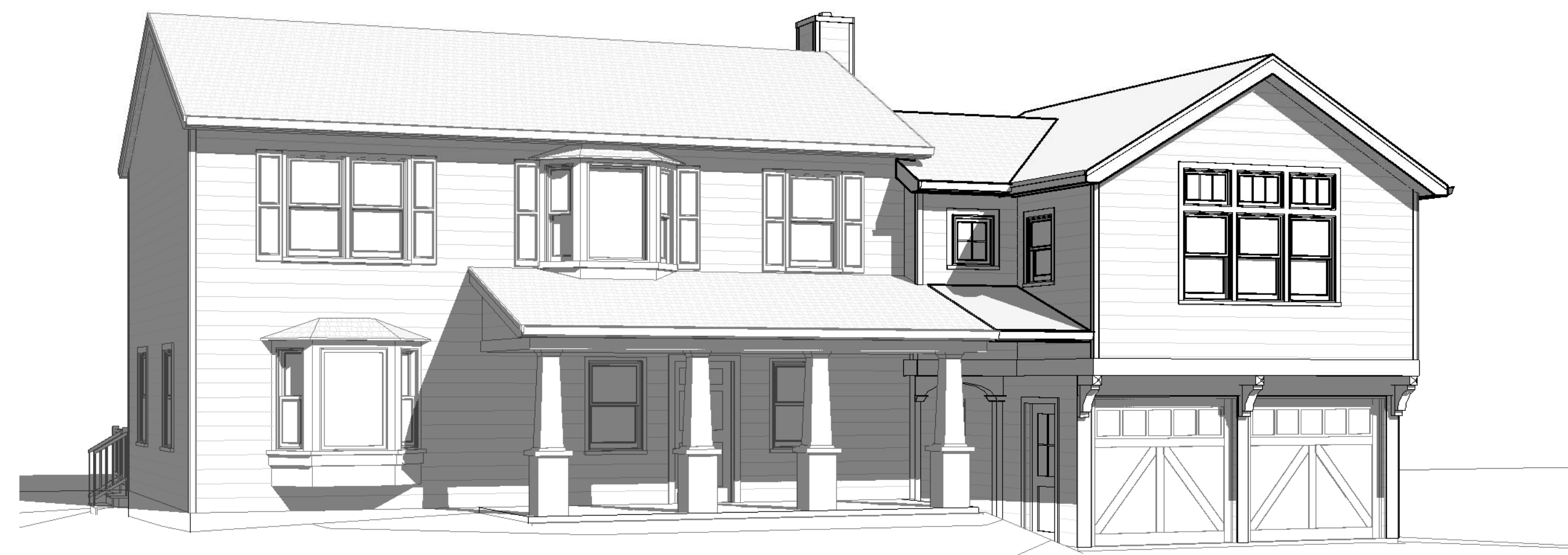


BUILDING DEPARTMENT NOTES:

1. ALL WORK SHALL BE PERFORMED IN STRICT ACCORDANCE WITH THE RULES AND REGULATIONS OF THE 2010 RESIDENTIAL CODE OF NEW YORK (RCNY) APPENDIX J, ALTERATION LEVEL 2.
2. PROVIDE INTERCONNECTED & HARDWIRED SMOKE DETECTORS PER CODE: ONE ON EACH FLOOR; ONE IN EACH BEDROOM; ONE IN HALLWAY OUTSIDE OF BEDROOMS. PROVIDE ONE COMBINATION SMOKE DETECTOR & C.O. DETECTOR ON EACH FLOOR WITHIN 15 FEET OF ANY BEDROOM.
3. PROVIDE FIRE BLOCKING IN FRAMED WALLS & ROOF AS REQUIRED BY CODE & AS DETAILED ON SHEET A.401.
4. PROVIDE HURRICANE TIES @ ALL RAFTER CONNECTIONS.
5. PROVIDE FROST-FREE BACKFLOW PREVENTERS ON ALL HOSE BIBBS.
6. ALL ELECTRICAL WIRING TO COMPLY WITH APPLICABLE CODES, INCLUDING NATIONAL ELECTRICAL CODE (NEC)
7. FIRE-RATED GARAGE WALLS & CEILING MUST NOT BE PENETRATED BY PVC.
8. THE GENERAL CONTRACTOR SHALL OBTAIN ANY AND ALL PERMITS REQUIRED FOR THE PERFORMANCE OF THIS WORK.
9. THE GENERAL CONTRACTOR SHALL NOTIFY THE ARCHITECT OF DISCREPANCIES BETWEEN EXISTING CONDITIONS AND THE CONTRACT REQUIREMENTS BEFORE PROCEEDING WITH THE AFFECTED PORTION OF THE WORK IN ORDER TO OBTAIN THE ARCHITECT'S RESOLUTION OF THE DISCREPANCY. FAILURE TO NOTIFY THE ARCHITECT WILL NOT RELIEVE THE GENERAL CONTRACTOR OF THE RESPONSIBILITY TO PERFORM THE WORK AS INTENDED BY THE CONTRACT DOCUMENTS. THE GENERAL CONTRACTOR SHALL CORRECT ANY AND ALL UNSATISFACTORY WORK ARISING FROM SUCH FAILURE TO NOTIFY THE ARCHITECT.
10. THE GENERAL CONTRACTOR SHALL PROTECT AND PRESERVE ALL EXISTING ITEMS TO REMAIN AND SHALL REPAIR AND / OR REPLACE ANY ITEMS DAMAGED DURING THE COURSE OF WORK TO THE SATISFACTION AND APPROVAL OF THE ARCHITECT WITHOUT ADDITIONAL COST TO THE OWNER.
11. CONTRACTOR TO CALL FOR MARK-OUT OF UNDERGROUND UTILITIES PRIOR TO STARTING DEMOLITION WORK. ALL EXISTING UTILITY SERVICES - ELECTRICAL, PLUMBING, GAS, ETC. TO BE SHUT OFF AT POINT OF ENTRY INTO BUILDING. ELECTRICIAN TO PROVIDE TEMPORARY ELECTRICAL SERVICE FOR DEMOLITION & CONSTRUCTION PERIOD.



