



TOWN OF NORTH CASTLE
 WESTCHESTER COUNTY
 17 Bedford Road
 Armonk, New York 10504-1898

PLANNING DEPARTMENT
 Adam R. Kaufman, AICP
 Director of Planning

January 29, 2019
 Telephone: (914) 273-3542
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www.northcastleny.com

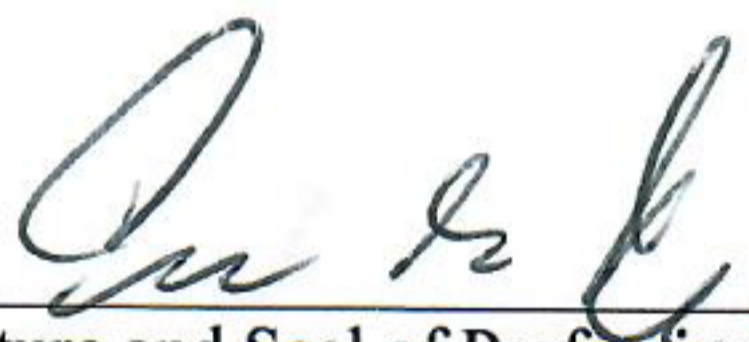
FLOOR AREA CALCULATIONS WORKSHEET

Application Name or Identifying Title: LORI & ROBERT HOROWITZ RESIDENCE Date: 10/30/2020
 Tax Map Designation or Proposed Lot No.: 101.02-3-16

Floor Area

- | | | |
|-----|--|-----------------------|
| 1. | Total Lot Area (Net Lot Area for Lots Created After 12/13/06): | <u>48,220</u> SR. FT. |
| 2. | Maximum permitted floor area (per Section 355-26.B(4)): | <u>10,620</u> SQ. FT. |
| 3. | Amount of floor area contained within first floor:
<u>2,068</u> existing + <u>0</u> proposed = | <u>2,068</u> |
| 4. | Amount of floor area contained within second floor:
<u>541</u> existing + <u>0</u> proposed = | <u>541</u> |
| 5. | Amount of floor area contained within garage:
<u>564</u> existing + <u>0</u> proposed = | <u>564</u> |
| 6. | Amount of floor area contained within porches capable of being enclosed:
<u>0</u> existing + <u>289</u> proposed = | <u>289</u> |
| 7. | Amount of floor area contained within basement (if applicable – see definition):
<u>2007</u> existing + <u>0</u> proposed = | <u>2007</u> |
| 8. | Amount of floor area contained within attic (if applicable – see definition):
<u>0</u> existing + <u>0</u> proposed = | <u>0</u> |
| 9. | Amount of floor area contained within all accessory buildings:
<u>15</u> existing + <u>0</u> proposed = | <u>15</u> |
| 10. | Proposed floor area: Total of Lines 3 – 9 = | <u>5,484</u> |

If Line 10 is less than or equal to Line 2, your proposal **complies** with the Town's maximum floor area regulations and the project may proceed to the Residential Project Review Committee for review. If Line 10 is greater than Line 2 your proposal does not comply with the Town's regulations.


