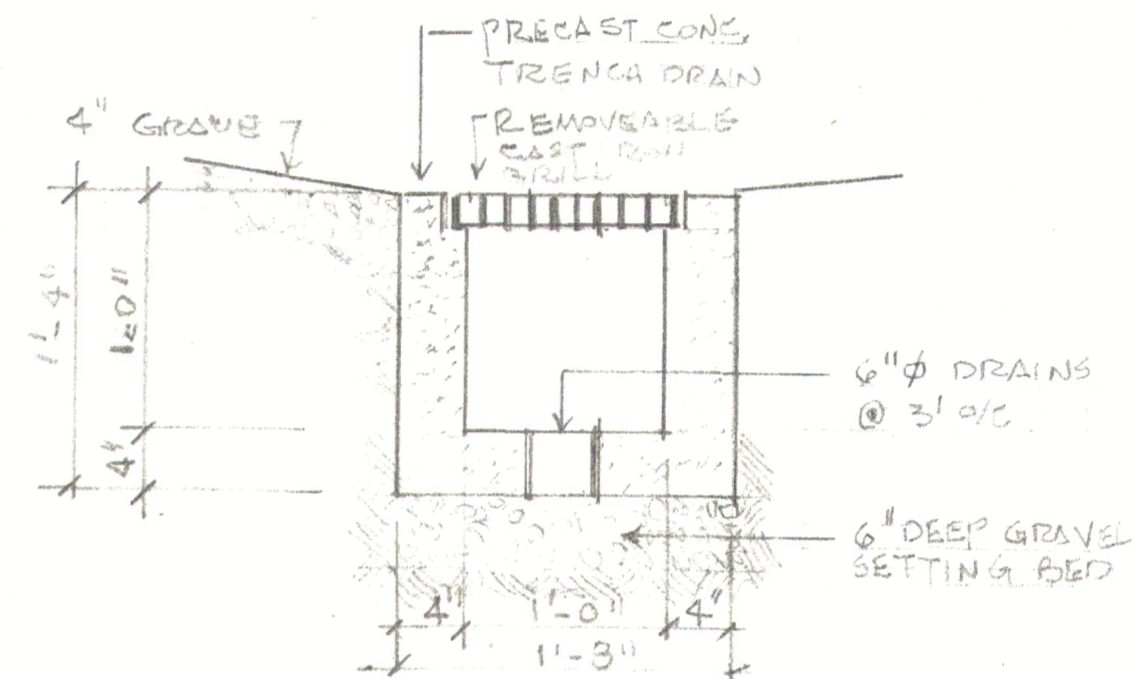
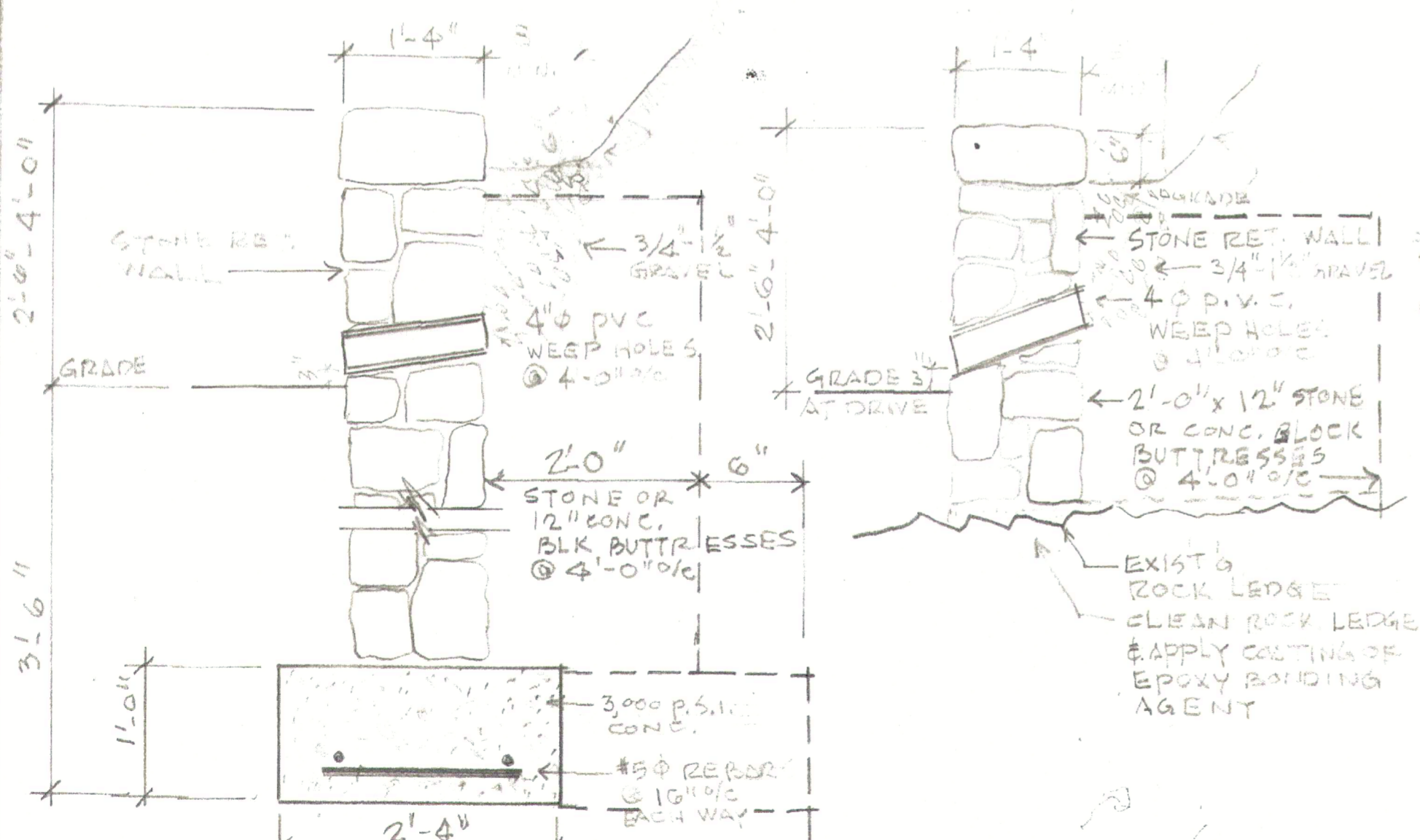


