

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

| 17 BEDFORD ROAD A | RMONK, NY 1050 | 4 PHONE " (S) |
|-----------------------------------|--------------------------|--|
| PERMIT FEE: \$ | | ARB FEE: \$ |
| C. O. FEE: \$ | | APPLICATION FEE: \$ |
| TOTAL FEE: \$ | | TRACKING #: |
| PERMIT # Date | Issued:/ | - APPLICATION DATE:// |
| | . , , | |
| PROPERTY LOCATION: 5 | EMMALON AVE | NUE, NORTH WHITE PLAINS |
| Section: 5 Block: | 16 Lot: 4 | Zoning District: |
| Setbacks Shown: Front: | Side: | Rear: CODE #753 Dig Safely |
| Setbacks Required: Front: | Side: | Rear: Call: 1-800-962-7962 |
| Builder: OWNER | | |
| The second second | MT: KISCE | F AVE Phone: (9/4) 241-3354 2NY.10549 Email: |
| Builder: OWNER | Address: | |
| | * | Email: |
| Plumber: N/A | Address: | Phone:() |
| | | Email: |
| lectrician: N/A | Address: | Phone:() |
| | | Email: |
| essee: N/A | Address: | Phone:() |
| | | Email: |
| you have any intention of tearing | down a house to build | a new house within the next SIX (6) months |
| | | ☐ Yes ☒ No |
| you have any intention to expan- | d a house over 1500 squa | are feet within the next SIX (6) months? |
| he Planning Board has granted ye | ou approval previously | on what dates were you approved? (List Bel |



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.

| - | ALPHONSO LEONG | | |
|---|--|--|--|
| | tial Submittal Revised Preliminary | | |
| Stree | EL LOCATION: 5 EMMALON AVENUE, NORTH WHITE PLAI | | |
| Zoning District: R-2F Property Acreage: 0.116 ACT ax Map Parcel ID: 5.16.4 Date: 9/12/20 | | | |
| DEP | ARTMENTAL USE ONLY | | |
| Date | Filed: Staff Name: | | |
| Items | minary Plan Completeness Review Checklist a marked with a "\sum " are complete, items left blank "\sum " are incomplete and must be bleted, "NA" means not applicable. | | |
| □1. | Plan prepared by a registered architect or professional engineer | | |
| <u></u> | 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 | | |
| <u>4</u> . | A locator map at a convenient scale | | |
| □ 5. | The proposed location, use and design of all buildings and structures (including floor plans and elevations) | | |
| <u>□</u> 6. | Existing topography and proposed grade elevations | | |
| □7. | Location of drives | | |
| □8. | Location of all existing and proposed site improvements, including drains, culvert 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

of 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):

- [X] 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.

(Date Signed) (Signature of Homeowner)

ALPHONSO LEONE

(Homeowner's Name Printed)

Property Address that requires the building permit;

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

Home Telephone Number 914-772-0429

to before me this loth 2021 Notary Public) MARLYN K-PENA Notary Public - State of New York No. 01PE6165040 Qualified in Westchester County My Comm. Expires May 7, 2006

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

BP-1 (12/08)

