



TOWN OF NORTH CASTLE

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

RESIDENTIAL PROJECT
REVIEW COMMITTEE
Adam R. Kaufman AICP, Chair

Telephone: (914) 273-3000 x 43
Fax: (914) 273-3554
www.nortcastleny.com

RESIDENTIAL PROJECT REVIEW COMMITTEE (RPRC) APPLICATION

Section I- PROJECT

ADDRESS: 30 WOODCREST DRIVE

Section III- DESCRIPTION OF WORK:

Finishing basement into recreation room & full bath with new larger door & windows.
New Front Portico over existing front entry stoop.

Section III- CONTACT INFORMATION:

APPLICANT: JOHN G SCARLATO JR

ADDRESS: 33 BYRAM HILL ROAD ARMONK NY 10504

PHONE: 914 273-7350 MOBILE: 914 714-0152 EMAIL: JGSCARLATO@GMAIL.COM

PROPERTY OWNER:

CHRISTINE P ANTHONY ALEXANDROU

ADDRESS: 30 WOODCREST DRIVE ARMONK NY 10504

PHONE: _____ MOBILE: 914 261-1887 EMAIL: CALEXANDRO@AOL.COM

PROFESSIONAL: JOHN G SCARLATO JR ARCHITECT

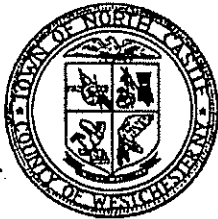
ADDRESS: 33 BYRAM HILL ROAD ARMONK NY 10504

PHONE: 914 273-7350 MOBILE: 914 714-0152

EMAIL: JGSCARLATO@GMAIL.COM

Section IV- PROPERTY INFORMATION:

Zone: R-2a Tax ID (lot designation) 95.03-1-B



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:

ALEXANDROU

Initial Submittal Revised Preliminary

Street Location:

30 WOODCREST DRIVE

Zoning District: R-2g Property Acreage: 1.15 Tax Map Parcel ID: 95.03-1-8

Date: 11-2-21

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

RPRC COMPLETENESS REVIEW FORM

Page 2

<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

GROSS LAND COVERAGE CALCULATIONS WORKSHEET

Application Name or Identifying Title: ALEXANDROU Date: 11-2-21

Tax Map Designation or Proposed Lot No.: 95.03-1-8 30 WOODCREST DR.

Gross Lot Coverage

- | | | |
|-----|---|-------|
| 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)): | _____ |
| 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 = | _____ |

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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

11/2/2021
 Date



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

FLOOR AREA CALCULATIONS WORKSHEET

Application Name or Identifying Title: ALEXANDRO Date: 11-2-21

Tax Map Designation or Proposed Lot No.: 95.03-1-8 30 WOODCREST DR.

Floor Area

- | | | |
|-----|---|-------|
| 1. | Total Lot Area (Net Lot Area for Lots Created After 12/13/06): | _____ |
| 2. | Maximum permitted floor area (per Section 355-26.B(4)): | _____ |
| 3. | Amount of floor area contained within first floor:
_____ existing + _____ proposed = _____ | _____ |
| 4. | Amount of floor area contained within second floor:
_____ existing + _____ proposed = _____ | _____ |
| 5. | Amount of floor area contained within garage:
_____ existing + _____ proposed = _____ | _____ |
| 6. | Amount of floor area contained within porches capable of being enclosed:
_____ existing + _____ proposed = _____ | _____ |
| 7. | Amount of floor area contained within basement (if applicable – see definition):
_____ existing + _____ proposed = _____ | _____ |
| 8. | Amount of floor area contained within attic (if applicable – see definition):
_____ existing + _____ proposed = _____ | _____ |
| 9. | Amount of floor area contained within all accessory buildings:
_____ existing + _____ proposed = _____ | _____ |
| 10. | Proposed floor area: Total of Lines 3 – 9 = _____ | _____ |

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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

11/2/2021
 Date



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: 30 WOODCREST DRIVE DATE: 11-2-21

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

APPLICANT: JOHN G SCARLATO JR. (ARCHITECT)

ADDRESS: 33 BYRAM HILL ROAD ARMONK NY 10504

PHONE: 914 273-7350 MOBILE: 914 714 0152 EMAIL: JGSCARLATO@GMAIL.COM

PROPERTY OWNER: CHRISTINE & ANTHONY ALEXANDROU

ADDRESS: 30 WOODCREST DRIVE ARMONK N.Y. 10504

PHONE: _____ MOBILE: 914 261-1087 EMAIL: CALEXANDRO@AOL.COM

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.)