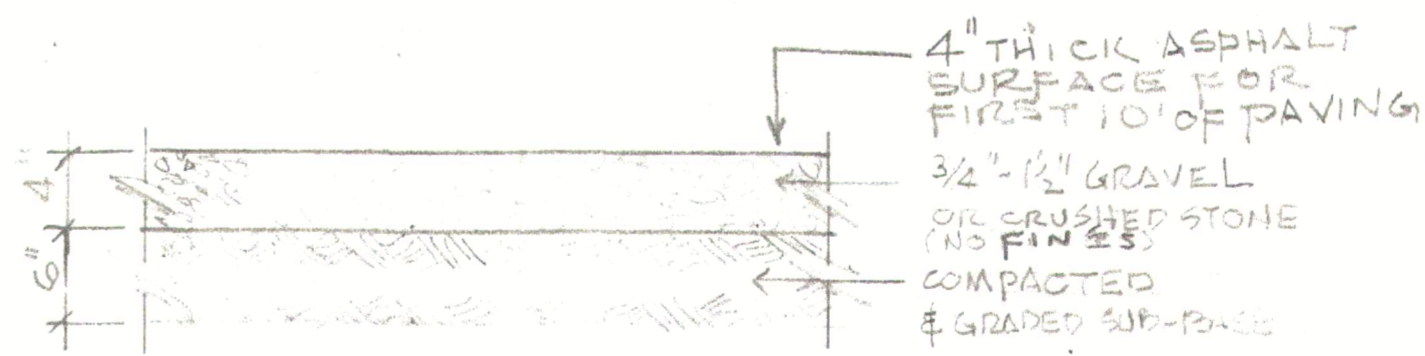
PLOT PLAN • 1"=10'



