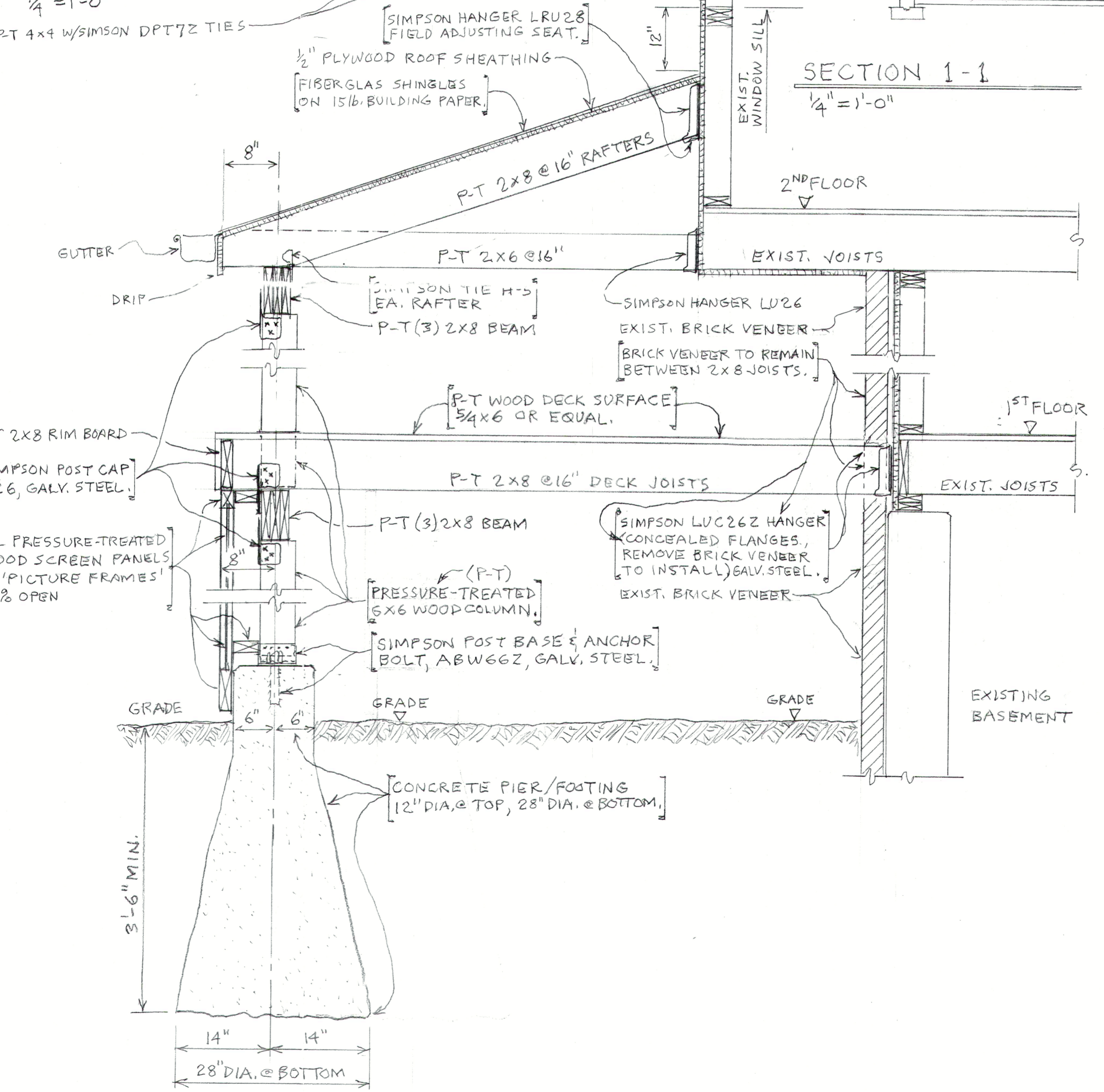
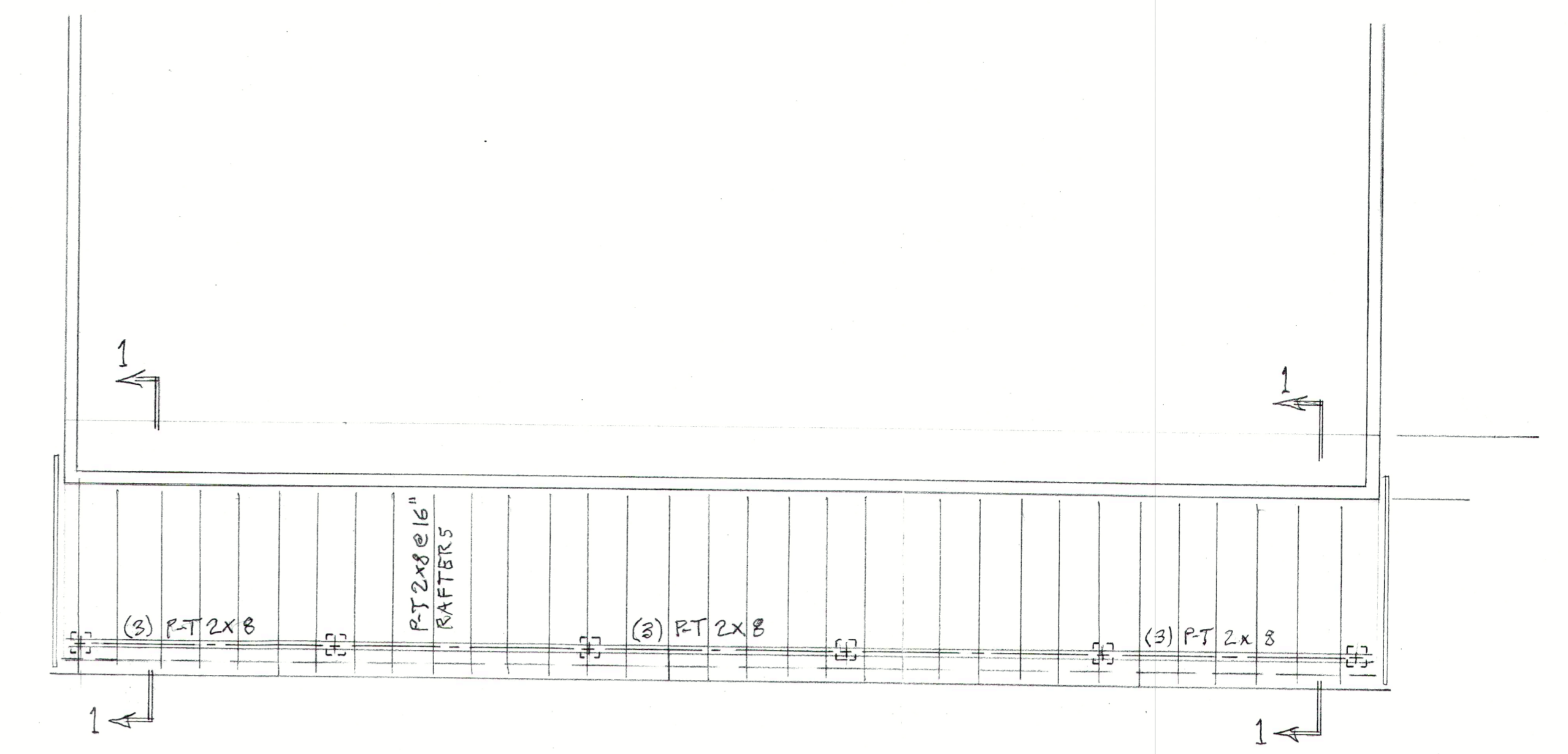


