION COST: This affidavit must be completed by the Design Professional if the estimated cost is \$20,000 or more.

# Town of North Castle Building Department

## Section V- (Continued)

I Angelo Zaccagnino do hereby affirm and certify as follows: (i) I am the architect/engineer (circle one) licensed by the State of New York; (ii) I have reviewed the plans, drawings and specifications for this application and am fully familiar with the proposed construction; (iii) based on my experience, I estimate the total cost of construction including all labor, all materials, all professional fees and all associated costs to be approximately \$ 5,000, and (iv) pursuant to Penal Law 210.45, I acknowledge that a false statement made knowingly is a Class A misdemeanor.

Signature:  Date: 9/23/20

Sign and Affix Seal Here

## Section VI- CONTACT INFORMATION: (Please print clearly. All information must be current)

ARCHITECT/ ENG: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CONTRACTOR: Zaccagnino Electric

ADDRESS: 81 Maple Ave Rye NY 10580

PHONE: 914-921-3244 MOBILE: 914-906-1160 EMAIL: info@zaccagnino.net

PLUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

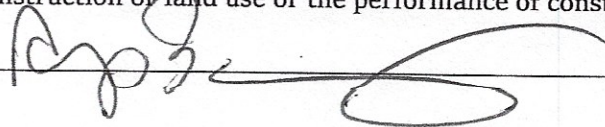
ELECTRICIAN: Zaccagnino Electric

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## Section VII- APPLICANT CERTIFICATION

I hereby certify that I have read the instructions & examined this application and know the same to be true & correct. All provisions of laws & ordinances covering this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or land use or the performance of construction.

Signature:  Date: 9/23/20



# Town of North Castle Building Department

## Section VIII- AFFIDAVIT OF OWNER AUTHORIZATION IF APPLICABLE: (To be notarized)

STATE OF NEW YORK }  
COUNTY OF WESTCHESTER } SS:

The applicant Angelo Zaccagnino has proper consent from said owner to make this application as submitted and said owner agrees to all terms and conditions placed upon same.

Owner's Name (PRINT) Dominick Valentini Owner's Signature [Signature]

Sworn to before me this 24 day of September, 2020

Notary Signature [Signature]

STEVEN J. GAGNON  
NOTARY PUBLIC STATE OF NEW YORK  
No. 01646100238  
Qualified in Westchester County  
My Commission Expires October 14, 2023  
Notary Stamp Here

### OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Zone: \_\_\_\_\_ Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

### Building Department Checklist:

- Does this permit require RPRC approval?  Yes  No
- GC License  Work. Comp.  Liability. Ins.  Disability  Two sets of documents
- Permit Fee \_\_\_\_\_ Payment:  Check #: \_\_\_\_\_  Cash  Credit Card

Name on check: \_\_\_\_\_

Received By: \_\_\_\_\_ Application No.: \_\_\_\_\_

### BUILDING INSPECTOR APPROVAL

- Has all the conditions of the RPRC been met?  Yes  NA
- Is a Flood Development permit required?  Yes  No

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Building Inspector Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Town of North Castle Building Department**

17 Bedford Road

Armonk, New York 10504-1898

Telephone: (914) 273-3000 ext. 44 Fax: (914) 273-3554

www.northcastleny.com

**RPRC Exemption Form**

**Section I- PROJECT ADDRESS:** 25 Limestone Road **DATE:** 9-23-20

**Section II- CONTACT INFORMATION:** (Please print clearly. All information must be current)

**PROPERTY OWNER:** Dominick Valentine

**ADDRESS:** 25 Limestone Road

**PHONE:** 845-476-0403 **MOBILE:** \_\_\_\_\_ **EMAIL:** aconzo324@gmail.com

**Section III- DESCRIPTION OF WORK:**  
installing a 22kw generator

**Section IV- TYPE OF EXEMPTION REQUESTED:** (Check one)

355-26 B (2)-The owner of any one- or two-family dwelling which exists or is under construction as of My 14, 2008 shall be permitted a one-time gross floor area expansion of up to 10%, provided that such expansion does not exceed the maximum permitted gross floor area by more than 10%. If no wetland or steep slope disturbance permit is required, such expansion shall not require Planning Board approval. If such type of permit is required, then the application shall require Planning Board site plan approval.

355-26 C (3)-The owner of any one- or two-family dwelling shall be permitted a one-time gross land coverage expansion of up to 250 square feet without the need to seek RPRC review as long as the expansion does not require wetland or steep slope disturbance permits.

**Section V- AFFIDAVIT: (To be notarized)**

STATE OF NEW YORK }  
COUNTY OF WESTCHESTER } SS:

I \_\_\_\_\_ do hereby affirm and certify as follows: (i) I am the owner of the property; (ii) I have reviewed the Chapter 355-26 C (3) of the Town of North Castle which states "The owner of any one- or two-family dwelling shall be permitted a one-time gross land coverage expansion of up to 250 square feet without the need to seek RPRC review as long as the expansion does not require wetland or steep slope disturbance permits. (iii) Based on my understanding of this section of the code, I am choosing **NOT** to apply to the RPRC.; (iv) pursuant to Penal Law 210.45, I acknowledge that a false statement made knowingly is a Class A misdemeanor.