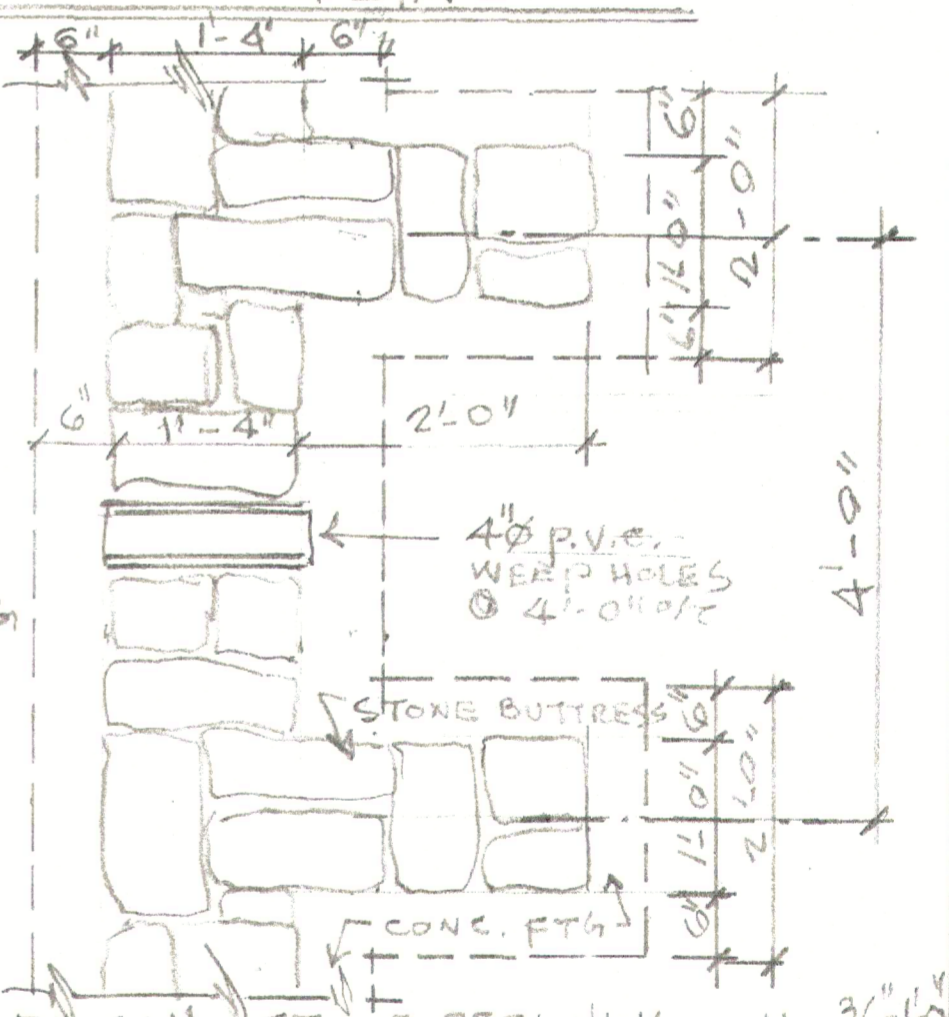
TRENCH DRAIN DETAIL • 1/2"=1'-0"



RETAINING WALL DETAILS • 3/4"=1'-0"



DRIVEWAY DETAIL • 1/2"=1'-0"



PLAN DETAIL STONE RETAINING WALL • 3/4"=1'-0"

SECTION • 5 BLOCK • 10 LOT • 4 ZONE - R2F

project: SITE DEVELOPMENT PLAN  
**ALPHONSE LEONCE**  
 5 EMMALON AVE • N. WHITE PLAINS  
 TOWN OF NORTH CASTLE • NEW YORK

date: 7/7/21  
 drawn by: TJS  
 checked by:  
 scale: AS SHOWN  
 job no.: 4044  
 drawing no.:

THEODORE LAURENCE STRAUSS and ASSOCIATES  
 architects • planning consultants  
 63 MOORE AVENUE • MT. KISCO • NEW YORK • 914-241-3754

ASSOCIATE REFER

APPLICATION FOR BUILDING PERMIT  
TOWN OF NORTH CASTLE BUILDING DEPARTMENT  
17 BEDFORD ROAD ARMONK, NY 10504 PHONE # (914) 273-8625

PERMIT FEE: \$ \_\_\_\_\_ ARB FEE: \$ \_\_\_\_\_  
C. O. FEE: \$ \_\_\_\_\_ APPLICATION FEE: \$ \_\_\_\_\_  
TOTAL FEE: \$ \_\_\_\_\_ TRACKING #: \_\_\_\_\_  
PERMIT # \_\_\_\_\_ Date Issued: \_\_\_/\_\_\_/\_\_\_ APPLICATION DATE: \_\_\_/\_\_\_/\_\_\_  
C. O. # \_\_\_\_\_ Date Issued: \_\_\_/\_\_\_/\_\_\_