FRONT ELEVATION
1/4" = 1'-0"

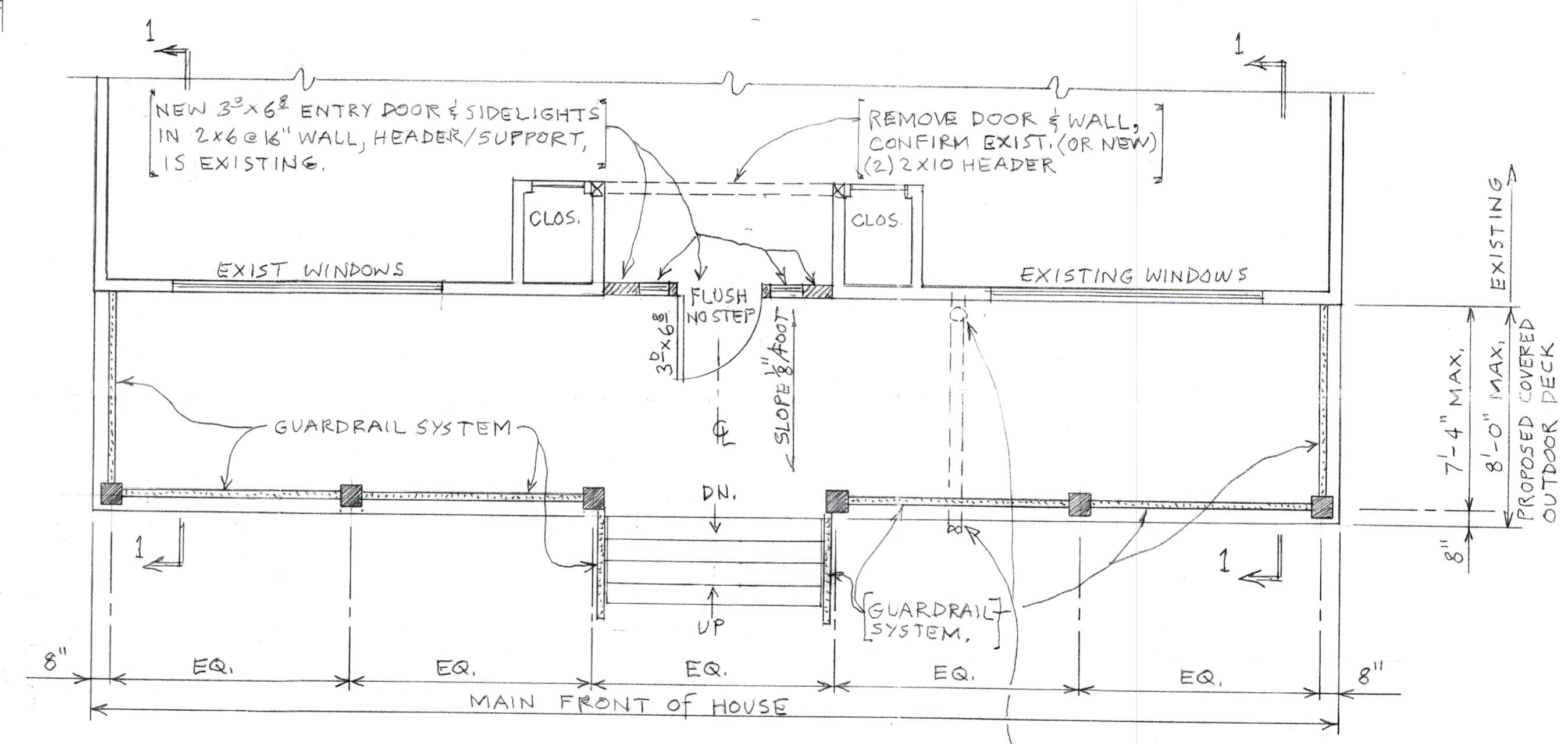


SECTION 1-1
1/4" = 1'-0"

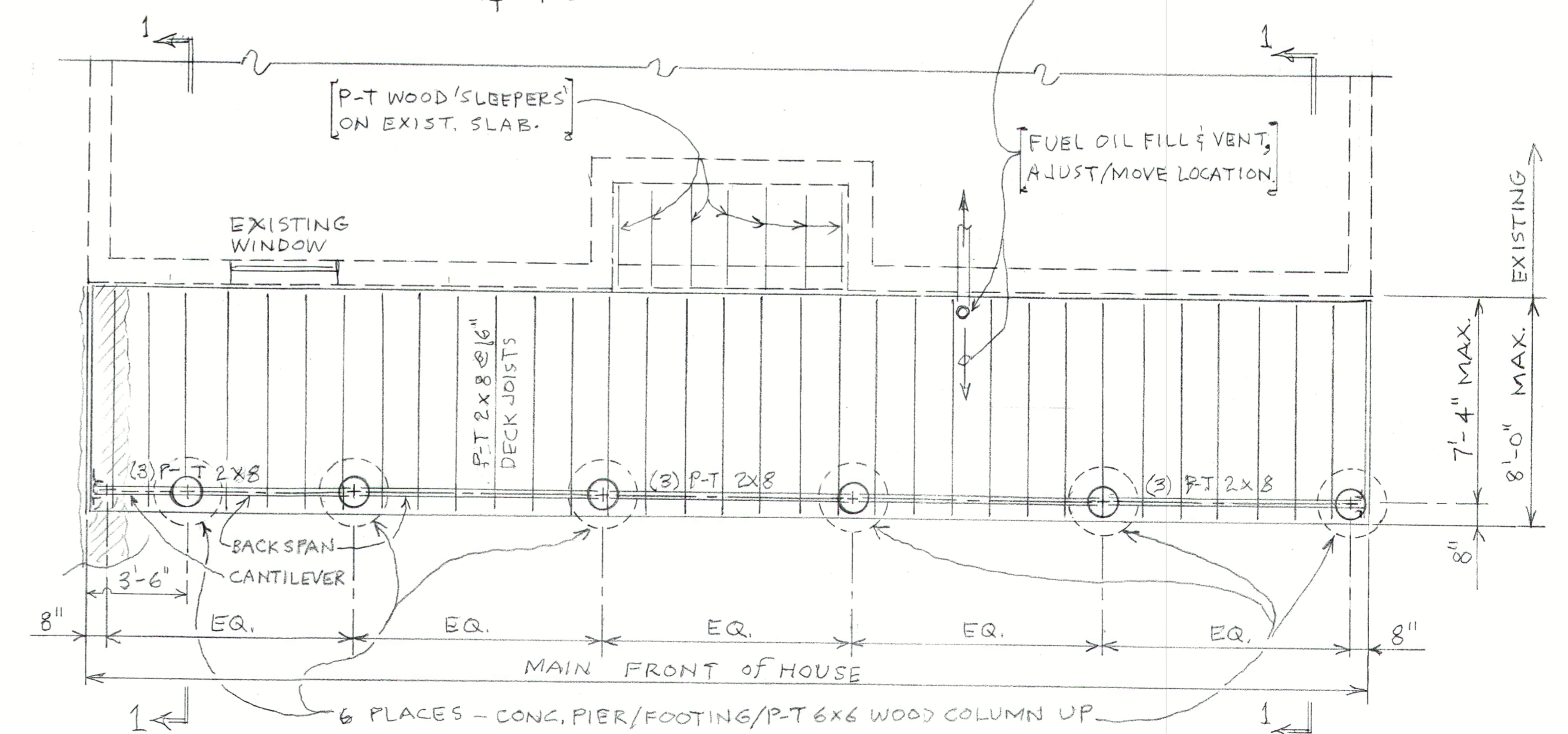
DETAIL SECTION - PIER & FRAMING (SEE SECTION 1-1)
1" = 1'-0"



