



Town of New Castle

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

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).
- ✓ 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 NFPA-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.

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

1. Property Owner

- a) Print Name MARTHA PL. DEVELOPMENT, INC. b) Signature of Owner: Theodore Primardella
- c) Mailing Address 590 COMMERCE ST. THORWOOD NY 10594
- d) Telephone Number: 914-469-0777 e) E-Mail Address TEDDY@LEGRANDPROALLC.COM

2. Location and Description of Property

- a) Street Location: 40 MARTHA PL CHAPPAQUA.
- b) Tax Designation: Section _____ Block _____ Lot _____
- c) Area of Lot: _____ acres _____ 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 3 # Bathrooms 2 1/2 Finished Basemen Yes No

Decks/Porches _____ Garage: # of bays 2 CAR. attached detached

Addition/Alterations to existing residence (please be specific): REMOVAL OF EXISTING RESIDENCE.

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 _____ Left Side _____ Right Side _____ Rear _____

c) Area of Disturbance: _____ square feet

d) Will you be cutting trees? Yes No How many 10-15 TREES

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)? \$ 350,000

What is the estimated cost of site work? \$ 50,000

What is the total estimate cost of construction? \$ 400,000 (sum of above)

b) Total square feet of new construction: 2995 square feet
Basement _____ First Floor 1450 Second Floor 1450 Attic _____

c) Permit fee: \$ 6,085-

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 6,085

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

5. Agents

a) Name of Registered Architect PAUL GARY LEWIS. STATE OF N.Y. NYS License # _____

Address _____

Office# _____ Cell # _____

E-Mail _____

b) Name of Professional Engineers BIBBO ASSOCIATES LLP. NYS License # _____

Address 293 ROUTE 100 SUITE 203

Office# 914-277-5805 Cell # _____

E-Mail BIBBO@BIBBOASSOCIATES.COM ATT: TIM

c) Name of Builder OWNER. MARTHA PL. DEV. TEDDY RICCIARDELLA. NYS License # _____