PROPERTY LOCATION: 5 EMMALON AVENUE, NORTH WHITE PLAINS

Section: 5 Block: 16 Lot: 4 Zoning District: R-2F

Setbacks Shown: Front: \_\_\_\_\_ Side: \_\_\_\_\_ Rear: \_\_\_\_\_  
Setbacks Required: Front: \_\_\_\_\_ Side: \_\_\_\_\_ Rear: \_\_\_\_\_



Owner: ALPHONSO LEONE Address: 5 EMMALON AVE. Phone: (914) 772-0429  
N. WHITE PLAINS, NY Email: \_\_\_\_\_

Architect: THEODORE STRAUSS Address: 63 MOORE AVE Phone: (914) 241-3354  
MT. KISCO, N.Y. 10549 Email: \_\_\_\_\_

Builder: OWNER Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

Plumber: N/A Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

Electrician: N/A Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

Lessee: N/A Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

Do you have any intention of tearing down a house to build a new house within the next SIX (6) months?  
 Yes  No

Do you have any intention to expand a house over 1500 square feet within the next SIX (6) months?  
 Yes  No

If the Planning Board has granted you approval previously, on what dates were you approved? (List Below)



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: ALPHONSO LEONG

Initial Submittal  Revised Preliminary

Street Location: 5 EMMALON AVENUE, NORTH WHITE PLAINS

Zoning District: R-2F Property Acreage: 0.116 AC Tax Map Parcel ID: 5.16.4  
5,071 S.F.

Date: 9/12/20

#### 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 (including floor plans and elevations)
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.

**Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence**

*\*\*This form cannot be used to waive the workers' compensation rights or obligations of any party.\*\**

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- I am performing all the work for which the building permit was issued.
- I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ♦ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; OR
- ♦ have the general contractor, performing the work on the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

Alfonso Leone  
(Signature of Homeowner)

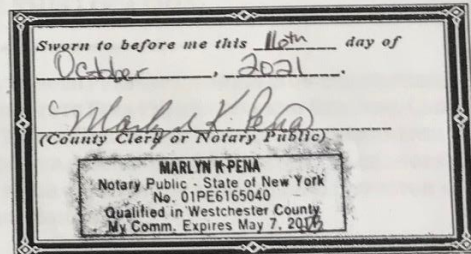
10/16/2021  
(Date Signed)

ALFONSO LEONE  
(Homeowner's Name Printed)

Home Telephone Number 914-772-0429

Property Address that requires the building permit:

5 EMMALON AVG.  
N. WHITE PLAINS,  
TOWN OF NORTH CASTLE,  
NEW YORK



Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.

ESTIMATED CONSTRUCTION VALUE: \$ 10,000.00.

APPLICATION FOR:

<input type="checkbox"/> New Residence	<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial	
<input type="checkbox"/> New Commercial	<input type="checkbox"/> Commercial	<input type="checkbox"/> Other	
<input type="checkbox"/> 1-Family	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> Excavation	<input type="checkbox"/> Pool
<input type="checkbox"/> 2-Family	<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Fence - (Lin. Ft. ___)	<input type="checkbox"/> Roof
<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Accessory Apartment	<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Retaining Wall
<input type="checkbox"/> Addition	<input type="checkbox"/> Deck	<input type="checkbox"/> Legalization	<input type="checkbox"/> Shed
<input type="checkbox"/> Alteration (Int./Ext.) <small>Circle Choice</small>	<input type="checkbox"/> Demolition	<input type="checkbox"/> Oil Tank (Remove/Install) <small>Circle Choice</small>	<input type="checkbox"/> Tree

DESCRIPTION OF WORK, CONSTRUCTION TYPE, AND USE AS PER NYS CODE:

ENLARGEMENT OF EXISTING PARKING AREA TO  
ACCOMMODATE PARKING FOR OWNER & TENANT.

SQ. FT. NEW BASEMENT/CELLAR  
 SQ. FT. NEW FIRST (1<sup>ST</sup>) FLOOR  
 SQ. FT. NEW SECOND (2<sup>ND</sup>) FLOOR  
 SQ. FT. NEW THIRD (3<sup>RD</sup>) FLOOR  
 TOTAL SQ. FT. OF ALL NEW CONSTRUCTION  
 SQ. FT. OF LIVING SPACE AS PER NYS CODE  
 NUMBER OF **BEDROOMS** TO BE CONSTRUCTED, ADDED, RENOVATED OR ALTERED  
 NUMBER OF **BATHROOMS** TO BE CONSTRUCTED, ADDED, RENOVATED OR ALTERED  
 ELECTRICAL WORK IS INVOLVED IN THIS PROJECT  
 PLUMBING WORK IS INVOLVED IN THIS PROJECT  
 HVAC WORK IS INVOLVED IN THIS PROJECT