2 STREET VIEW



3 REAR VIEW

NO USE, REPRODUCTION OR DISSEMINATION MAY BE MADE OF THIS DRAWING SET AND THE CONCEPTS SET FORTH HEREON WITHOUT THE PRIOR WRITTEN CONSENT OF SASAKI+SPADE ARCHITECTS, A.I.A.

DRAWING LIST:

- SP.101 ZONING DATA, PLOT PLAN, NOTES
- SP.102 SCOPE OF WORK & SPECIFICATIONS
- A.101 FIRST FLOOR PLAN
- A.102 SECOND FLOOR PLAN
- A.103 ROOF PLAN
- A.201 FRONT & REAR ELEVATIONS
- A.202 SIDE ELEVATIONS

ZONING DATA:

SECTION: 71.14 BLOCK: 1 LOT: 36
 ZONE: R-1/4A LOT AREA: 12374 SF / 0.284 AC

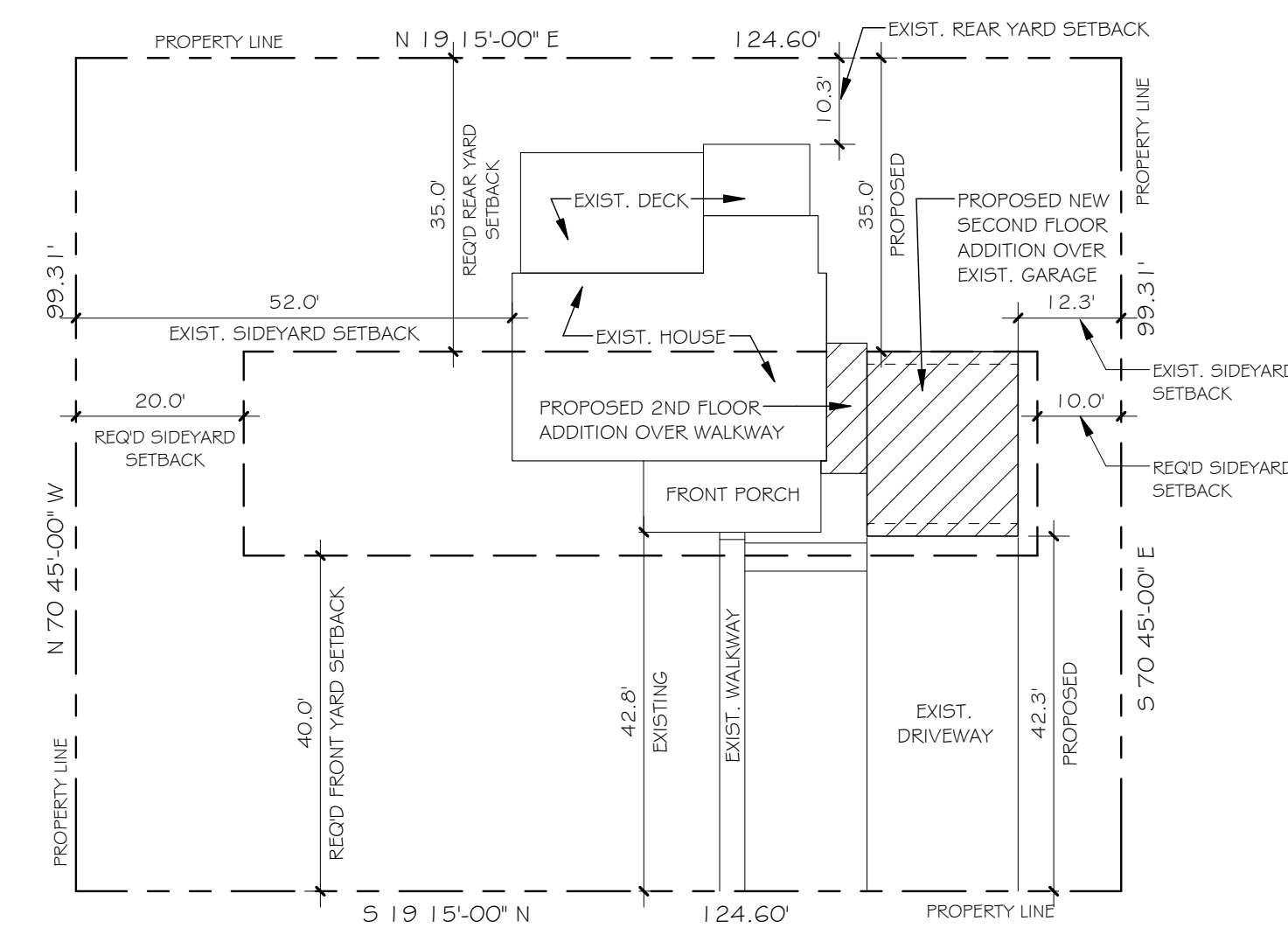
	REQUIRED	EXISTING	PROPOSED	COMMENTS
MIN. LOT AREA	11,250 S.F.	12,374 S.F.	N.C.	
MIN. LOT WIDTH	75 FT.	124.6 FT.	N.C.	
MIN. FRONT YARD	40 FT.	43.5 FT.	N.C.	
MIN. SIDE YARD	10 FT.	12.3 FT.	N.C.	
MIN. TWO SIDE YARDS	30 FT.	64.3 FT.	N.C.	
MIN. REAR YARD	35 FT.	10.3 FT.	N.C.	PRE-EXISTING NON CONFORMING
MAX. BLDG. HEIGHT	2 ST.	22.0 FT.	N.C.	
MAX. BUILDING COV.G.:	2,590 S.F.	1,757 S.F.	N.C.	
MAX. DEVELOP. COV.G.:	4,157 S.F.	2,978 S.F.	N.C.	
MAX. FLOOR AREA RATIO:	3,340 S.F.	1,955 S.F.	2,421 S.F.	COMPLIES