Finishing Existing basement into rec room with full bath ADDING larger door and windows.

New Front Portico over existing masonry stoop. AND REPLACE FRONT WALKWAY to driveway.

Section IV- USE AND OCCUPANCY:

EXISTING/ CURRENT USE: SINGLE FAMILY RESIDENTIAL

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. Please 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) \$ _____

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 JOHN G SCARLATO JR. 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 \$ 45000, and (iv) pursuant to Penal Law 210.45, I acknowledge that a false statement made knowingly is a Class A misdemeanor.

Signature: [Handwritten Signature] Date: 11/2/2021



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

ARCHITECT/ ENG: JOHN G SCARLATO JR
ADDRESS: 33 BIRAW HILL ROAD ARMONK NY 10504
PHONE: 914 273-7350 MOBILE: 914 714-0152
EMAIL: JASCARLATO@GMAIL.COM

CONTRACTOR:
ADDRESS:
PHONE: MOBILE: EMAIL:

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: [Handwritten Signature] Date: 11/2/2021

Town of North Castle Building Department

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

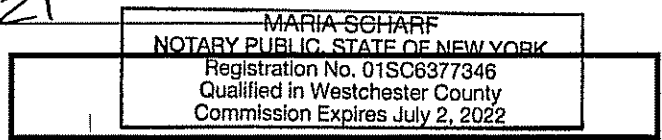
STATE OF NEW YORK }
COUNTY OF WESTCHESTER } SS:

The applicant John G Scarlato Jr Architect 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) Christine Alexandrou Owner's Signature [Signature]

Sworn to before me this 29 day of October, 20 21

Notary Signature [Signature]



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

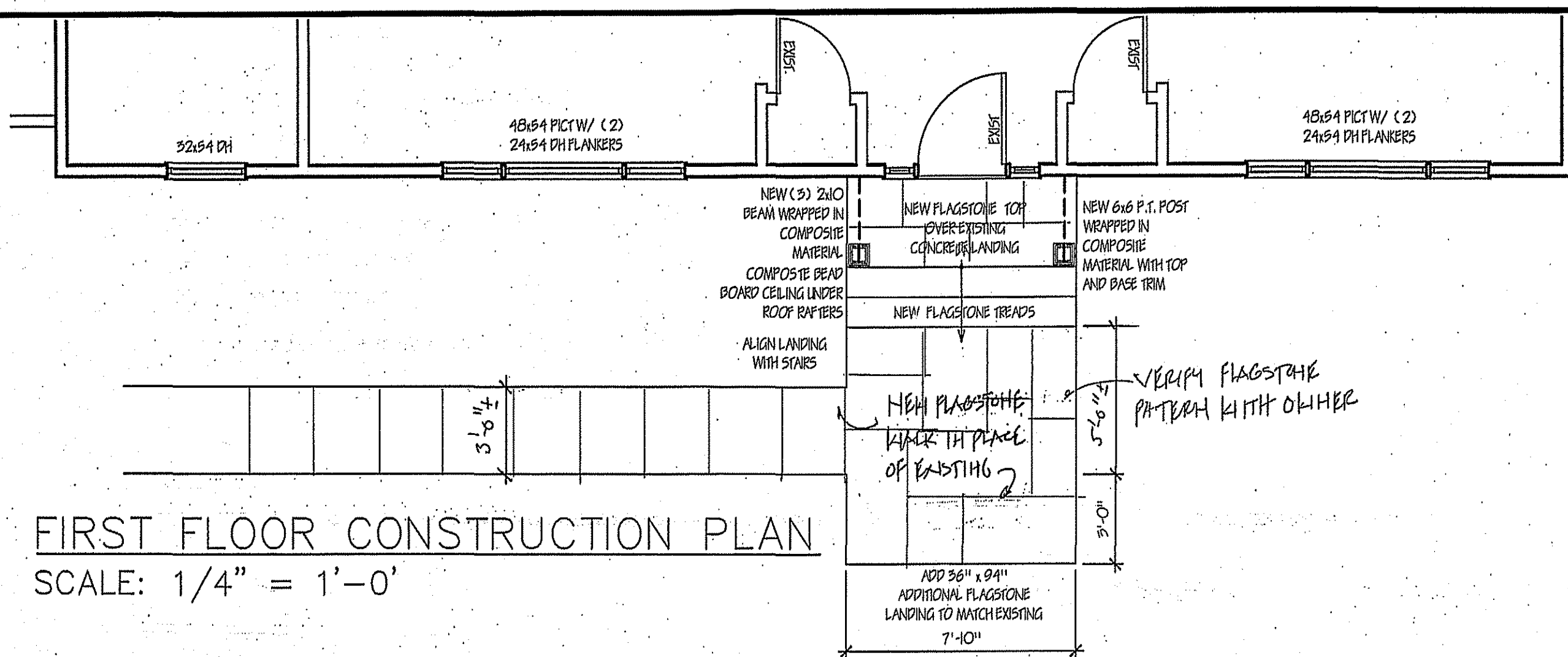
- Has all the conditions of the RPRC been met? Yes NA
Is a Flood Development permit required? Yes No