OUTDOOR DECK ROOF FRAMING PLAN
1/4" = 1'-0"



OUTDOOR DECK FLOOR PLAN
1/4" = 1'-0"



OUTDOOR DECK FOUNDATION & FLOOR FRAMING PLAN
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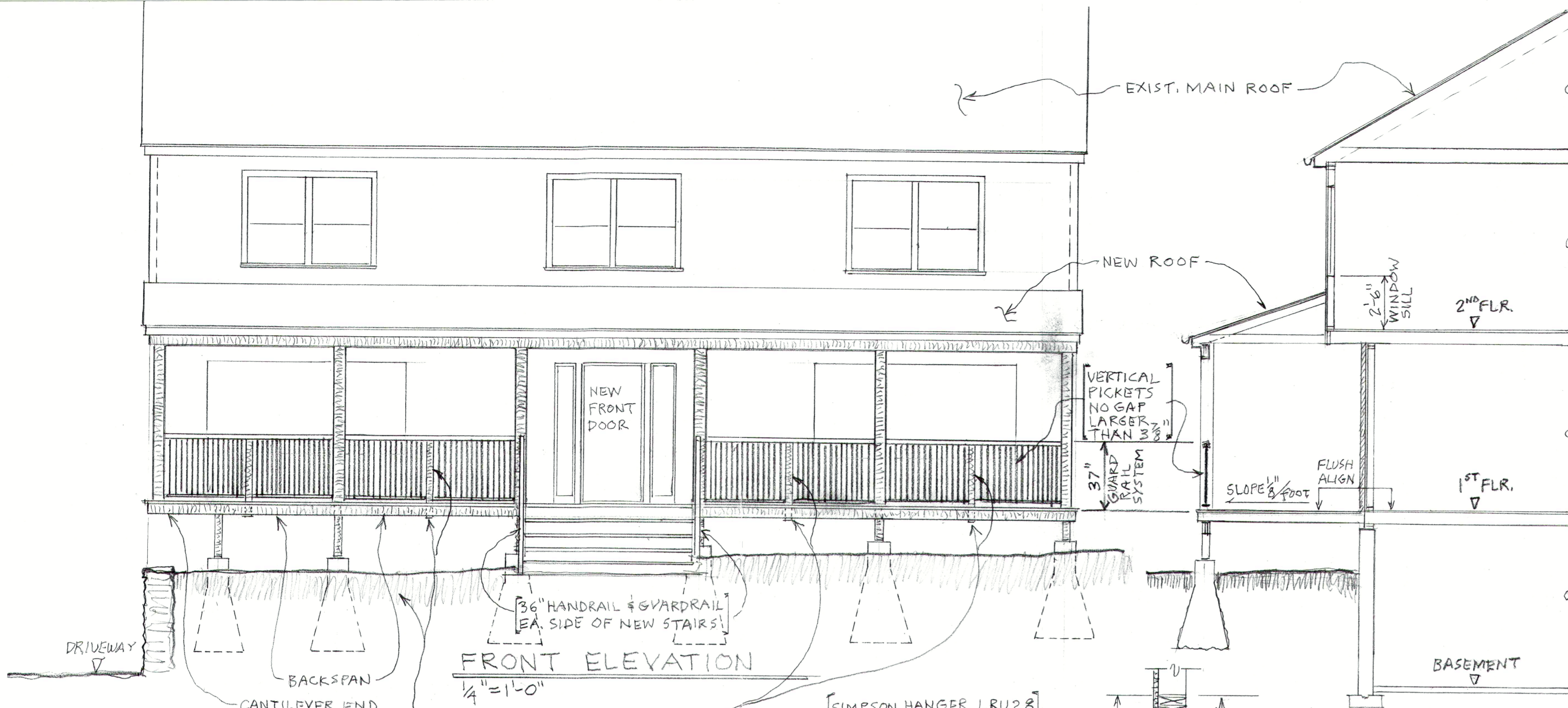
Leo E. Dwyer, P.E., LLC
Licensed Architect - Connecticut
Licensed Engineer - Conn., NY & Ala.
203 975-1095
leodwyer@earthlink.net

MARTEN SEN RESIDENCE - PROPOSED COVERED PORCH/DECK
4 BONNIE HILL LANE, ARMONK, N.Y.
914-882-2946

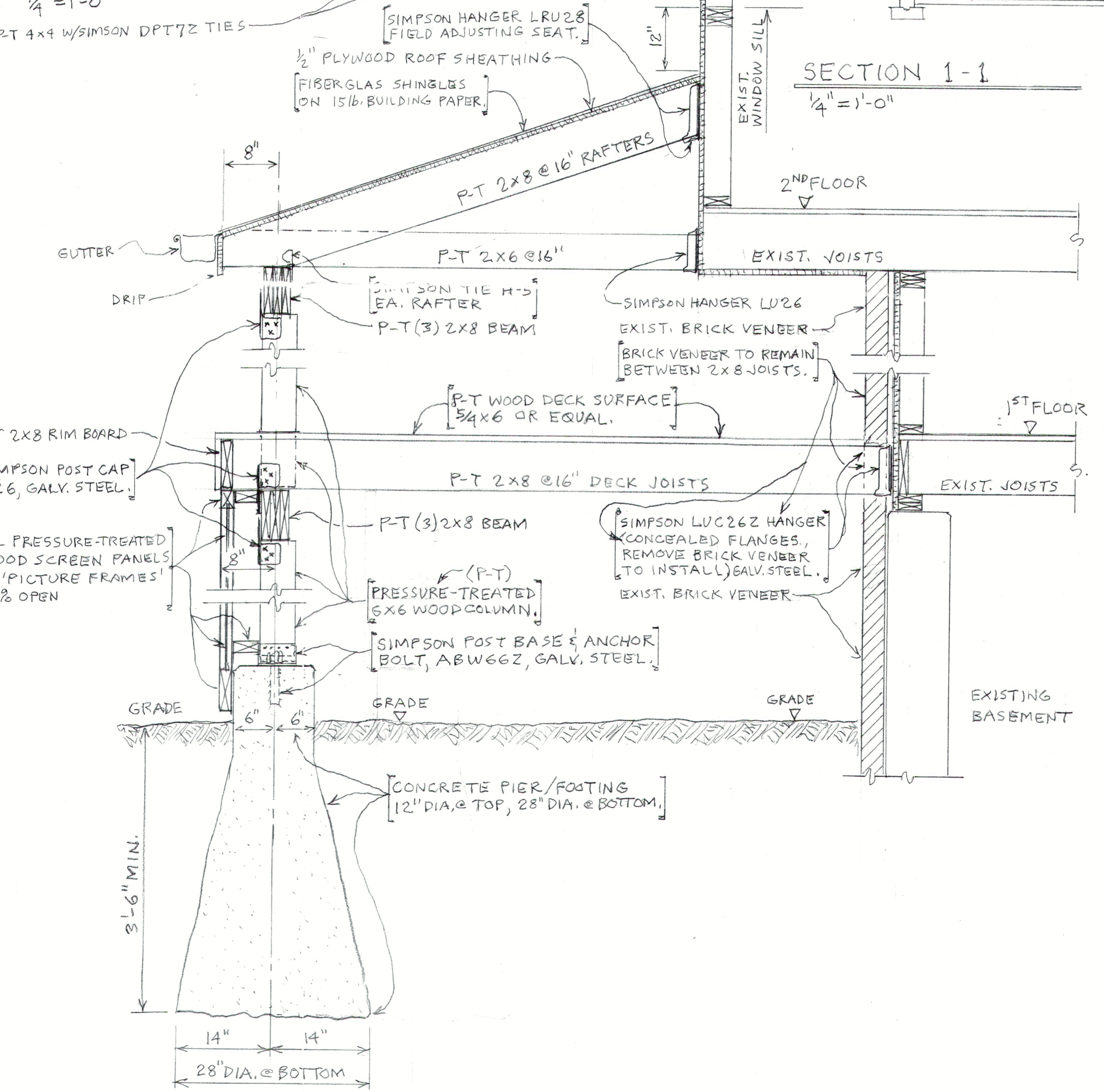
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S-1