NY-WCB

| New Commercial New Commercial Commercial Commercial 1-Family Addition/Alteration 2-Family Accessory Building Accessory Apartment Addition Deck Alteration (Int/Ext.) Demolition Deck Alteration (Int/Ext.) Demolition Demolition Description of Work, Construction type, and use as per nys code: Enlarge Mally Accessory Apartment Legalization Shed Alteration (Int/Ext.) Demolition Description of Work, Construction type, and use as per nys code: Enlarge Menny of Ext(47) No Parking Area (o Accessor Date Parking for a country for the Name of Section of Section of Section of Name of Section of Section of Name of Section of Secti | New Residence New Commercial Other Commercial Other Addition/Alteration Accessory Building Addition Addition/Alteration Addition Addition Alteration (Int.Ext.) Deck Addition Alteration (Int.Ext.) Deck Alteration (Int.Ext.) Demolition Deck Alteration (Int.Ext.) Demolition Description of Work, Construction Type, and use as per nys code: Enlarge (Int.Ext.) Demolition DESCRIPTION OF WORK, CONSTRUCTION TYPE, AND USE AS PER NYS CODE: Enlarge (Int.Ext.) ACCOMODATE PAIRLING FOR OWNER TENANT. SQ. FT. New Basement/Cellar Sq. FT. New First (1st) Floor Sq. FT. New First (1st) Floor Sq. FT. New First (1st) Floor Sq. FT. New Third (3tt) Floor Sq. FT. Of All New Construction Sq. FT. Of All New Construction Sq. FT. Of All New Constructed, Added, Renovated or Altered Number of Bathrooms to be Constructed, Added, Renovated or Altered Electrical work is involved in this project HVAC work is involved in this project HVAC work is involved in this project YOU MUST SHOW ON THIS APPLICATION THE NUMBER OF BOARD OF HEAL' 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 Co and all Zoning Ordinances of the Town of North Castle and any and all amendment THERETO SHALL APPLY AND BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT NO CHANCE PLANS OR CONSTRUCTION SHALL BE MADE WITHOUT PRIOR APPROVAL OF THE BUILDING INSPECTOR | | APPLICATION FOR: |
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| Addition/Alteration Eccavation Pool 2-Pamily Accessory Building Multi-Family Accessory Building Accessory Apartment Finished Basement Retaining Wall Addition Deck Finished Basement Legalization Shed Alteration (Int/Ext.) Demolition Oil Tank (Remove/Install) Tree DESCRIPTION OF WORK, CONSTRUCTION TYPE, AND USE AS PER NYS CODE: ENLARGEMENT OF EXCATING PARK (NA AREA TO ACCESSOR) ACCOMO DATE PARKING FOR DWIFT TENANT. SQ. PT. New Basement/Cellar SQ. PT. New First (1st) Floor SQ. PT. New First (1st) Floor TOTAL SQ. PT. OF ALL NEW CONSTRUCTION SQ. PT. New THIRD (320) Floor 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 HEAL' APPROVED BEDROOMS FOR THIS LOCATION: It is understood and acreed that any permit issued pursuant herein is on the expressional all provisions of the New York State Fire Prevention and Building Co and all Zoning Ordinances of the Town of North Castle and any and all amendment therefore the Electric Shall apply and be complied with whether specified herein or Not. No Change Lans or Construction Shall be made without prior approval of the Building inspector Liscensed professionals. | 1-Family | | New Residence Residential Industrial |
| Accessory Building Fence (Lin. Ft.) Roof Multi-Family Accessory Apartment Deck Legalization (Int. Ft.) Demolition Deck Legalization (Int. Cont. Columbrate) Demolition Deck Legalization (Int. Cont. Columbrate) Tree Cont. Columbrate Columbrate Cont. Columbrate Columbrate Cont. Columbrate Cont. Columbrate Columbrate Cont. Columbrate Co | 2-Family Accessory Building Fence - (Lin. Ft.) Roof Multi-Family Accessory Apartment Finished Basement Retaining Wall Addition Dock Legalization Shed Shed Adteration (Int./Ext.) Demolition Oil Tank (Remove/Install) Tree Contribution Description of Work, Construction Type, and Use as Per Nys Code: ENLAROGMENT OF EX(47) NO PARALIX ANSA TO ACCOMPODATE PARKING FOR OWNER TENANT. SQ. Ft. New Basement/Cellar Sq. Ft. New First (1 ^{III}) Floor Sq. Ft. New First (1 ^{III}) Floor Sq. Ft. New Third (3 ^{II}) Floor Sq. Ft. New Third (3 ^{II}) Floor Sq. Ft. New Third (3 ^{II} | | |