N.C. = NO CHANGE

FLOOR AREA SUMMARY:

LIVING AREA:	EXISTING	PROPOSED	TOTAL
BASEMENT	0 S.F.	0 S.F.	0 S.F.
FIRST FLOOR	886 S.F.	0 S.F.	886 S.F.
SECOND FLOOR	794 S.F.	466 S.F.	1,260 S.F.
TOTAL:	1,679 S.F.	466 S.F.	2,145 S.F.

UTILITY AREA:	EXISTING	PROPOSED	TOTAL
BASEMENT:	209 S.F.	0 S.F.	209 S.F.
GARAGE:	342 S.F.	0 S.F.	342 S.F.



PINE VIEW ROAD

1 PLOT PLAN
 1" = 20'-0"



SASAKI + SPADE
ARCHITECTS
 AIA - LEED AP
 12 BREVOORT ROAD
 CHAPPAQUA, NY 10514
 914.238.1598

OWNER / APPLICANT
 BARON RESIDENCE
 MOUNT KISCO, NY

DATE: X-XX-15
 DESCRIPTION: BUILDING PERMIT APPLICATION

ADDITION & ALTERATIONS
 TO:
 8 PINE VIEW ROAD
 MOUNT KISCO, NY

SEAL:

TITLE:
 ZONING DATA, PLOT PLAN, NOTES
 DATE: 9/30/2015 SCALE: AS NOTED
 DRAWING NO.:
SP.101

SASAKI + SPADE

ARCHITECTS

AIA . LEED AP

12 BREVOORT ROAD
CHAPPAQUA, NY 10514
914.238.1598

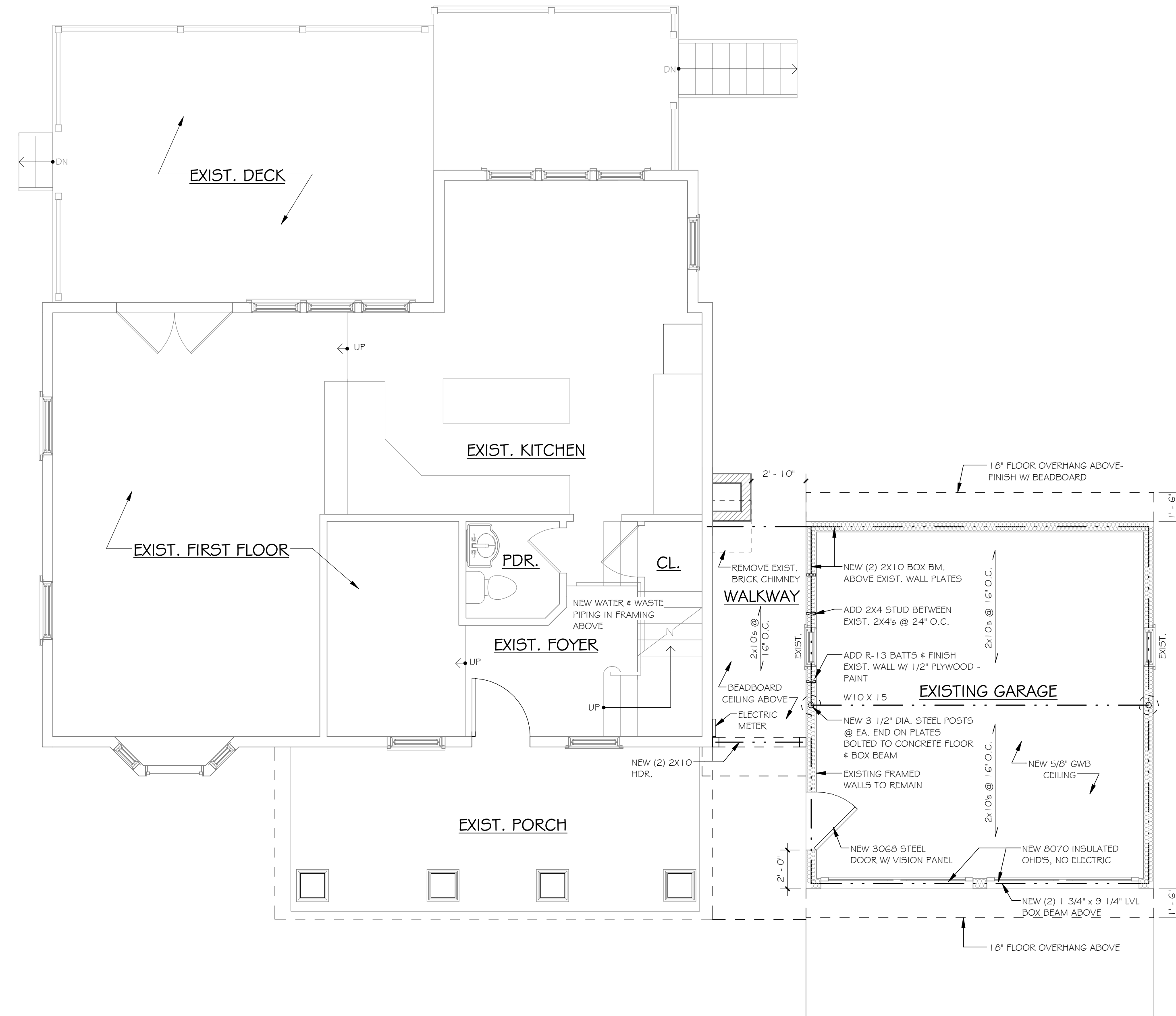
OWNER / APPLICANT

BARON RESIDENCE
MOUNT KISCO, NY

DATE:	DESCRIPTION:
X-XX-15	BUILDING PERMIT APPLICATION

SYMBOLS:

	SMOKE DETECTOR
	COMBINATION SMOKE / CARBON MONOXIDE DETECTOR



1 FIRST FLOOR PLAN
1/4" = 1'-0"

ADDITION & ALTERATIONS

TO:

8 PINE VIEW ROAD

MOUNT KISCO, NY

SEAL:

TITLE:

FIRST FLOOR PLAN

DATE:
9/30/2015

SCALE:
AS NOTED

DRAWING NO.

A.101

SASAKI + SPADE

ARCHITECTS

AIA . LEED AP

12 BREVOORT ROAD
CHAPPAQUA, NY 10514
914.238.1598

OWNER / APPLICANT

BARON RESIDENCE
MOUNT KISCO, NY

DATE: X-XX-15 DESCRIPTION: BUILDING PERMIT APPLICATION

ADDITION & ALTERATIONS

TO:

8 PINE VIEW ROAD

MOUNT KISCO, NY

SEAL:

TITLE:

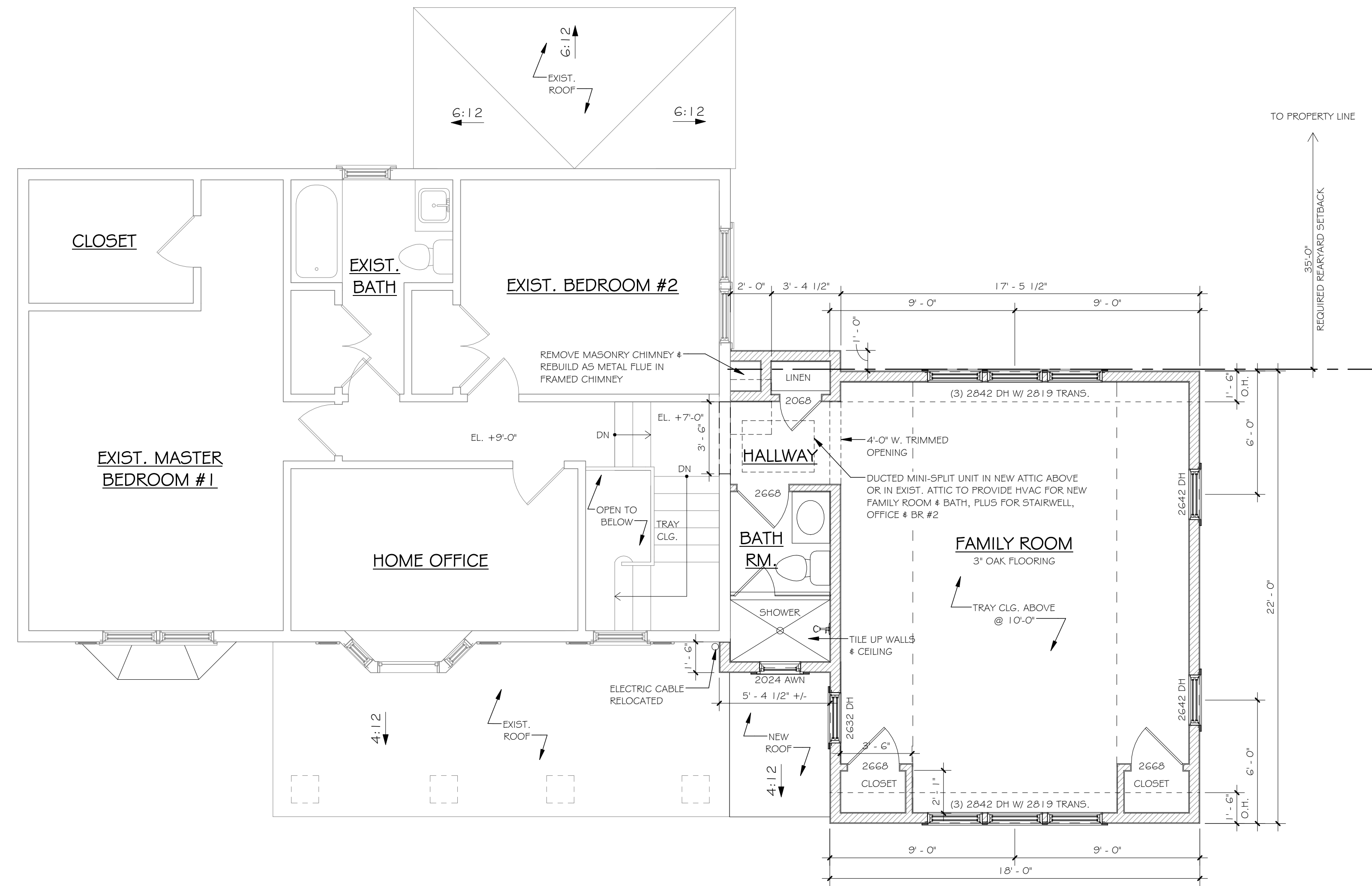
SECOND FLOOR PLAN

DATE: 9/30/2015

SCALE: AS NOTED

DRAWING NO.

A.102



SYMBOLS:

(SD)	SMOKE DETECTOR
(CO/SD)	COMBINATION SMOKE / CARBON MONOXIDE DETECTOR

1 SECOND FLOOR PLAN
1/4" = 1'-0"

SASAKI + SPADE