Address 590 COMMERCE ST THORNTON NJ 10594

Office# --- Cell # 914-469-0777

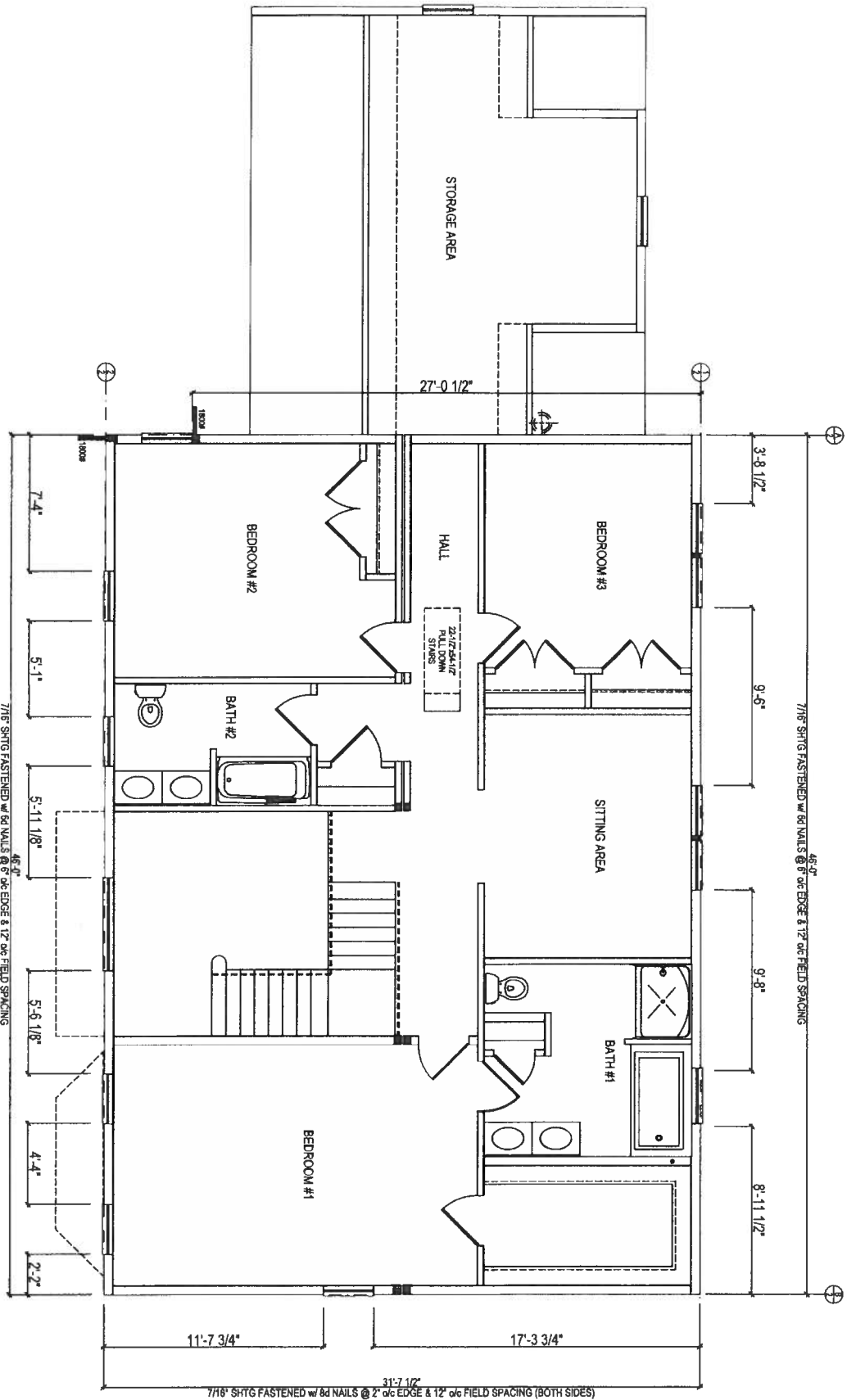
E-Mail TEOSINGS@GMAIL.COM

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

Main Contact Number 914-469-0777 & E-mail TEOSINGS@GMAIL.COM

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.

Tim Ricciardella
SIGNATURE OF APPLICANT



2ND FLR HOLD DOWN LEGEND

— SAMPSON LST7A (SEE CONNECTION DETAIL 3 ON SHEET 2)

— SAMPSON LST7A (SEE CONNECTION DETAIL 4 ON SHEET 2)

Table R902.10.1.1 [Amount Of Bracing Required]

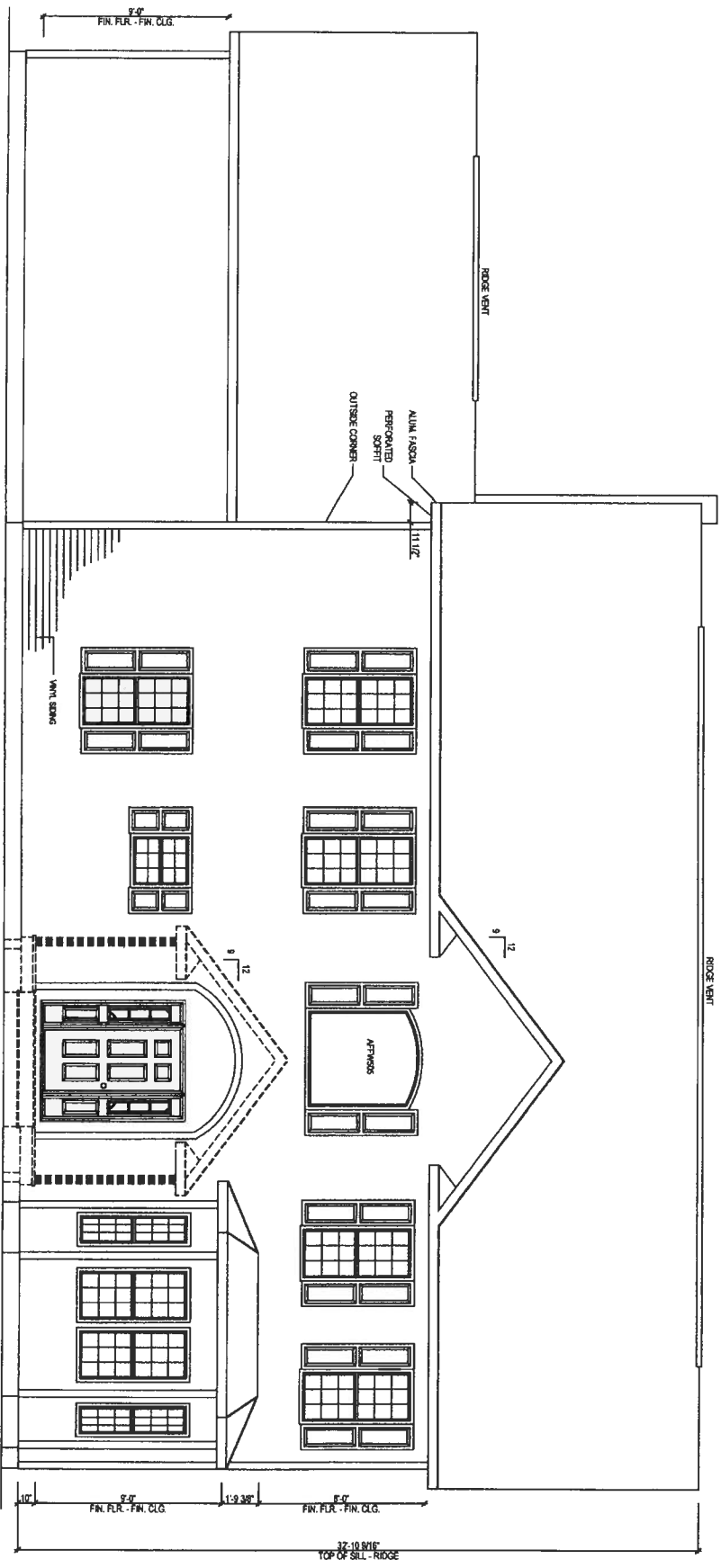
BRACE WALL CALL OUT	METHOD	CALCULATION	BRACED WALL FEET REQUIRED	BRACED WALL FEET SUPPLIED	FOR BRACED WALL SPACING (SEE DETAIL 3)
A2	3	31.83' x 1.05% =	5.05	24.30	198
B2	3	31.83' x 1.05% =	5.05	28.95	198
1/2	3	46.0' x 1.05% =	8.94	31.03	7.25
Z2	3	46.0' x 1.05% =	8.94	30.35	1.31