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| Alteration (Int./Ext.) Demolition Oil Tank (Regard Intall) Tree DESCRIPTION OF WORK, CONSTRUCTION TYPE, AND USE AS PER NYS CODE: ENLARGEMENT OF EX (471 NG PARKING AREA TO ACCOMODATE PARKING FOR OWNER TENANT. SQ. PT. New Basement/Cellar SQ. PT. New Basement/Cellar SQ. PT. New First (1") Floor SQ. PT. New Second (2") Floor SQ. PT. New Second (2") Floor TOTAL SQ. PT. OF All New Construction SQ. PT. New First (1") Floor Number of Bedrooms to be Constructed, Added, Renovated or Altered Number of Bedrooms to be Constructed, Added, Renovated or Altered Plumbing 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 HEAL' 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 Co and all Zoning Ordinances of the Town of North Castle and any and all amendment herees to shall apply and be complied with whether specified herein or not. No change Lans or construction shall be made without prior approval of the Building Inspector Liscensed Professionals. | Alteration (Int.Ext.) Demolition Od Tank (Removed Intrall) Tree DESCRIPTION OF WORK, CONSTRUCTION TYPE, AND USE AS PER NYS CODE: ENLARGEMENT OF EXIATING PARKING APEA TO ACCOMPONATE PARKING FOR OWNER & TENANT. SQ. Pt. New Basement/Cellar SQ. Pt. New Basement/Cellar SQ. Pt. New First (1th) Floor SQ. Pt. New First (1th) Floor SQ. Pt. New Second (2th) Floor SQ. Pt. New Third (3th) Floor SQ. Pt. New Third (3th) Floor SQ. Pt. New Third (3th) Floor Number of Bedrooms to be Constructed, Added, Renovated or Altered Number of Bedrooms 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 HEAL' 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 Co and all Zoning Ordinances of the Town of North Castle and any and all amendment therefor shall apply and be complied with whether specified herein or not. No change plans or construction shall be made without prior approval of the Building Inspector Liscensed Professionals. | | Multi-PamilyAccessory Apartment Finished Basement Retaining wan |
| DESCRIPTION OF WORK, CONSTRUCTION TYPE, AND USE AS PER NYS CODE: ENLARGEMENT OF EXILTING PARKING AREA TO ACCOMODATE PARKING FOR OWNER TENANT. SQ. PT. NEW BASEMENT/CELLAR SQ. PT. NEW FIRST (15°) PLOOR SQ. PT. NEW FIRST (15°) PLOOR TOTAL SQ. PT. OF ALL NEW CONSTRUCTION SQ. PT. 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 HEAL! 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 CO AND ALL ZONING ORDINANCES OF THE TOWN OF NORTH CASTLE AND ANY AND ALL AMENDMENT THERETO SHALL APPLY AND BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. NO CHANCE LANS OR CONSTRUCTION SHALL BE MADE WITHOUT PRIOR APPROVAL OF THE BUILDING INSPECTOR LISCENSED PROFESSIONALS. | DESCRIPTION OF WORK, CONSTRUCTION TYPE, AND USE AS PER NYS CODE: ENLARGEMENT OF EXISTING PARKING AREA TO ACCOMODATE PARKING FOR OWNER TENANT. SQ. PT. NEW BASEMENT/CELLAR SQ. PT. NEW FIRST (18") FLOOR SQ. PT. NEW SECOND (200) FLOOR SQ. PT. NEW SECOND (200) FLOOR SQ. PT. NEW THIRD (300) FLOOR TOTAL SQ. PT. OF ALL NEW CONSTRUCTION SQ. PT. 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 HEAL' APPROVED BEDROOMS FOR THIS LOCATION: IT IS UNDERSTOOD AND AGREED THAT ANY PERMIT ISSUED PURSUANT HEREIN IS ON THE EXPRES CONDITION THAT ALL PROVISIONS OF THE NEW YORK STATE FIRE PREVENTION AND BUILDING CO AND ALL ZONING ORDINANCES OF THE TOWN OF NORTH CASTLE AND ANY AND ALL AMENDMENT THERETO SHALL APPLY AND BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT, NO CHANGE PLANS OR CONSTRUCTION SHALL BE MADE WITHOUT PRIOR APPROVAL OF THE BUILDING INSPECTOR LISCENSED PROFESSIONALS. | | |