 Signature and Seal of Professional Preparing Worksheet



10/30/2020
 Date



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GROSS LAND COVERAGE CALCULATIONS WORKSHEET

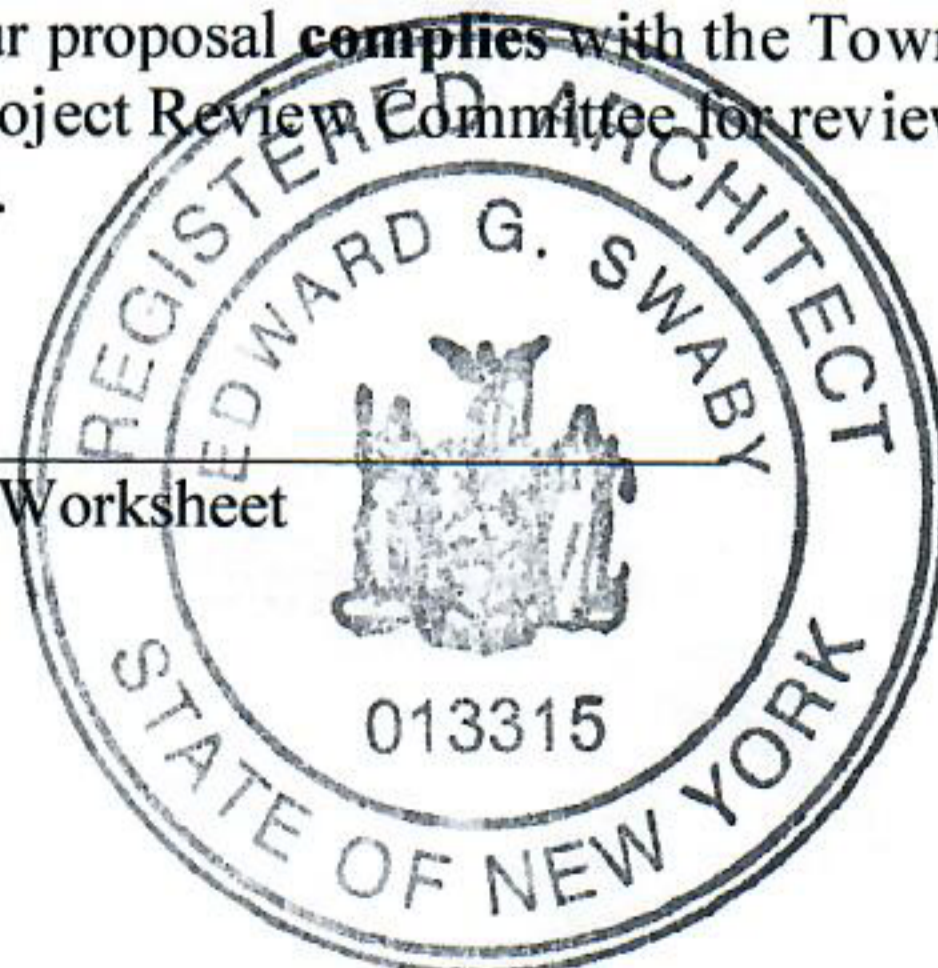
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 Tax Map Designation or Proposed Lot No.: 101.02-3-16

Gross Lot Coverage

1. Total lot Area (Net Lot Area for Lots Created After 12/13/06): 48,220 SQ. FT.
2. **Maximum** permitted gross land coverage (per Section 355-26.C(1)(b)): 9,769 SQ. FT.
3. **BONUS** maximum gross land cover (per Section 355-26.C(1)(b)): 0
- 0 Distance principal home is beyond minimum front yard setback
 x 10 = 0
4. **TOTAL Maximum Permitted gross land coverage** = Sum of lines 2 and 3 9,769 SQ. FT.
5. Amount of lot area covered by **principal building**:
2,633 existing + 0 proposed = 2,633 SQ. FT.
6. Amount of lot area covered by **accessory buildings**:
15 existing + 0 proposed = 15 SQ. FT.
7. Amount of lot area covered by **decks**:
1,074 existing + 249 proposed = 825 SQ. FT.
8. Amount of lot area covered by **porches**:
0 existing + 289 proposed = 289 SQ. FT.
9. Amount of lot area covered by **driveway, parking areas and walkways**:
1,867 existing + 0 proposed = 1,867 SQ. FT.
10. Amount of lot area covered by **terraces**:
0 existing + 0 proposed = 0
11. Amount of lot area covered by **tennis court, pool and mechanical equip**:
0 existing + 0 proposed = 0
12. Amount of lot area covered by **all other structures**:
0 existing + 0 proposed = 0
13. Proposed **gross land coverage**: Total of Lines 5 – 12 = 5,629 SQ. FT.

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 and Seal of Professional Preparing Worksheet



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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: LORI & ROBERT
HOROWITZ RESIDENCE

Initial Submittal Revised Preliminary

Street Location: 25 UPLAND LANE

Zoning District: R1A Property Acreage: 1.107 Tax Map Parcel ID: 101.02-3-16

Date: 10/30/2020

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



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