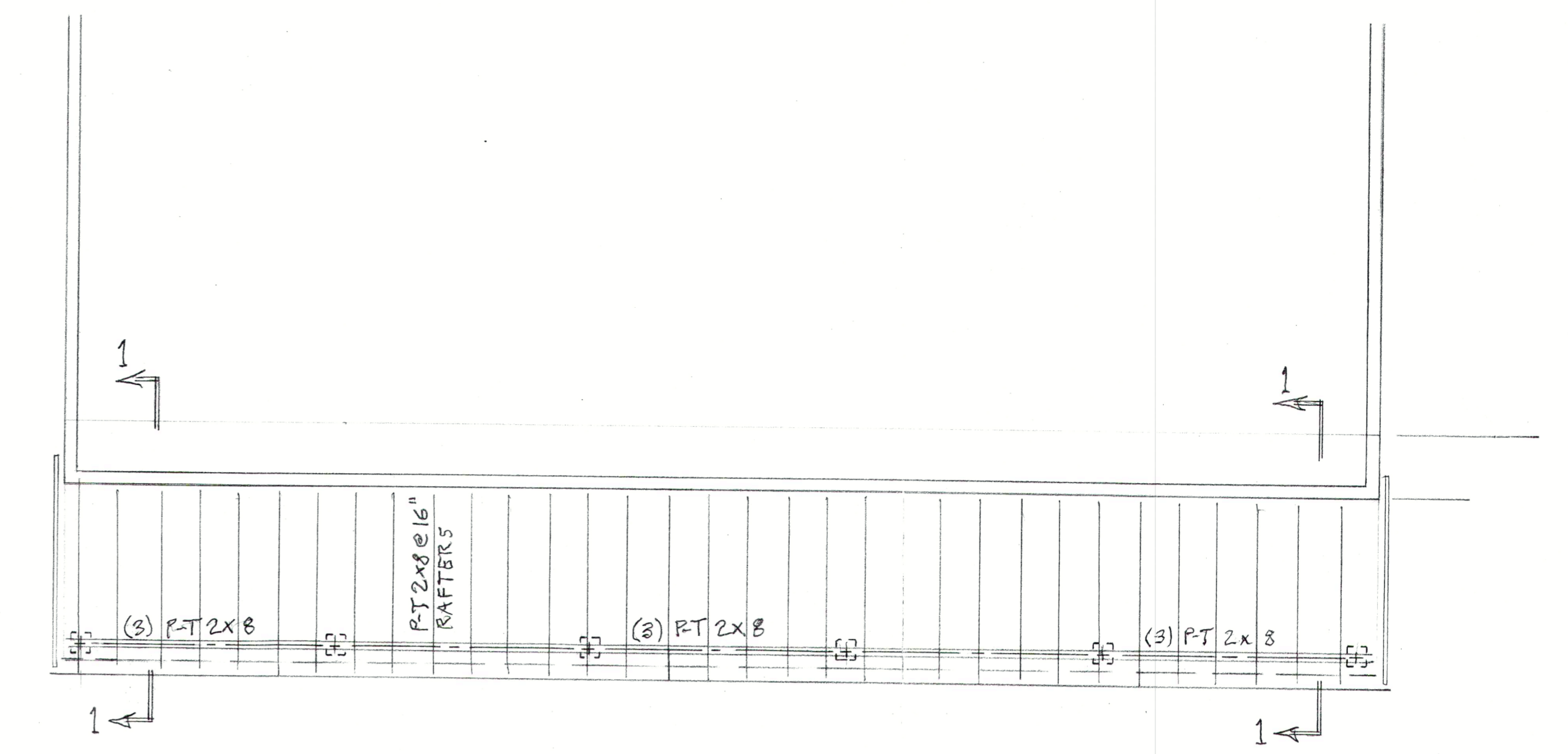


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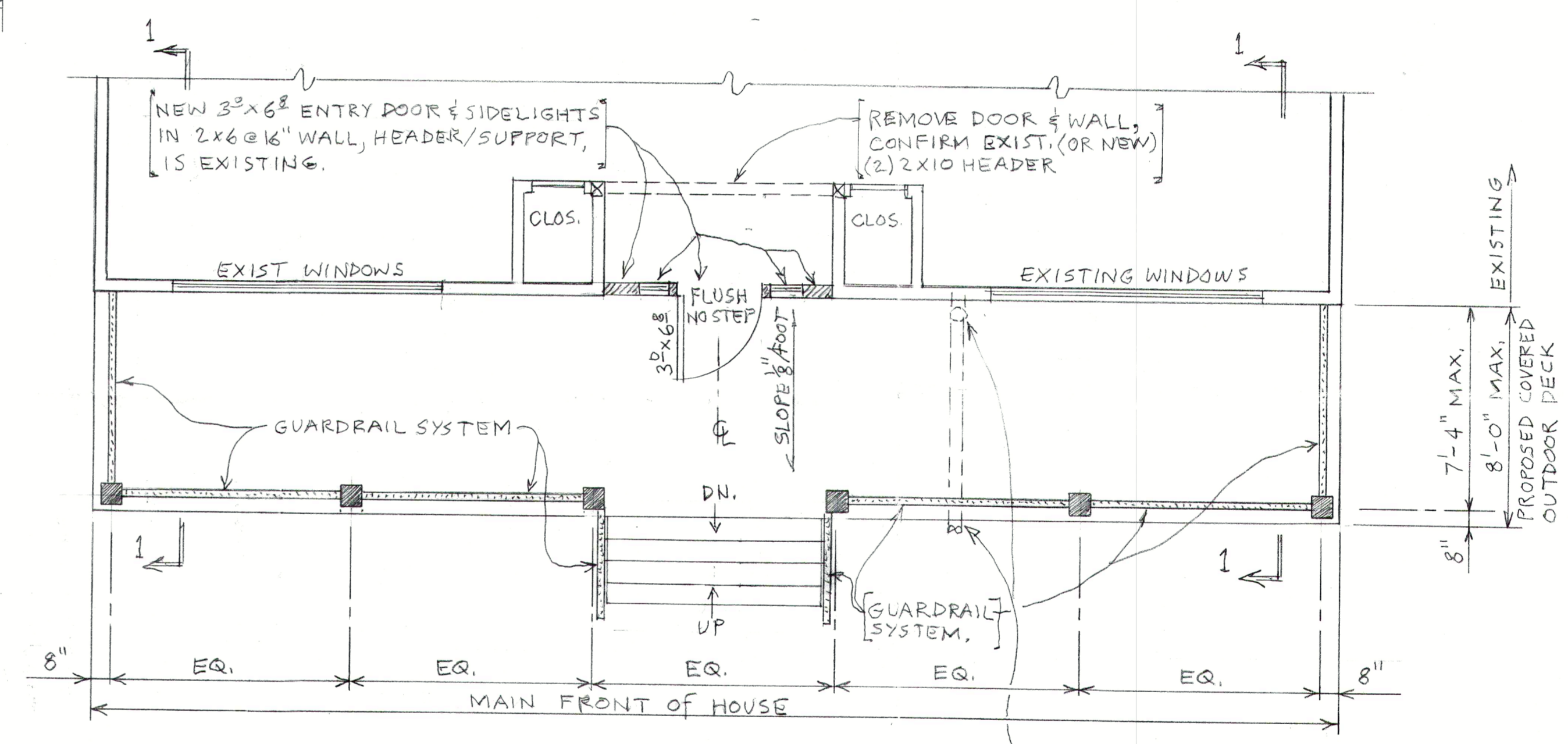