Reviewed By: Date:

Building Inspector Approval: Date:

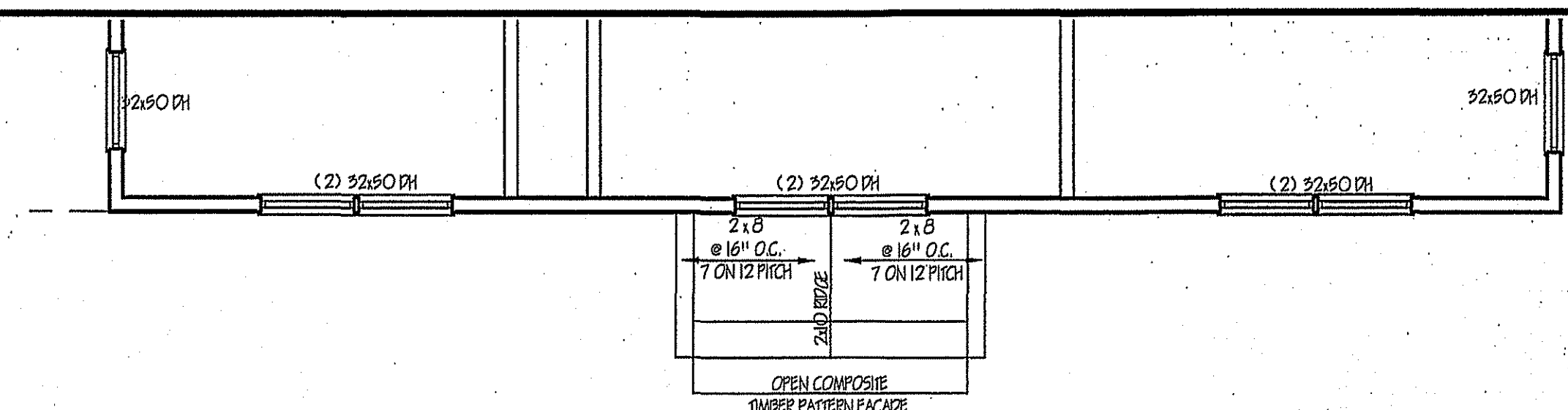
Conditions:





FIRST FLOOR CONSTRUCTION PLAN

SCALE: 1/4" = 1'-0"



SECOND FLOOR / ROOF CONSTRUCTION PLAN

SCALE: 1/4" = 1'-0"

LEGEND

- NEW CONSTRUCTION
- NEW FOUNDATION
- EXISTING CONSTRUCTION TO REMAIN
- EXISTING TO BE REMOVED
- DOOR NUMBER
- WINDOW NUMBER
- ELEVATION LOCATION

WARNING:
 THESE DOCUMENTS ARE NOT VALID UNLESS SEALED AND SIGNED IN INK, NO SCANS, REPRODUCTIONS OR COPIES ARE AUTHORIZED BY WITHOUT WRITTEN AUTHORIZATION OF JOHN G. SCARLATO JR., ARCHITECT. FURTHERMORE, IT IS A VIOLATION OF NEW YORK STATE LAW FOR ANY PERSON, UNLESS ACTING UNDER THE DIRECTION OF A LICENSED ARCHITECT, TO ALTER IN ANY WAY THESE SEALED AND SIGNED DOCUMENTS WITHOUT THE EXPRESS AND CONDITIONED PERMISSION OF THE ARCHITECT.