| SQ. FT. New Basement/Cellar SQ. FT. New First (1st) Floor SQ. FT. New First (1st) Floor SQ. FT. New Second (2st) Floor SQ. FT. New Second (2st) Floor SQ. FT. New Third (3st) 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 HEAL' APPROVED BEDROOMS FOR THIS LOCATION: IT IS UNDERSTOOD AND AGREED THAT ANY PERMIT ISSUED PURSUANT HEREIN IS ON THE EXPRESE CONDITION THAT ALL PROVISIONS OF THE NEW YORK STATE FIRE PREVENTION AND BUILDING CO AND ALL ZONING ORDINANCES OF THE TOWN OF NORTH CASTLE AND ANY AND ALL AMENDMENT THERETO SHALL APPLY AND BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. NO CHANCE LANS OR CONSTRUCTION SHALL BE MADE WITHOUT PRIOR APPROVAL OF THE BUILDING INSPECTOR LISCENSED PROFESSIONALS. | SQ. FT. NEW BASEMENT/CELLAR SQ. FT. NEW FIRST (1st) FLOOR SQ. FT. NEW FIRST (1st) FLOOR SQ. FT. NEW SECOND (2st) FLOOR SQ. FT. NEW THIRD (3st) FLOOR SQ. FT. NEW THIRD (3st) FLOOR TOTAL 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 HEAL' 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 CO AND ALL ZONING ORDINANCES OF THE TOWN OF NORTH CASTLE AND ANY AND ALL AMEDIMENT THERETO SHALL APPLY AND BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. NO CHANGE PLANS OR CONSTRUCTION SHALL BE MADE WITHOUT PRIOR APPROVAL OF THE BUILDING INSPECTOR LISCENSED PROFESSIONALS. | | Circle Choice Circle Choice |
| SQ. FT. NEW BASEMENT/CELLAR SQ. FT. NEW FIRST (1 ²⁷) FLOOR SQ. FT. NEW SECOND (2 ²⁰) FLOOR SQ. FT. NEW SECOND (2 ²⁰) FLOOR SQ. FT. NEW THIRD (3 ²⁰) FLOOR SQ. FT. NEW THIRD (3 ²⁰) FLOOR 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 HEAL' APPROVED BEDROOMS FOR THIS LOCATION: IT IS UNDERSTOOD AND AGREED THAT ANY PERMIT ISSUED PURSUANT HEREIN IS ON THE EXPRES CONDITION THAT ALL PROVISIONS OF THE NEW YORK STATE FIRE PREVENTION AND BUILDING CO AND ALL ZONING ORDINANCES OF THE TOWN OF NORTH CASTLE AND ANY AND ALL AMENDMENT THERETO SHALL APPLY AND BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. NO CHANGE LANS OR CONSTRUCTION SHALL BE MADE WITHOUT PRIOR APPROVAL OF THE BUILDING INSPECTOR LISCENSED PROFESSIONALS. | SQ. PT. NEW BASEMENT/CELLAR SQ. PT. NEW FIRST (1 ST) FLOOR SQ. PT. NEW FIRST (1 ST) FLOOR SQ. PT. NEW SECOND (2 ^{SD}) FLOOR TOTAL SQ. PT. OF ALL NEW CONSTRUCTION SQ. PT. 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 HEAL' 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 Co and all Zoning Ordinances of the Town of North Castle and any and all amendment thereto shall apply and be complied with whether specified herein or not. No chance plans or construction shall be made without prior approval of the Building inspector Liscensed Professionals. **RINT OWNER / Applicant Name: Alphonics Of The State Fire Provided Inspector Liscensed Professionals. | | DESCRIPTION OF WORK, CONSTRUCTION TYPE, AND USE AS PER NYS CODE: |
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| SQ. FT. NEW FIRST (157) FLOOR SQ. FT. NEW SECOND (270) FLOOR SQ. FT. NEW THIRD (380) 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 HEAL'S 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 Co and all Zoning Ordinances of the Town of North Castle and any and all amendment thereto shall apply and be complied with whether specified herein or not. No change Lans or construction shall be made without prior approval of the building inspector Liscensed professionals. | SQ. Ft. New First (1st) Floor Sq. Ft. New Second (2st) Floor Sq. Ft. New Third (3st) Floor TOTAL Sq. Ft. of All New Construction 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 HEAL' 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 Co and all Zoning Ordinances of the Town of North Castle and any and all amendment thereto shall apply and be complied with whether specified herein or not. No chance plans or construction shall be made without prior approval of the building inspector liscensed professionals. FRINT Owner / Applicant Name: Alphonsolution | | PARTITION IS LAUREN AND LOUR OF THE CONTRACT O |