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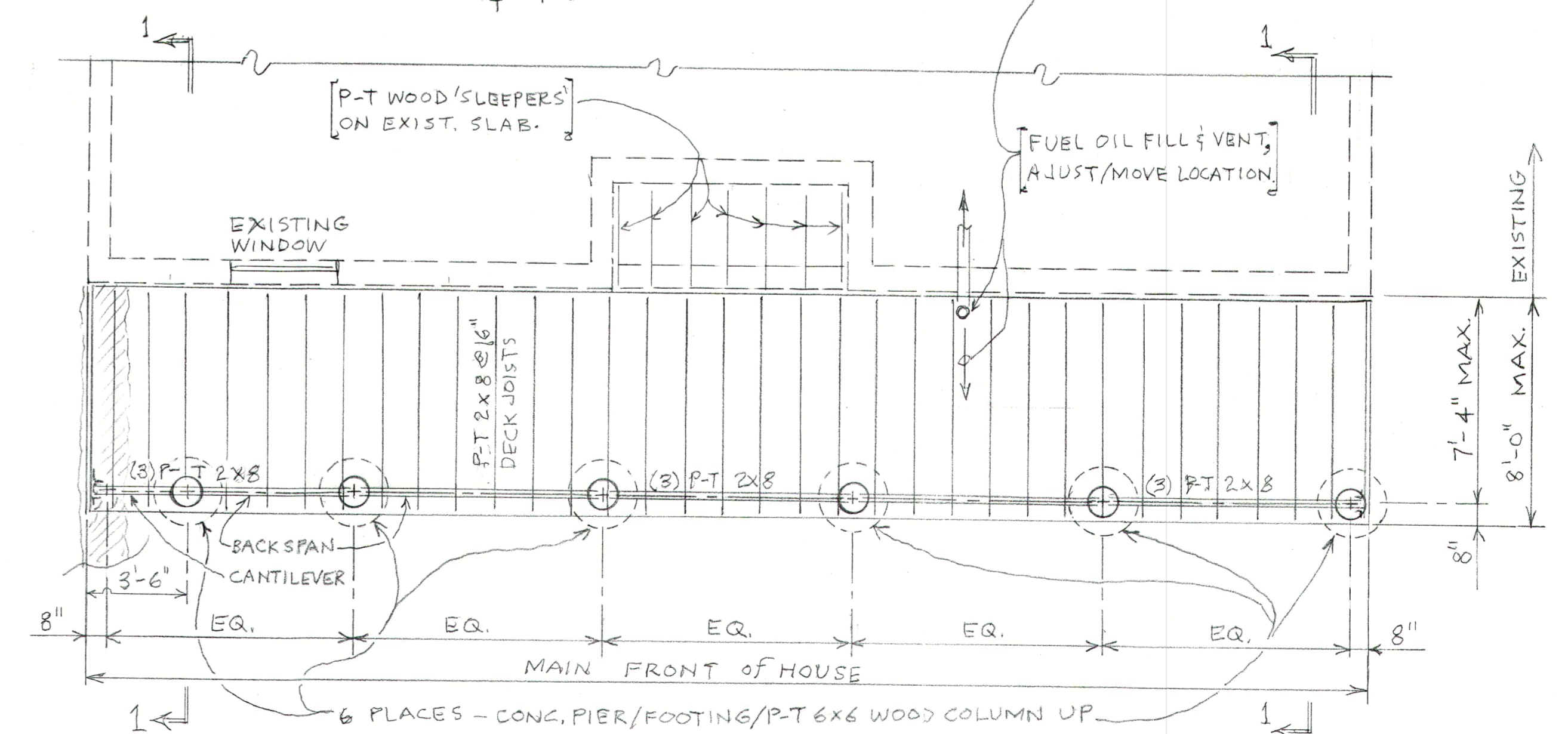
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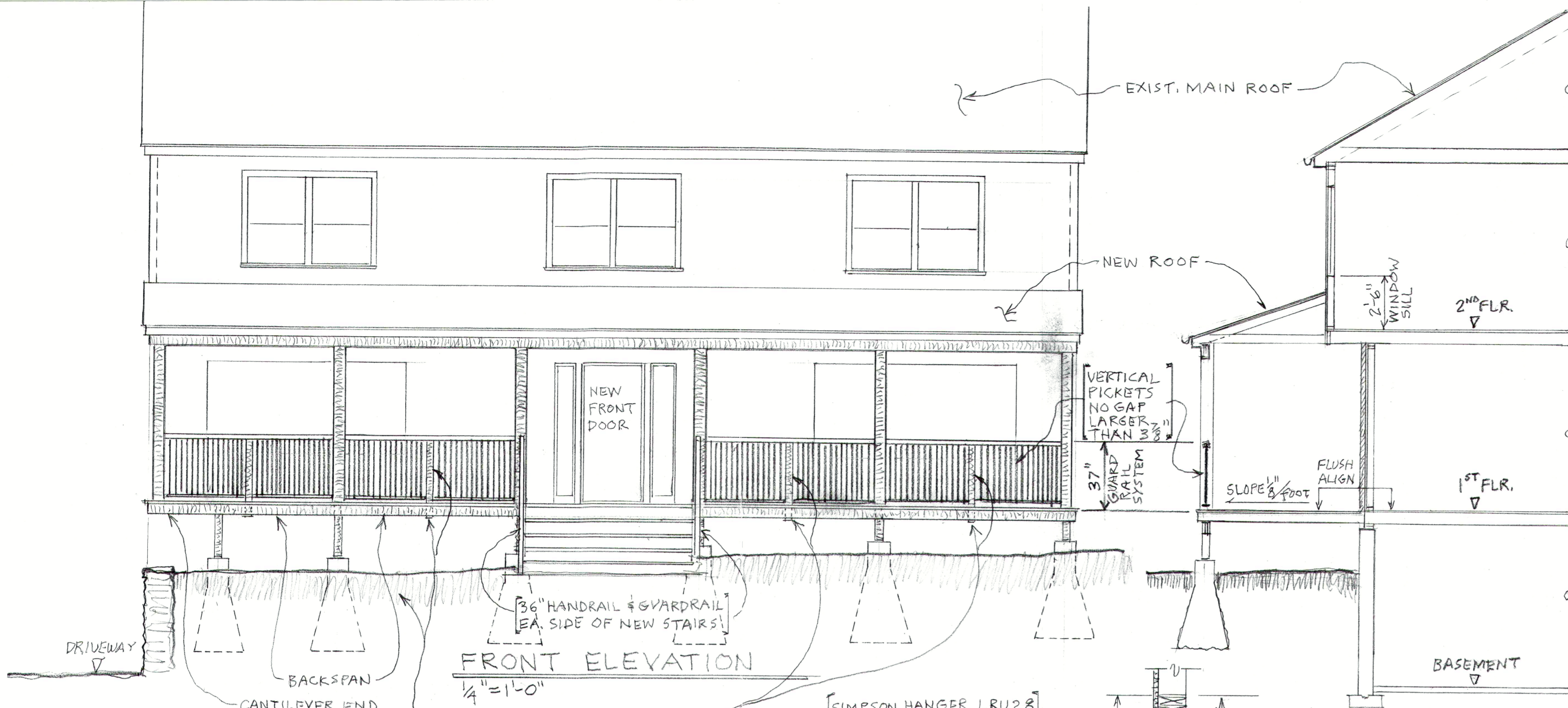
