



TOWN OF NORTH CASTLE

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

RESIDENTIAL PROJECT
REVIEW COMMITTEE
Adam R. Kaufman AICP, Chair

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RPRC DETERMINATION LETTER

Project Description: Addition to house

Street Location: 5 OVERLOOK RD N

Zoning District: R-1/2A Tax ID: 122.08-2-65 Application No.: 2024-0058

RPRC DECISION: RPRC - Requires ZBA

Date: 02/20/2024

The above referenced application was reviewed by the Residential Project Review Committee (RPRC).

The Committee determined that Zoning Board of Appeals approval of the proposed project is **REQUIRED**.

In addition, the following issues will need to be addressed prior to the issuance of a building permit:

- The subject lot has double frontage (NYS Route 22) and Overlook Road. Therefore, the rear yard (fronting NYS Route 22) is required to have a front yard setback. The site plan should be revised to depict the required 40 foot rear yard setback.
- The proposed rear addition is located 26.5 feet from the rear property line where 40 feet is required (front yard setback required). The addition will require the issuance of a rear yard setback from the Zoning Board of Appeals.
- The site plan should be revised to depict topography or spot elevations. The site conditions around the foundation are not clear from the submitted plans.
- Gross Land Coverage backup data should be submitted for review. Gross Floor Area backup data should be submitted for review.
- The applicant should provide silt fence down gradient of the proposed addition.

At this time, you must submit a hard copy of revised plans addressing the above issues, this determination letter and a completed building permit application directly to the North Castle Building Department as well as directly to the Town Engineer. DO NOT START CONSTRUCTION WITHOUT A VALID BUILDING DEPARTMENT PERMIT.

If blasting or rock chipping is proposed, a permit pursuant to Chapter 122 is required.

If you would like to further discuss this matter, please do not hesitate to contact the Building Department.