Owner's Name (PRINT): Dominick Valentine

Dom Valentine  
STEVEN J. GAGNON  
NOTARY PUBLIC STATE OF NEW YORK  
No. 01GA6190236  
Qualified in Westchester County  
My Commission Expires October 14, 2023

Sworn to before me this 24 day of September, 2020

**Town of North Castle Building Department**

**OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE**

**BUILDING INSPECTOR APPROVAL**

Zone: \_\_\_\_\_ Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Is there wetlands involved?  Yes  No      Is there steep slopes involved?  Yes  No

Did the house exist prior to May 14, 2007?  Yes  No

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved       Denied

Building Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Building Permit No.: \_\_\_\_\_

Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Westchester Rockland Electrical Inspection Services, Inc.

DO NOT WRITE HERE - FOR OFFICE USE ONLY

43 North Lawn Avenue  
Elmsford, NY 10523



Phone: 914-347-3595

Fax: 914-347-3596

BUILDING PERMIT NO.

TEMP # \_\_\_\_\_ DATE **9-23-20**

CITY OR VILLAGE **Armonk** ZIP CODE **10504** TOWNSHIP \_\_\_\_\_ COUNTY **Westchester**

STREET AND NO. OR ROAD **25 Limestone Road** POLE NUMBER \_\_\_\_\_

BETWEEN WHAT TWO CROSS STREETS IS PREMISES LOCATED? \_\_\_\_\_ SECTION **108.02-1-5** BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

OCCUPANT'S NAME **Dominick Valetine** BUILDING OCCUPANCY \_\_\_\_\_

OWNER'S NAME AND ADDRESS \_\_\_\_\_ HOME TELEPHONE NUMBER **845-476-0403**

CURRENT SUPPLIED BY \_\_\_\_\_ FROM THEIR \_\_\_\_\_ OFFICE \_\_\_\_\_ WORK TELEPHONE NUMBER \_\_\_\_\_

**LIST BELOW ALL EQUIPMENT WHICH YOU INSTALLED**

LOCATION	NUMBER OF OUTLETS		NO. OF FIXTURES & LAMP RECEPTACLES		MOTORS		HEATERS		OFFICE USE ONLY INSPECTION
	SIDEWALL	SWITCH	INCADE	FLUORE	NO.	H.P. EACH	NO.	WATTS EACH	
OUTSIDE									
BASEMENT									
1 <sup>ST</sup> FL.									
2 <sup>ND</sup> FL.									
3 <sup>RD</sup> FL.									

REMARKS: LIST OTHER ELECTRICAL DEVICES NOT SET FORTH ABOVE:

**wiring for a 22kw generator**

THIS APPLICATION IS INTENDED TO COVER THE ABOVE LISTED ITEMS TO BE INSPECTED. IF AT ANY TIME OF INSPECTION ADDITIONAL ITEMS HAVE BEEN INSTALLED, YOU ARE AUTHORIZED TO MAKE THE INSPECTION AND ADJUST THE FEE FOR THE ADDITIONAL ITEMS INSPECTED AS PROVIDED BY THE APPLICANT. THE APPLICANT DECLARES THAT THERE IS NO OPEN APPLICATIONS FOR THE ABOVE WITH ANY OTHER INSPECTION COMPANY. **WREIS, INC.** IS NOT LISTING, LABELING, UNDERWRITING OR CERTIFYING ANY EQUIPMENT, MATERIALS OR DEVICES WHICH ARE PERFORMED BY OTHER CERTIFIED TESTING AGENCIES OR INSPECTION COMPANIES. THE APPLICANT, OWNER, OR AUTHORIZED AGENT AGREES TO ALL THE ABOVE TERMS AND CONDITIONS AS SET FORTH FOR THE APPLICATION.

SIZE OF SERVICE \_\_\_\_\_ FEEDERS \_\_\_\_\_

CHARACTER OF WORK NEW  ADDITIONAL  EXPOSED  CONCEALED

SERVICE ENTERS BUILDING OVERHEAD  UNDERGROUND

MUST ENTER APPLICANTS IDENTIFICATION NUMBER

AVOID DELAYS BY GIVING FULL AND ACCURATE INFORMATION. ALL SPACE MUST BE FILLED IN OR APPLICATION MAY BE RETURNED.

NAME OF COMPANY **Zaccagnino Electric** DATE OF APPLICATION **9-23-20** SIGNATURE OF APPLICANT *[Signature]*

STREET ADDRESS **81 Maple Ave** TELEPHONE NO. **914-921-3244**

CITY OR POST OFFICE **Rye** ZIP CODE **10580** LICENSE NO. WHEN APPLICABLE **755**