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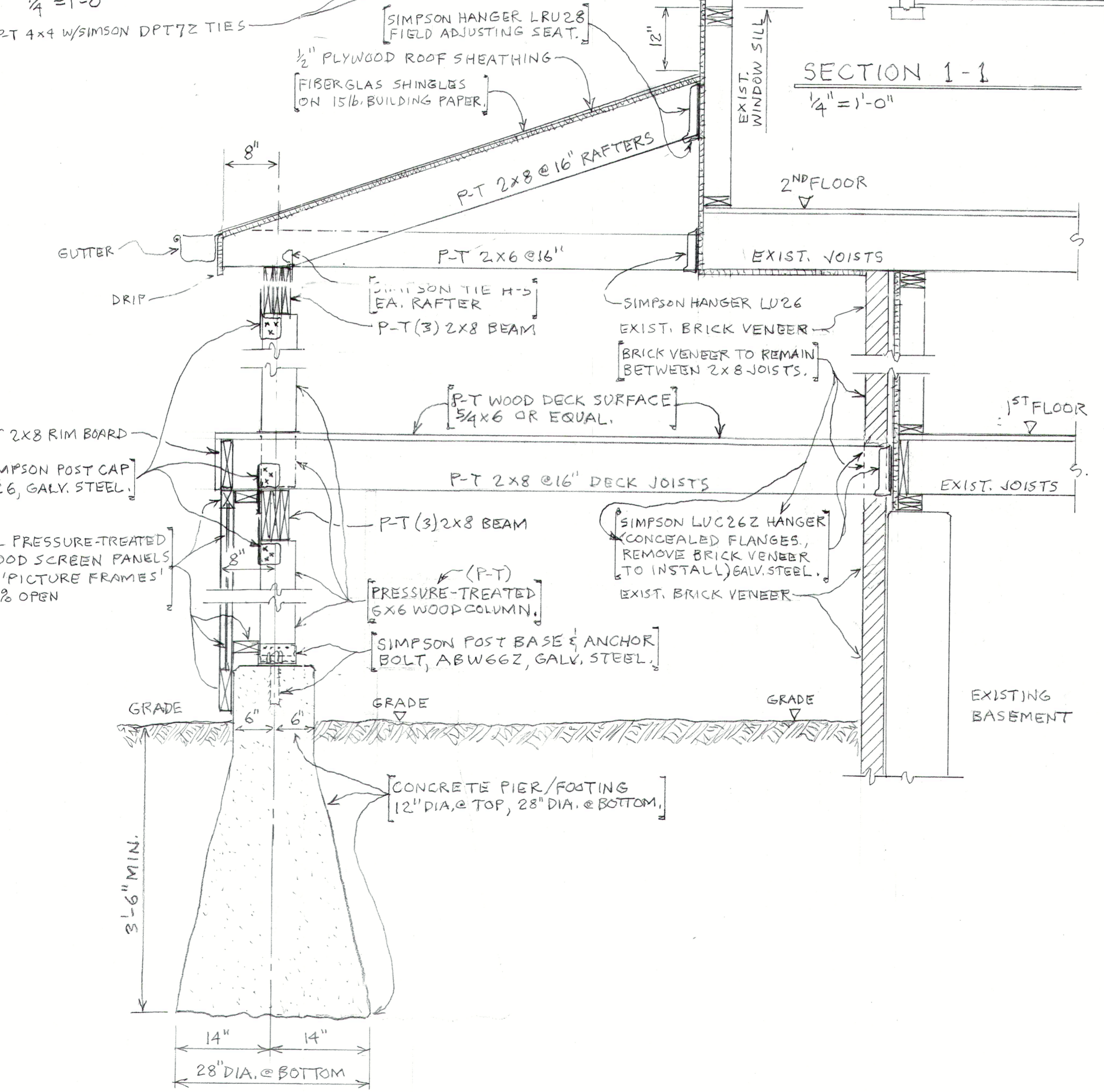
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S-1