ARCHITECTS

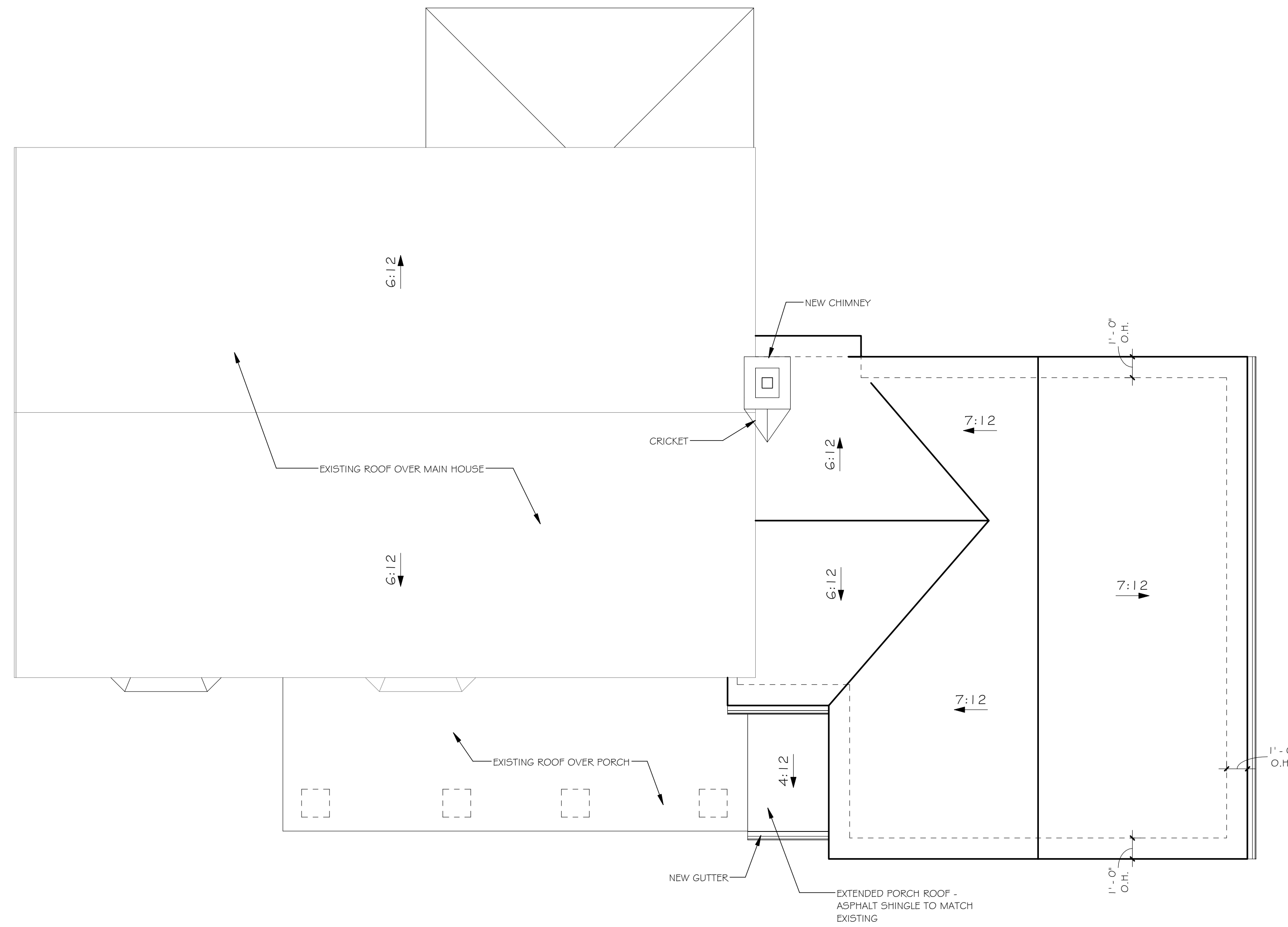
AIA . LEED AP

12 BREVOORT ROAD
CHAPPAQUA, NY 10514
914.238.1598

OWNER / APPLICANT

BARON RESIDENCE
MOUNT KISCO, NY

DATE:	DESCRIPTION:
X-XX-15	BUILDING PERMIT APPLICATION



① ROOF PLAN
1/4" = 1'-0"