PROJECT NAME: SPEC PROJECT SITE: 46 MARTHA PLACE CHAPPAQUA, NY WESTCHESTER COUNTY	BUILDER: CRECCO GROUP ADDRESS: 871 COMMERCE STREET THORWOOD, NY 10994	TWO STORY PROJ. ID #: 213231 SERIAL #: 1 SALESMAN: TOM. S	2ND FLOOR PLAN BRACED WALL PANEL SHEET # DWN. BY: S0089RH CHECKED BY: CS DATE: 05-21-13	REVISIONS <table border="1"> <tr> <th>DWN BY</th> <th>#</th> <th>DATE</th> </tr> <tr> <td>BRH</td> <td>2</td> <td>8-5-13</td> </tr> <tr> <td>BRH</td> <td>3</td> <td>7-22-13</td> </tr> <tr> <td>BAH</td> <td>4</td> <td>8-28-13</td> </tr> </table>	DWN BY	#	DATE	BRH	2	8-5-13	BRH	3	7-22-13	BAH	4	8-28-13	<p>Signature Building Systems of PA, LLC 1004 SPRINGBROOK AVENUE - MOOSIC, PA 18507 Tel. (570) 774-1000 Fax. (570) 774-1010</p>
DWN BY	#	DATE															
BRH	2	8-5-13															
BRH	3	7-22-13															
BAH	4	8-28-13															

PANELIZED GARAGE

FRONT ELEVATION

SCALE: 3/16"=1'-0"



PROJECT NAME:
SPEC
PROJECT SITE:
40 MARTHA PLACE
CHAPPAQUA, NY
WESTCHESTER COUNTY

BUILDER:
CRECCO GROUP
ADDRESS:
871 COMMERCE STREET
THORNWOOD, NY 10994

TWO STORY

PROJ. ID #: 213231
SERIAL #: ...
SALESMAN: TOM. S

FRONT ELEVATION

SHEET # 5
DWN. BY: SDC/BRH
CHECKED BY: GB
DATE: 05-21-13

DWN BY	#	DATE
BRH	2	6-5-13
BRH	3	7-23-13
BAH	4	8-26-13

NOTE TO BUILDER

ELIMINATE BIDDING RISK BY A FULL REPRESENTATION OF THE HOUSE PACKAGES. PLEASE SEE SALES OFFICE FOR SELECTION CHOICES

BUILDER SIGNATURE _____ DATE _____



Signature Building Systems of PA, LLC

1004 SPRINGBROOK AVENUE - MOOSIC, PA 18607
tel. (570) 774-1000 Fax. (570) 774-1010

PROJECT NAME:
SPEC
PROJECT SITE:
40 MARTHA PLACE
CHAPPAQUA, NY
WESTCHESTER COUNTY

BUILDER:
ORECCO GROUP
ADDRESS:
871 COMMERCE STREET
THORNWOOD, NY

TWO STORY
PROJ. ID # 213231
SERIAL #
SALESMAN: TOM, S

ELEVATIONS
SHEET # 3a
DWN. BY: SDD/BRH
CHECKED BY: GB
DATE: 05-21-13

REVISIONS

DWN. BY	#	DATE
BRH	2	6-5-13
BRH	3	
BAH	4	8-20-13

NOTE TO BUILDER
ELEVATION SPANNING NOT BE A TRUE REPRESENTATION
OF THE HOUSE ARCHITECT. PLEASE SEE SALES ORDER
FOR SELECTIONS CHANGES
BUILDER SIGNATURE DATE



Signature Building Systems of PA, LLC
1004 SPRINGBROOK AVENUE, MOOSIC, PA 18807
Tel. (570) 774-1000 Fax. (570) 774-1010