YOU MUST SHOW ON THIS APPLICATION THE NUMBER OF BOARD OF HEALTH APPROVED BEDROOMS FOR THIS LOCATION: \_\_\_\_\_

IT IS UNDERSTOOD AND AGREED THAT ANY PERMIT ISSUED PURSUANT HEREIN IS ON THE EXPRESS CONDITION THAT ALL PROVISIONS OF THE NEW YORK STATE FIRE PREVENTION AND BUILDING CODES AND ALL ZONING ORDINANCES OF THE TOWN OF NORTH CASTLE AND ANY AND ALL AMENDMENTS THERETO SHALL APPLY AND BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. NO CHANGES TO PLANS OR CONSTRUCTION SHALL BE MADE WITHOUT PRIOR APPROVAL OF THE BUILDING INSPECTOR AND LISCENSED PROFESSIONALS.

PRINT OWNER / APPLICANT NAME: ALPHONSO LEONG

OWNER / APPLICANT SIGNATURE: Alphonso Leong



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.northeastleny.com

GROSS LAND COVERAGE CALCULATIONS WORKSHEET

Application Name or Identifying Title: ALPHONSO LEONG Date: 10/22/21

Tax Map Designation or Proposed Lot No.: 5.16.4

Gross Lot Coverage

5,021.35 S.F.

1. Total lot Area (Net Lot Area for Lots Created After 12/13/06):
2. Maximum permitted gross land coverage (per Section 355-26.C(1)(b)): 2,500  
 $+ 20\% (490) = 2,990$  2,500 S.F.
3. BONUS maximum gross land cover (per Section 355-26.C(1)(b)):  
 $= 21.4$
- Distance principal home is beyond minimum front yard setback  
 $\times 10 =$
4. TOTAL Maximum Permitted gross land coverage = Sum of lines 2 and 3 2,990 S.F.
5. Amount of lot area covered by principal building:  
1,000 existing + 0 proposed = 1,000 S.F.
6. Amount of lot area covered by accessory buildings:  
0 existing + 0 proposed = 0 S.F.
7. Amount of lot area covered by decks:  
0 existing + 0 proposed = 0
8. Amount of lot area covered by porches:  
0 existing + 0 proposed = 0
9. Amount of lot area covered by driveway, parking areas and walkways:  
0 existing + 1,200 proposed = 1,200 S.F.
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 = 2,200 S.F.

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.

T. H. [Signature]  
 Signature and Seal of Professional Preparing Worksheet



10/21/21  
 Date

RPRC COMPLETENESS REVIEW FORM

Page 2

- 9. Description of method of water supply and sewage disposal and location of such facilities
- 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
- 11. Submission of a Zoning Conformance Table depicting the plan's compliance with the minimum requirements of the Zoning District
- 12. 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.
- 13. If a wetlands permit is being sought, identification of the wetland and the 100-foot wetland buffer.

\_\_\_\_\_ On this date, all items necessary for a technical review of the proposed site plan have been submitted and constitute a COMPLETE APPLICATION.



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

GROSS LAND COVERAGE CALCULATIONS WORKSHEET

Application Name or Identifying Title: ALPHONSO LEONG Date: 10/21/21  
 Tax Map Designation or Proposed Lot No.: 5.16.4

Gross Lot Coverage

1. Total lot Area (Net Lot Area for Lots Created After 12/13/06): 5,071.35 S.F.
2. Maximum permitted gross land coverage (per Section 355-26.C(1)(b)): 2,536.4 S.F.  
 $2,500 + 30\% (2,500) = 2,536.4$
3. BONUS maximum gross land cover (per Section 355-26.C(1)(b)):  
 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: 2,536.4 S.F.
5. Amount of lot area covered by principal building:  
1,080 existing + 0 proposed = 1,080 S.F.
6. Amount of lot area covered by accessory buildings:  
0 existing + 0 proposed = 0 S.F.
7. Amount of lot area covered by decks:  
0 existing + 0 proposed = 0
8. Amount of lot area covered by porches:  
0 existing + 0 proposed = 0
9. Amount of lot area covered by driveway, parking areas and walkways:  
0 existing + 1,280 proposed = 1,280 S.F.
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 = 2,360 S.F.

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.

T. Markoe  
 Signature and Seal of Professional Preparing Worksheet Date: 10/21/21