ELECTRICAL LEGEND

- NEW DECORA SWITCH SINGLE POLE
- NEW DECORA 3 WAY SWITCH
- NEW DECORA 4 WAY SWITCH
- NEW DECORA DIMMER SWITCH
- NEW DECORA RECEPTICAL
- NEW DECORA GROUND FAULT CIRCUIT INTERRUPT RECEPTICAL
- NEW DECORA QUAD RECEPTICAL
- NEW PHONE OUTLET
- NEW TV CABLE OUTLET
- NEW RECESSED LED DOWN LIGHT 5\"/>
- NEW RECESSED WHITE DOWN LIGHT 5\"/>
- WIRED SMOKE DETECTOR
- WIRED CARBON MONOXIDE DETECTOR
- WIRED SMOKE / CARBON MONOXIDE COMBO DETECTOR
- WIRED HEAT DETECTOR
- WIRED SMOKE / CARBON MONOXIDE COMBO DETECTOR
- JUNCTION BOX FOR LIGHT FIXTURE
- WALL SCONCE JUNCTION BOX
- WALL LIGHT JUNCTION BOX
- CEILING FAN REINFORCED JUNCTION BOX

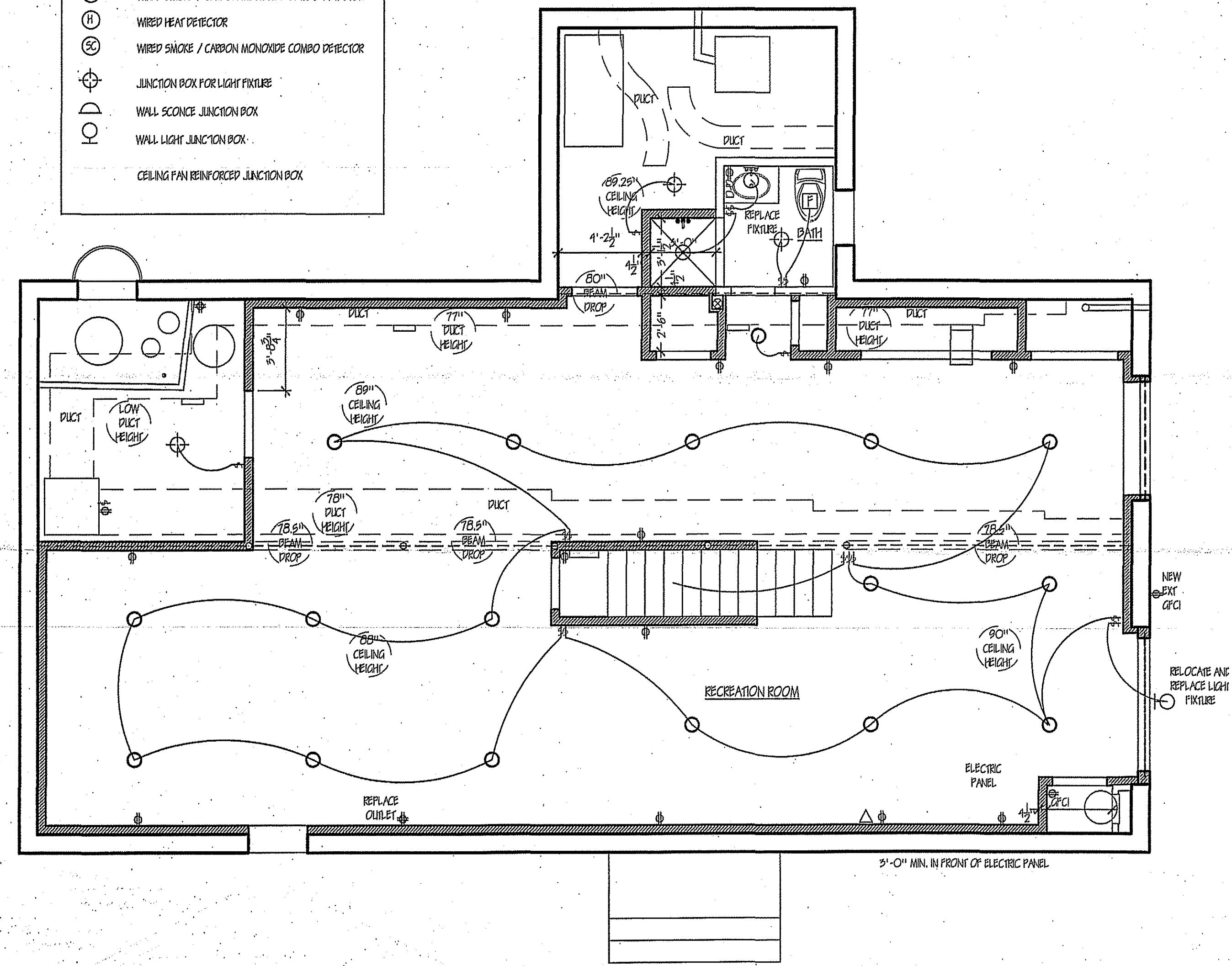
NOTE:
 AS PER 2020 RESIDENTIAL CODE OF NEW YORK STATE SECTIONS R314-315 AND 2020 FIRE CODE OF NEW YORK STATE SECTION 915, THIS PROJECT WILL REQUIRE FULL COMPLIANCE WITH SMOKE AND CARBON MONOXIDE AND HEAT DETECTORS THROUGHOUT THE HOUSE INCLUDING AREAS NOT DEPICTED OUTSIDE OF THE MAIN SCOPE OF WORK.
 INCLUDED AREAS ARE GENERALLY, ALL BEDROOMS AND ADJACENT HALLWAYS, ON EACH LEVEL OF HOME INCLUDING BASEMENTS AND HABITABLE ATTICS, WITHIN THREE FEET OF BATHROOMS.
 AS PER R2020 RESIDENTIAL CODE OF NEW YORK STATE APPENDIX J, AND THE CLASSIFICATION OF WORK THE DETECTORS MAY BE BATTERY OPERATED WHERE CEILING FINISHES ARE NOT BEING REMOVED TO EXPOSE THE FRAMING, AND ONLY NEED BE HARDWIRED WHERE THERE IS ACCESS TO AN UNFINISHED ATTIC FOR WIRING.
 IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO ENSURE THE DETECTORS ARE TO CODE BEFORE A CERTIFICATE OF OCCUPANCY WILL BE ISSUED.