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| SQ. FT. NEW SECOND (270) FLOOR SQ. FT. NEW THIRD (320) 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 HEAL'S 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 Co and all Zoning Ordinances of the Town of North Castle and any and all amendment thereto shall apply and be complied with whether specified herein or not. No change Lans or construction shall be made without prior approval of the building inspector Liscensed professionals. | SQ. Pt. New Second (2 ⁵⁰) Floor Sq. Pt. New Third (3 ⁵⁰) Floor TOTAL Sq. Pt. of All New Construction Sq. Pt. of All New Constructed, Added, Renovated or Altered Number of BEDROOMS 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 HEAL' 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 Co and all Zoning Ordinances of the Town of North Castle and any and all amendment thereto shall apply and be complied with whether specified herein or not. No change plans or construction shall be made without prior approval of the Building inspector Liscensed professionals. FRINT Owner / Applicant Name: Alphonso London | | SQ. Pt. New Basement/Cellar |
| SQ. FT. NEW THIRD (3 ^{2D}) 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 HEAL'S 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 Co and all Zoning Ordinances of the Town of North Castle and any and all amendment thereto shall apply and be complied with whether specified herein or not. No change Lans or construction shall be made without prior approval of the Building Inspector Liscensed professionals. | SQ. PT. New Third (300) FLOOR TOTAL SQ. FT. OF ALL NEW CONSTRUCTION SQ. PT. 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 HEAL' 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 Co and all Zoning Ordinances of the Town of North Castle and any and all amendment thereto shall apply and be complied with whether specified herein or not. No change plans or construction shall be made without prior approval of the building inspector Liscensed Professionals. FRINT OWNER / Applicant Name: Alphonsolution Alphonsolution Alphonsolution Alphonsolution | | SQ. Ft. New First (1 st) Floor |
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| | PRINT OWNER / APPLICANT NAME: ALPHONSO LEONG | | |
| 4 | Alokan Land | | LISCENSED PROFESSIONALS. |
| A | Alokan Land | | |
| RINT OWNER / APPLICANT NAME: ALPHONSO LEONG | WNER/APPLICANT SIGNATURE: Applicant Signature: | To the | RINT OWNER / APPLICANT NAME: ALPHONSO LEONG |
| | WNER/APPLICANT SIGNATURE: WORK WORK | | 40-0 |
| 40.0 | | Ų | VNER / APPLICANT SIGNATURE: DEPHASE WOULD |
| PNER / APPLICANT SIGNATURE: Applicant Signature: | | | |
| ALPHONSO LEONG | WNER / APPLICANT SIGNATURE: WONDE | T P | condition that all provisions of the New York State Fire Prevention and Building and all Zoning Ordinances of the Town of North Castle and any and all amendm thereto shall apply and be complied with whether specified herein or not. No chail land or construction shall be made without prior approval of the building inspections or construction shall be made without prior approval of the building inspections. |
| 10.00 | | 9 | WIER APPLICANT SIGNATURE: OPHING CONCE |
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| VNER / APPLICANT SIGNATURE: Appliques Loques | | | |
| WNER / APPLICANT SIGNATURE: Appliques Cource | | | |
| WNER / APPLICANT SIGNATURE: Applicant Signature: | | | |