ADDITION &
ALTERATIONS

TO:

8 PINE VIEW ROAD

MOUNT KISCO, NY

SEAL:

TITLE:

ROOF PLAN

DATE:
9/30/2015

SCALE:
AS NOTED

DRAWING NO.

A.103

SASAKI + SPADE

ARCHITECTS

AIA . LEED AP

12 BREVOORT ROAD
CHAPPAQUA, NY 10514
914.238.1598

OWNER / APPLICANT

BARON RESIDENCE
MOUNT KISCO, NY

DATE: DESCRIPTION:

X-XX-15 BUILDING PERMIT
APPLICATION

ADDITION &
ALTERATIONS

TO:

8 PINE VIEW ROAD

MOUNT KISCO, NY

SEAL:

TITLE:
NEW CONSTRUCTION
FRONT & REAR
ELEVATIONS

DATE:
9/30/2015

SCALE:
AS NOTED

DRAWING NO.

A.201



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



2 REAR ELEVATION
1/4" = 1'-0"

SASAKI + SPADE

ARCHITECTS

AIA . LEED AP

12 BREVOORT ROAD
CHAPPAQUA, NY 10514
914.238.1598

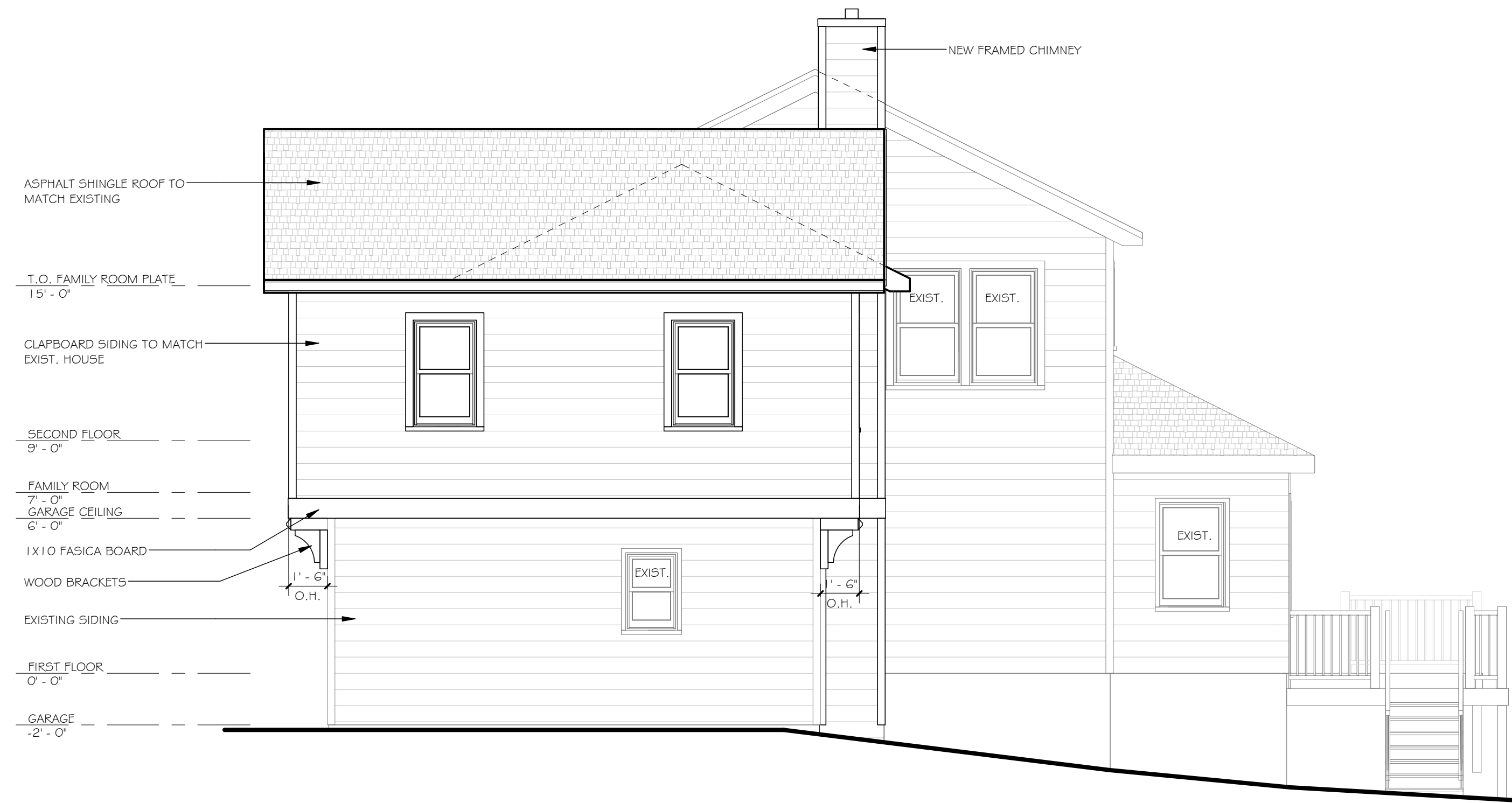
OWNER / APPLICANT

BARON RESIDENCE
MOUNT KISCO, NY

DATE:	DESCRIPTION:
X-XX-15	BUILDING PERMIT APPLICATION



① LEFT SIDE ELEVATION
1/4" = 1'-0"