DOOR SCHEDULE

LOCATION	TO	FROM	SIZE	DOOR	FRAME MATERIAL	REMARKS
1	REC ROOM	UTILITY CLOSET	(2) 2'-0" x 6'-8"	PASSAGE	SOLID CORE MASONRY	2 PANEL WOOD
2	REC ROOM	CLOSET	(2) 3'-0" x 6'-8"	PASSAGE	SOLID CORE MASONRY	2 PANEL WOOD
3	REC ROOM	LINEN CLOSET	2'-0" x 6'-8"	PASSAGE	SOLID CORE MASONRY	2 PANEL WOOD
4	BATHROOM	REC ROOM	2'-0" x 6'-8"	LOCK	SOLID CORE MASONRY	2 PANEL WOOD
5	UTILITY ROOM	REC ROOM	3'-0" x 6'-8"	PASSAGE	STEEL	2 PANEL METAL FIRE RATED SELF CLOSING
6	REC ROOM	UTILITY CLOSET	3'-0" x 6'-8"	PASSAGE	STEEL	2 PANEL METAL FIRE RATED SELF CLOSING
7	REC ROOM	UNDER STAIR CLOSET	2'-4" x 6'-8"	PASSAGE	SOLID CORE MASONRY	2 PANEL WOOD
8	REC ROOM	ELECTRIC CLOSET	2'-6" x 6'-8"	PASSAGE	SOLID CORE MASONRY	2 PANEL WOOD
9	REC ROOM	CLOSET	2'-6" x 6'-8"	PASSAGE	SOLID CORE MASONRY	2 PANEL WOOD