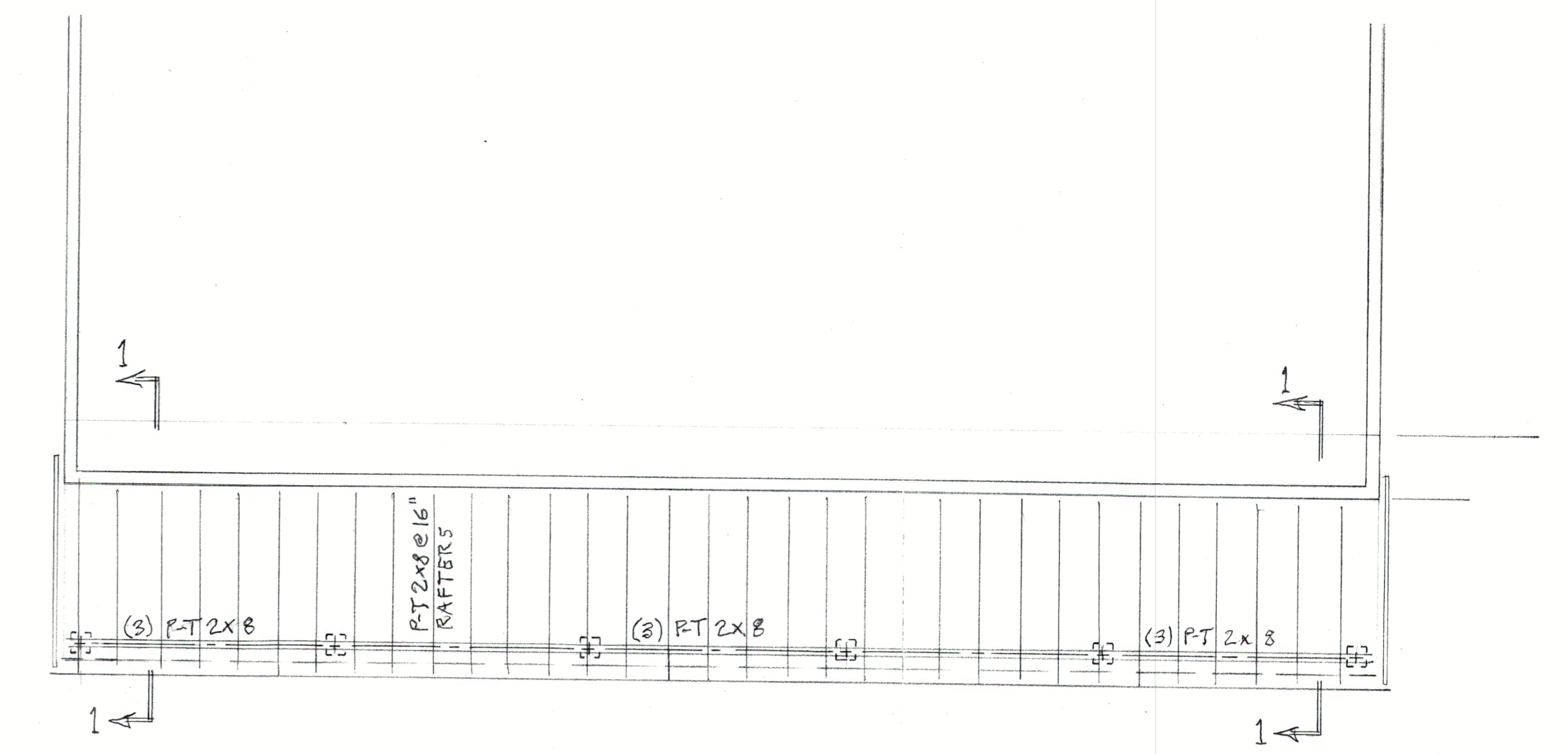


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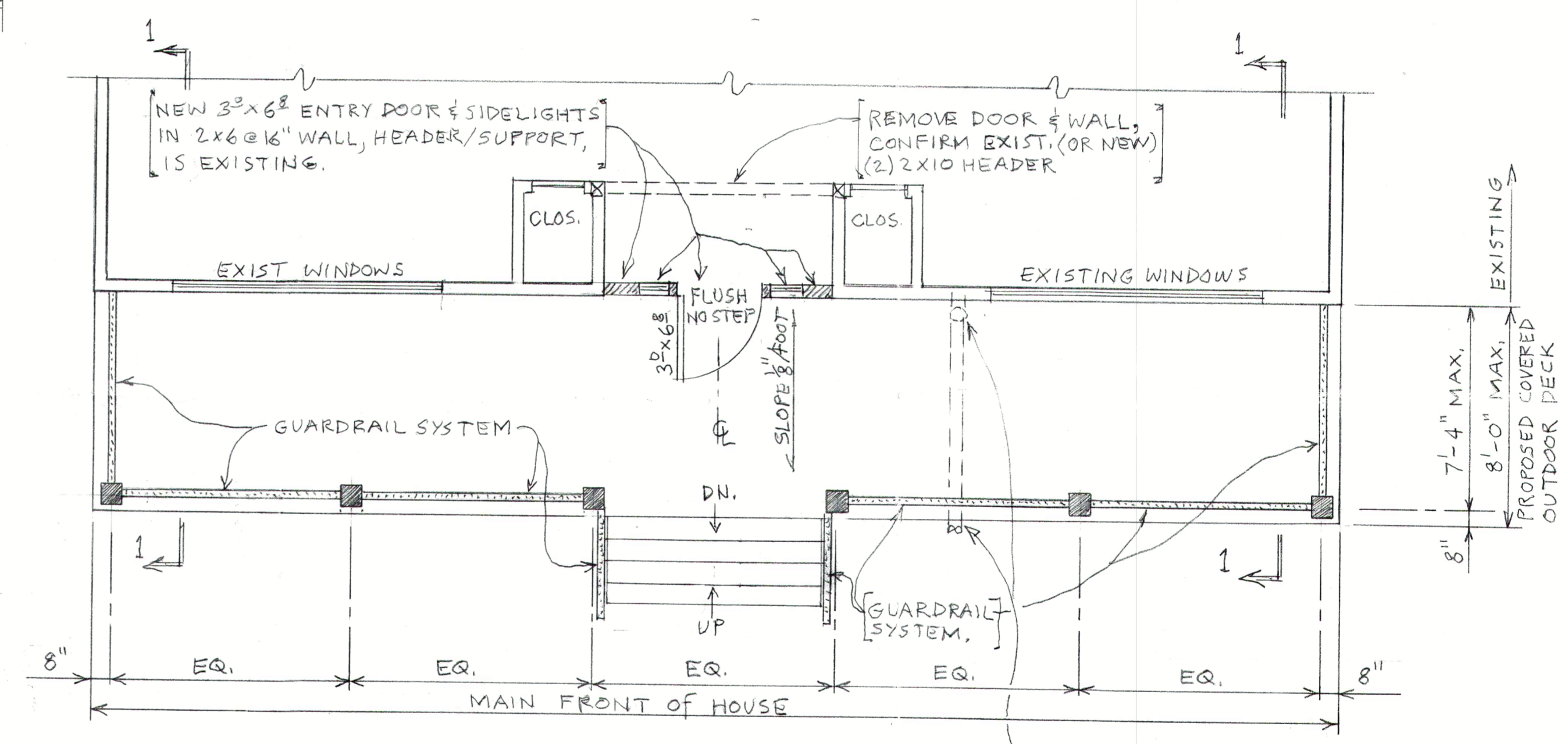