② RIGHT SIDE ELEVATION
1/4" = 1'-0"

ADDITION & ALTERATIONS

TO:

8 PINE VIEW ROAD

MOUNT KISCO, NY

SEAL:

TITLE:
NEW CONSTRUCTION
SIDE ELEVATIONS

DATE:
9/30/2015

SCALE:
AS NOTED

DRAWING NO.:

A.202

Date 9/29/15

TOWN OF NEW CASTLE
200 South Greeley Avenue
Chappaqua, New York 10514
Telephone (914) 238-4771

COVERAGE CALCULATIONS WORKSHEET

[See next page for pertinent definitions and other related provisions]

Application Name or Identifying Title: Baron Residence Family Rm. Addition
Tax Map Designation (Section/Block/Lot) or Proposed Lot No. 71-14/1/36

A. BUILDING COVERAGE [Enter "0" below if category is not applicable]

- 1. Total lot area (sq. ft.) = 12,374
- 2. Maximum permitted building coverage (sq. ft.) = 2,590
- 3. Amount of lot area covered by principal building:
1,228 existing (sq. ft.) + proposed 0 (sq. ft.) = 1,228
- 4. Amount of lot area covered by accessory buildings:
0 existing (sq. ft.) + 0 proposed (sq. ft.) = 0
- 5. Amount of lot area covered by decks:
379 existing (sq. ft.) + 0 proposed (sq. ft.) = 379
- 6. Amount of lot area covered by porches:
150 existing (sq. ft.) + 0 proposed (sq. ft.) = 150
- 7. Proposed building coverage: Lines 3 + 4 + 5 + 6 (sq. ft.) = 1,757 **OK**

If Line 7 is less than or equal to Line 2, your proposal complies with the Town's regulations; if Line 7 is greater than Line 2, your proposal does not comply with the Town's regulations.

B. DEVELOPMENT COVERAGE [Enter "0" below if category is not applicable]

- 1. Total lot area (sq. ft.) = 12,374
- 2. Maximum permitted development coverage (sq. ft.) = 4,157
- 3. Amount from Line 7 in Section A above (sq. ft.) = 1,757
- 4. Amount of lot area covered by driveway, parking areas and walkways:
1,221 existing (sq. ft.) + 0 proposed (sq. ft.) = 1,221
- 5. Amount of lot area covered by terraces:
0 existing (sq. ft.) + 0 proposed (sq. ft.) = 0
- 6. Amount of lot area covered by tennis court, platform tennis court, swimming pool and related mechanical equipment:
0 existing (sq. ft.) + 0 proposed (sq. ft.) = 0
- 7. Amount of lot area covered by all other structures, not including preexisting stone walls:
0 existing (sq. ft.) + 0 proposed (sq. ft.) = 0
- 8. Proposed development coverage: Lines 3 + 4 + 5 + 6 + 7 (sq. ft.) = 2,978 **OK**

If Line 8 is less than or equal to Line 2, your proposal complies with the Town's regulations; if Line 8 is greater than Line 2, your proposal does not comply with the Town's regulations.



TOWN OF NEW CASTLE

200 South Greeley Avenue, Chappaqua, New York 10514 • Ph. (914) 238-4723 • Fax (914) 238-5177 • e-mail: building@town.new-castle.ny.us

FLOOR AREA RATIO CALCULATION WORKSHEET

DATE 9/29/15

BUILDING PERMIT NUMBER _____

1. Property owner:

A) Print name: David Baron

Address: 8 Pine View Rd., Mt. Kisco

Telephone Number: 914.242.2002 Fax Number _____

E-Mail Address: Baronfam@icloud.com

B) Applicant if not owner: _____

Address: _____

Phone Number: _____ Fax Number _____

E-Mail Address: _____

2. Location and description of property:

Street address: 8 Pine View Rd., Mt. Kisco

Tax designation: Section: 71.14 Block: 1 Lot: 36

Zoning District R-1/A

Area of lot: 0.284 acres 12,374 square feet

3. Architect or Engineer William Spade New York State License Number 018304

Address: 12 Brewster Rd., Chappaqua

Telephone Number: 914.238.1598 Fax Number _____

E-Mail Address: willspade@verizon.net

4. Maximum permitted floor area 3,340 sq.ft. (from charts)

Existing First Floor 886 sq.ft. Proposed First Floor 0 sq.ft.

Existing Second Floor 794 sq.ft. Proposed Second Floor 466 sq.ft.

Existing Attic if applicable 0 sq.ft. 1/2 Proposed Basement 0 sq.ft.

1/2 Existing Basement 105 sq.ft. 1/2 Proposed Garage 0 sq.ft.

1/2 Existing Garage 171 sq.ft. Proposed Attic if applicable 0 sq.ft.

Existing Detached Structure(s) 0 sq.ft.