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TOWN OF NORTH CASTLE

WESTCHESTER COUNTY 17 Bedford Road Armonk, New York 10504-1898

PLANNING DEPARTMENT Adam R. Kaufman, AICP

Telephone: (914) 273-3542 Fax: (914) 273-3554

| App | lication Name or Identifying Title: ALPHONSO LEO | NG Date 4/22/21 |
|-------|---|------------------------|
| Tax | Map Designation or Proposed Lot No.: 5.16.4 | |
| Gros | is Lot Coverage | 5,07,355. |
| 1. | Total lot Area (Net Lot Area for Lots Created After 12/13/06): | 400 |
| 2. | Maximum permitted gross land coverage (per Section 355-26,C(1)(| 2,500 (4435) 2,530.45. |
| 3. | BONUS maximum gross land cover (per Section 355-26.C(1)(b)): | = 21.4 |
| - | Distance principal home is beyond minimum front yard setback | 9 |
| 4. | TOTAL Maximum Permitted gross land coverage = Sum of lines | |
| 5. | Amount of lot area covered by principal building: existing + proposed = | 1,080 5.1€ |
| 6. | Amount of lot area covered by accessory buildings: existing + proposed = | O Mana S.F |
| 7. | Amount of lot area covered by decks: existing + proposed = | 0 |
| | Amount of lot area covered by porches: existing + proposed = | • |
| | Amount of lot area covered by driveway, parking areas and walkw | 1,280 S.F. |
|). | Amount of lot area covered by terraces:existing + proposed = | 0 |
| | Amount of lot area covered by tennis court, pool and mechanical ed | quip: |
| | Amount of lot area covered by all other structures: | 0 |
| Prope | osed gross land coverage: Total of Lines 5 – 12 = | 2,4805.F. |

Signature and Seal of Professional Preparing Works

RPRC COMPLETENESS REVIEW FORM Page 2

| □ 9. | Description of method of water supply and sewage disposal and location of such facilities |
|--------------|---|
| | 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 |
| 1 11. | Submission of a Zoning Conformance Table depicting the plan's compliance with the minimum requirements of the Zoning District |
| | 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 190-foot wetland buffer. |
| 4 | |
| | |
| | On this date, all items necessary for a technical review of the proposed site plantage been submitted and constitute a COMPLETE APPLICATION |



PLANNING DEPARTMENT Adam R. Kaufman, AICP Director of Planning

TOWN OF NORTH CASTLE

WESTCHESTER COUNTY 17 Bedford Road Armonk, New York 10504-1898

Telephone: (914) 273-3542 Fax: (914) 273-3554 www.northcastleny.com

GROSS LAND COVERAGE CALCULATIONS WORKSHEET

| Appl | ication Name or Identifying Title: AL PHONSO LEONE | Date: 4 24 |
|-------|--|--|
| Tax ! | Map Designation or Proposed Lot No.: 5.16.4 | F 471 255 5 |
| Gros | s Lot Coverage | 5,04,556.1. |
| 1. | Total lot Area (Net Lot Area for Lots Created After 12/13/06): | 5,07,355.F. |
| 2. | Maximum permitted gross land coverage (per Section 355-26.C(1)(b)): | (44.64) |
| 3. | BONUS maximum gross land cover (per Section 355-26.C(1)(b)): | 21.4 |
| _ (| Distance principal home is beyond minimum front yard setback x 10 = | 2520 5.F |
| 4. | TOTAL Maximum Permitted gross land coverage = Sum of lines 2 and 3 | <u> </u> |
| 5. | Amount of lot area covered by principal building: | |
| 6. | Amount of lot area covered by accessory buildings: existing + proposed = | G Man S.F |
| 7. | Amount of lot area covered by decks: existing + proposed = | 0 |
| 8. | Amount of lot area covered by porches: existing + proposed = | |
| 9. | Amount of lot area covered by driveway, parking areas and walkways: existing + proposed = | 1,280 G.F. |
| 10. | Amount of lot area covered by terraces: existing + proposed = | 0 |
| 11. | Amount of lot area covered by tennis court, pool and mechanical equip: existing + proposed = | |
| 12. | Amount of lot area covered by all other structures: existing + proposed = | 2,2804.F. |
| 13.1 | Proposed gross land coverage: Total of Lines 5 – 12 = | |
| does | Proposed gross land coverage: Total of Elizabeth Proposed in e 13 is less than or eq ual to Line 4, your proposal complies with the Town's more project may proceed to the Residential Project Review Committee for review. If a not comply with the Town's regulations. Additional Proposed gross land coverage: Total of Elizabeth Proposed gross land to Elizabeth Prop | Aximum gross land coverage regularities 13 is greater than Line 4 your proposal Value Val |