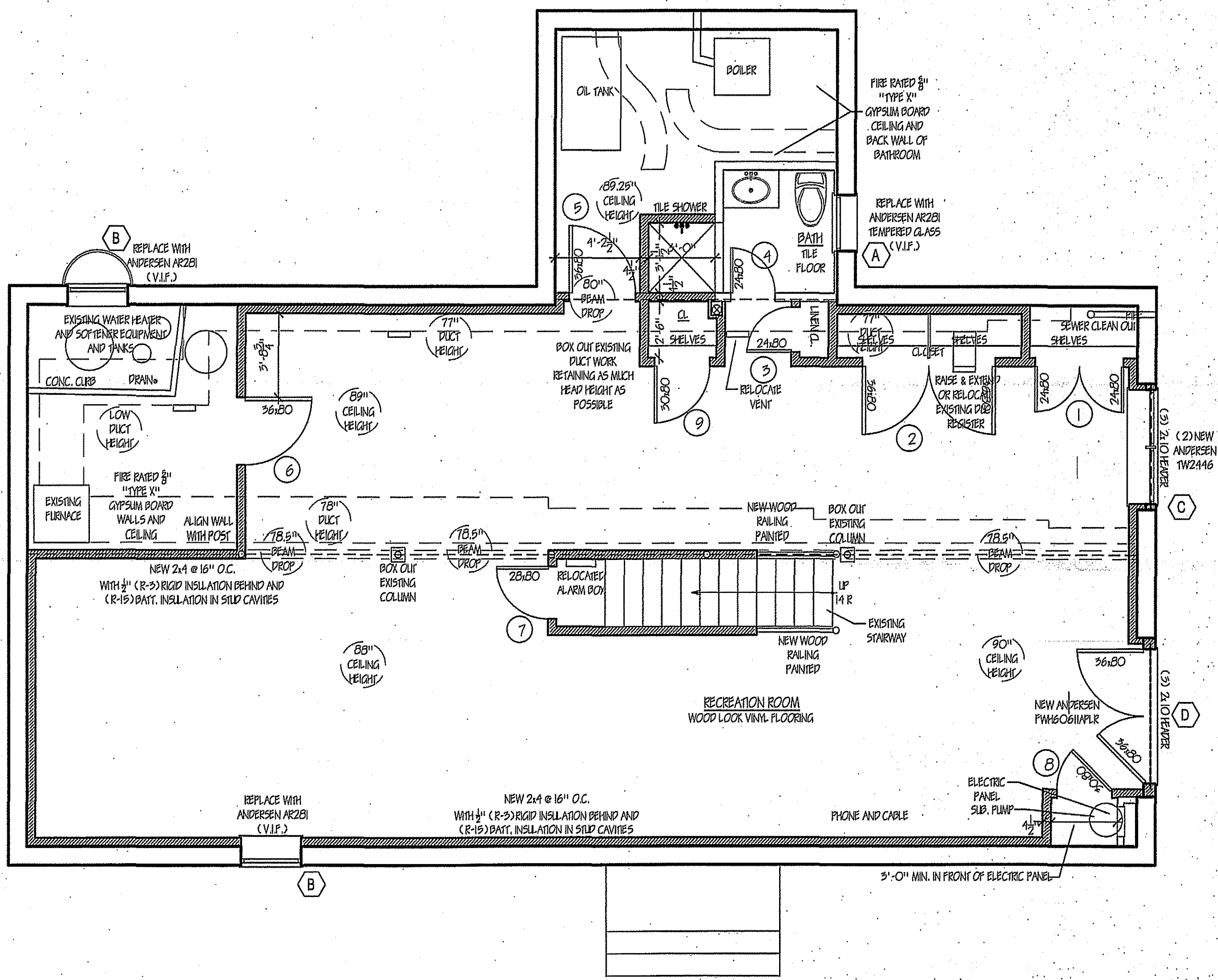
WINDOW SCHEDULE

WINDOW	MANUFACTURER	MANUFACTURER MODEL #	ROUGH OPENING W X H	# REQ.	NOTES
A	ANDERSEN 400 SERIES	AR2E1	2'-7 1/2" x 1'-5"	1	TEMPERED GLASS
B	ANDERSEN 400 SERIES	AR2E1	2'-7 1/2" x 1'-5"	2	
C	ANDERSEN 400 SERIES	1W2446	2'-6 1/2" x 1'-8 1/2"	2	
D	ANDERSEN 400 SERIES	FWH60H1PLR	6'-0" x 16'-10 1/2"	1	ADD ROLL TO SIDE SCREEN



BASEMENT/FOUNDATION REFLECTED CEILING / ELECTRIC PLAN

SCALE: 1/4" = 1'-0"



BASEMENT/FOUNDATION CONSTRUCTION PLAN

SCALE: 1/4" = 1'-0"

11/2/21 ISSUED FOR BID AND PERMIT

John G. Scarlato Jr.
 Architect

33 Byram Hill Road
 Armonk, NY 10504
 Phone: (914) 273-7350
 JGSCARLATO@GMAIL.COM

ALEXANDROU RESIDENCE
 30 WOODCREST DRIVE
 ARMONK, N.Y. 10504

BASEMENT FINISHING WITH
 WINDOWS
 NEW FRONT DOOR
 PORTICO

BASEMENT AND PORTICO
 CONSTRUCTION PLANS



DRAWING NO.

A-2