Proposed Detached Structure(s) 0 sq.ft.

Total floor area existing 1,956 sq.ft.

Total floor area proposed 2,422 sq.ft.

Complies Yes No _____





Town of New Castle

200 South Greeley Avenue, Chappaqua NY 10514 • Ph. (914) 238-4723 • Fax (914) 238-5177

e-mail: building@mynewcastle.org

APPLICATION FOR BUILDING PERMIT

Examined Date _____ 20__

Approved Date _____ 20__

Approved By _____ 20__
(William J. Maskiell, Building Inspector)

The following items must be submitted for initial review unless waived by the Building Inspector

1. One Building Permit application, signed by property owner.
2. Two copies of the survey showing new structure to scale and location of septic.
3. Two sets of construction drawings and specifications including elevations, foundation plan, floor plans and cross sections. Mechanical, electrical or plumbing drawings as required by the Building Inspector. (Signed & Sealed).
4. Permit fee: (see construction cost and fee table). HVAC, Electrical, Plumbing requires separate permits.
5. Westchester County Board of Health approval necessary for new residences and for bedroom additions.
6. Three copies of fire sprinkler system design plan, if applicable. See NFP A-13.
7. Other permits may be required including Steep Slopes, Wetlands and Tree Removal.
8. If Architectural Review Board is necessary, application must be submitted one week prior to meeting with photographs of all elevations of existing structure, Google Earth, and front elevation of adjacent neighbors' residences. Submittal shall be accompanied by a CD or DVD of entire application in single .PDF format.
9. F.A.R and Coverage Calculation Worksheet.
10. TRUSS Certification

(DO NOT WRITE ABOVE LINE - FOR OFFICIAL USE ONLY)

1. Property Owner

a) Print Name David Baron b) Signature of Owner:

c) Mailing Address 8 Pine View Rd., Mt. Kisco

d) Telephone Number: 914.242.2002 e) E-Mail Address Baronfancie@aol.com

2. Location and Description of Property

a) Street Location: 8 Pine View Rd., Mt. Kisco

b) Tax Designation: Section 71.14 Block 1 Lot 36

c) Area of Lot: 6,284 acres 12,374 square feet

d) Zoning District: 1/4 acre 1/2 acre 1 acre 2 acre other _____

3. Construction Type and Location on Property

a) Type of Construction (check one and fill appropriate sub-section).

New Residence

Bedrooms _____ # Bathrooms _____ Finished Basement Yes No

#Decks/Porches _____ Garage: # of bays _____ attached detached

Addition/Alterations to existing residence (please be specific): 18'x22' 2nd Story Family Rm. Addition over existing detached garage, with 5'x14' Bathroom hallway connection to existing house.

Swimming Pool (provide dimensions): length _____ width _____

Tennis Court (provide dimensions): length _____ width _____

Commercial (# stories, intended use) _____

Accessory Building (intended use): _____

Retaining Wall (indicate height): _____ Patio (indicate square footage) _____

Filling and Grading other (indicate type) _____

b) Give Dimensions from Construction to Lot Lines

Front 42.79' Left Side 52.0' Right Side 12.5' Rear 10.3' #Pre-existing, non-conforming

c) Area of Disturbance: 0 square feet

d) Will you be cutting trees? Yes No How many _____

e) Are you within a wetland buffer? Yes No

f) Are you displacing a slope greater than 15 percent? Yes No

g) Is the property located in a Conservation Subdivision? Yes No

4. Construction Cost and Fee

The estimated cost shall include all labor, material, scaffolding, fixed equipment, professional fees, filling and grading, miscellaneous site work and material and labor which may be donated gratis.

a) What is the estimated cost of construction, (exclusive of lot)? \$ 60,000

What is the estimated cost of site work? \$ 0

What is the total estimate cost of construction? \$ 60,000 (sum of above)

b) Total square feet of new construction: 466 square feet

Basement _____ First Floor _____ Second Floor 466 Attic _____

c) Permit fee: \$ 985.00

Res. Addition/Alteration/Renovation: \$100 for 1st \$1,000 in construction cost; \$15 each add'l \$1,000

New Residence: \$100 for 1st \$1,000 in construction cost; \$15 each add'l \$1,000

New Alt/Add. For Commercial \$150 for 1st \$1,000 in construction cost; \$18 each add'l \$1,000
Multi-family, Religious & Public assembly

5. Agents

a) Name of Registered Architect William R. Spade NYS License # 018423

Address 12 Brewort Rd. Cheppaya

Office # 914.238.1598 Cell # 914.275.5923

E-Mail willr.spade@verizon.net

b) Name of Professional Engineers _____ NYS License # _____

Address _____

Office # _____ Cell # _____

E-Mail _____

c) Name of Builder _____ West. Co. License # _____

Address _____

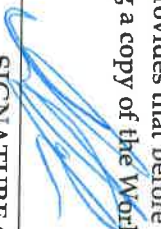
Office # _____ Cell # _____

E-Mail _____

d) Who Will Supervise the Work (check one) - Builder Architect Engineer Owner Other

Main Contact Number _____ & E-mail _____

e) The State Workmen's Compensation Law provides that before a Building Permit is issued, the builder shall produce evidence of insurance by providing a copy of the Workman's Compensation Certificate issued by the Policy Carrier, Form C-105.2.


SIGNATURE OF APPLICANT