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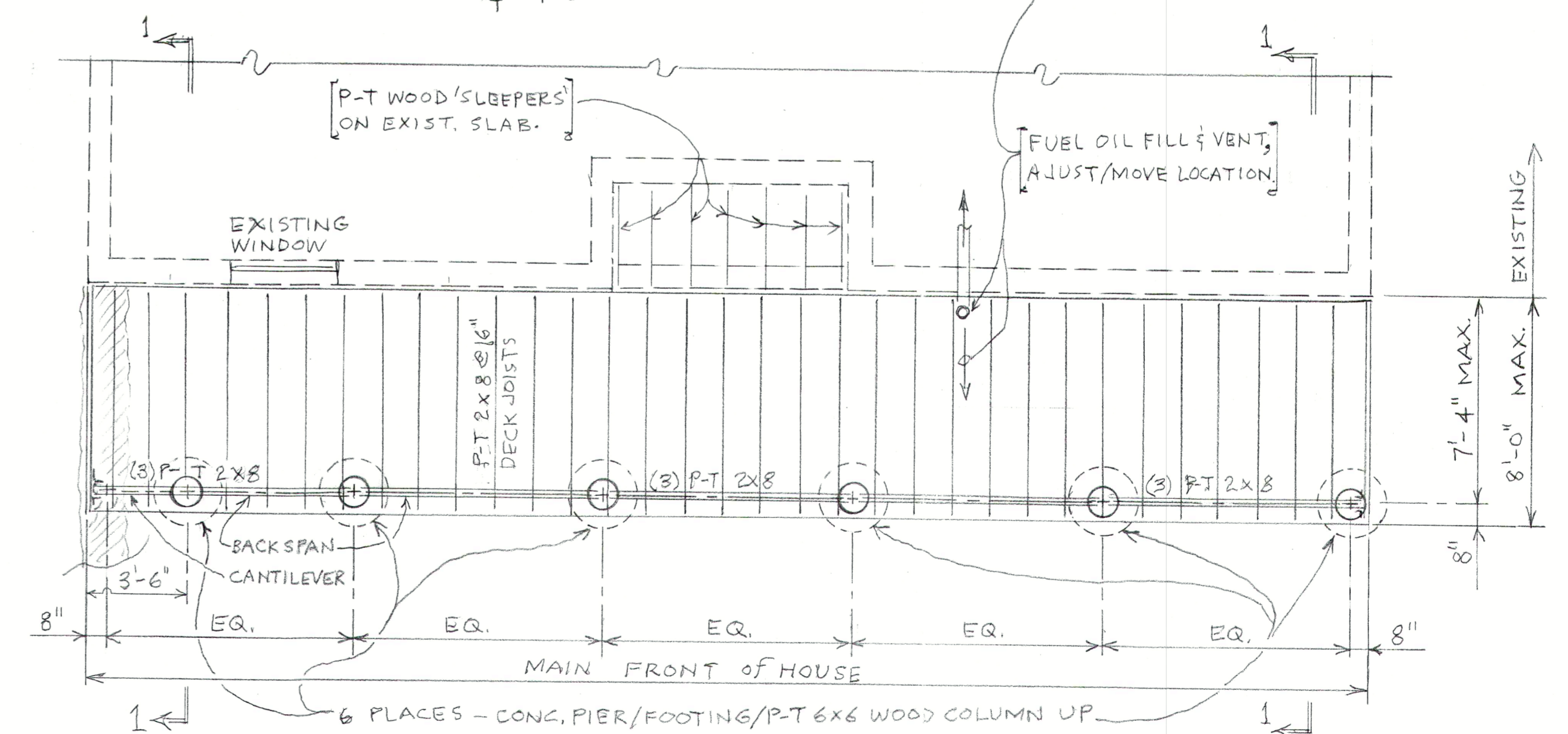
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6-16-14



S-1



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: 4 Bonnie Hill Lane DATE: 9-25-21

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

APPLICANT: Sandee & Roger Martensen

ADDRESS: 4 Bonnie Hill Lane, Armonk

PHONE: 914-273-4397 MOBILE: 914-882-2946-5 EMAIL: martensen@hotmail.com

PROPERTY OWNER: Sandee & Roger Martensen

ADDRESS: same as above

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.)

Construction of a new front porch.

Section IV- USE AND OCCUPANCY:

EXISTING/ CURRENT USE: Private Home

Section V- INSURANCES THAT ARE REQUIRED TO BE SUBMITTED: (All applications being submitted are required to be on NYS approved insurance forms. Check box.)

Liability Insurance (Acord form. **Pease note: ACORD forms are NOT acceptable proof of NYS workers Compensation coverage.**)

Workers Compensation (CE-200, C-105.2 or SI-12 form)

Disability Insurance (CE-200, DB-120.1 or DB-155 form)

Section VI- 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) \$ 32,000.-

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 VI- (Continued)

I _____ 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 \$ _____, and (iv) pursuant to Penal Law 210.45, I acknowledge that a false statement made knowingly is a Class A misdemeanor.

Signature: _____ Date: _____

Sign and Affix Seal Here

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

ARCHITECT/ ENG: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____

EMAIL: _____

CONTRACTOR: M&R Builders LLC Home Improvement License # WC-29963-H17

ADDRESS: 839 Newfield Ave, Stamford, CT 06852

PHONE: _____ MOBILE: 203-940-3230 EMAIL: mrbuilders@live.com

PLUMBER: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

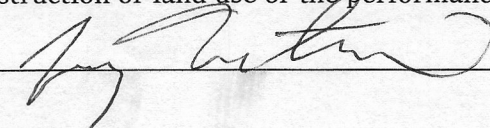
ELECTRICIAN: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

Section VIII- 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: 9-29-21



**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:

Martensen Front Porch

Initial Submittal Revised Preliminary

Street Location:

4 Bonnie Hill Lane

Zoning District: R-2A Property Acreage: 2 Tax Map Parcel ID: 553801-95.3-1-96

Date: 9-29-21

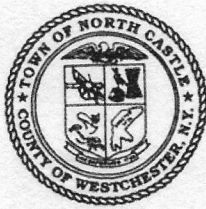
DEPARTMENTAL USE ONLY

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



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: Martensen Front Porch Date: 9-25-21

Tax Map Designation or Proposed Lot No.: Parcel ID - 553801-95,3-1-46

Gross Lot Coverage

1. Total lot Area (Net Lot Area for Lots Created After 12/13/06): 2.3 acres
2. **Maximum** permitted gross land coverage (per Section 355-26.C(1)(b)): _____
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 = _____
6. Amount of lot area covered by **accessory buildings**:
_____ existing + _____ proposed = _____
7. Amount of lot area covered by **decks**:
_____ existing + _____ proposed = _____
8. Amount of lot area covered by **porches**:
_____ existing + _____ proposed = _____
9. Amount of lot area covered by **driveway, parking areas and walkways**:
_____ existing + _____ proposed = _____
10. Amount of lot area covered by **terraces**:
_____ existing + _____ proposed = _____
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 = _____
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 and Seal of Professional Preparing Worksheet

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/28/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER John M. Glover Agency P.O. Box 700 Norwalk CT 06852	CONTACT NAME: Sarah Gjidodaj PHONE (A/C. No. Ext): 203-956-2458 E-MAIL ADDRESS: sgjidodaj@jmg.com		FAX (A/C. No): 203-857-7848
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED M&R Builders LLC 839 Newfield Ave Stamford CT 06905	M&RBUIL-01	INSURER A : United Ohio Insurance Company	13072
		INSURER B : Main Street America Assurance Company	29939
		INSURER C : Accident Fund Insurance Company of America	10166
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 291958660

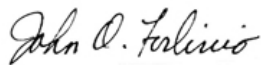
REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			MPP6076R	4/8/2021	4/8/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CPP0019647	4/8/2021	4/8/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	ARP12002202802	4/8/2021	4/8/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER CT only E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Town of North Castle 17 Bedford Rd Armonk, NY 10504	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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