

To: Village of Irvington – Architectural Review Board
85 Main Street
Irvington, NY 10533

Date: 11/1/2021

Subject: 25 South Cottenet Street, Irvington NY 10533
Section: 2.80, Block: 31, Lot: 19
Zone: 2F

Dear Board Members,

Mr. & Mrs. Poor, the homeowners of the above referenced single-family residence, have submitted the attached application package for the addition and alteration to the existing structure located at 25 South Cottenet Street.

During the October 25th, 2021 Architectural Review Board meeting board members made various comments in regards exterior character of the residence. Modifications which have been made to the proposed project in response to those comments are as follows:

1. All exterior shutters have been removed.
2. All exterior windows are now "6/0" double-hung units.
3. All exterior railings have been redesigned to incorporate more decorative balusters.
4. The rear unenclosed and open decks are now provided with the same railing assembly as the front porch.
5. The front bay window in the dining room has been narrowed by 1'-0".
6. The front entry portico has been redesigned to be more in-keeping with the recommendations set forth in the Irvington Historic District Design Guide & Recommendations documents dated June 5, 2017.
7. The exterior trim and detailing has been redesigned to be more in-keeping with the recommendations set forth in the Irvington Historic District Design Guide & Recommendations documents dated June 5, 2017.

Thank you for your attention to this matter.

I look forward to discussing the application with you at the November 22nd, 2021 Architectural Review Board meeting.

Sincerely,



Brian Crowley, AIA, NCARB, LEED+AP
Principal Architect

George Latimer
Westchester County Executive

Westchester
gov.com

James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

WOODBINE SOLUTIONS, LLC

65 FIELD TERRACE

IRVINGTON, NY-10533

This license is issued in accordance with Article XVI of the Westchester County Consumer Protection Code and is valid only upon presence of the official department seal. Proof of citizenship or immigration status is not required for issuance of this license.

NOT FOR FEDERAL PURPOSES

License Number

WC-32086-H19



Date of Expiration

08/13/2023



WOODB-1

OP ID: AK

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/05/2021

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 FOLKS INSURANCE GROUP 33 MAIN STREET WEST SAYVILLE, NY 11796 JAMES M. FOLKS JR	631-589-5100	CONTACT NAME: Jasmine Arettines	
		PHONE (A/C, No, Ext): 631-589-5100 FAX (A/C, No): 631-589-3335	
		E-MAIL ADDRESS: jarettines@folksinsgrp.com	
INSURED Woodbine Solutions LLC 65 Field Terrace Irvington, NY 10533	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Peleus Insurance Company		34118
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	600GL017707201	06/22/2021	06/22/2022	EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	OTHER:					
	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

Village of Irvington is listed as additional insured per written contract or agreement.

CERTIFICATE HOLDER

VILLAGI

Village of Irvington
Building Department
85 Main St
Irvington, NY 10533

CANCELLATION

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



New York State Insurance Fund

WESTCHESTER ONE, 44 SOUTH BROADWAY, 10TH FLOOR, WHITE PLAINS, NY 10601-4411
| nysif.com

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (RENEWED)



SCAN TO VALIDATE
AND SUBSCRIBE

***** 264167329
FOLKS INSURANCE GROUP LLC
33 MAIN ST
WEST SAYVILLE NY 11796

POLICYHOLDER WOODBINE SOLUTIONS LLC 65 FIELD TERRACE IRVINGTON NY 10533		CERTIFICATE HOLDER VILLAGE OF IRVINGTON BUILDING DEPARTMENT 85 MAIN ST IRVINGTON NY 10533	
POLICY NUMBER W2070 071-2	CERTIFICATE NUMBER 47100	POLICY PERIOD 03/25/2021 TO 03/25/2022	DATE 10/5/2021

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2070 071-2, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS POLICY AFFORDS COVERAGE TO THE SOLE PROPRIETOR, PARTNERS AND/OR MEMBERS OF A LIMITED LIABILITY COMPANY.

WAYNE KAISER (MEMBER) OF
WOODLINE SOLUTIONS LLC

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 900087614



CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only) WOODBINE SOLUTIONS LLC ATTN: WAYNE KAISER 65 FIELD TERRACE IRVINGTON, NY 10533 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	1b. Business Telephone Number of Insured 9179520954 1c. Federal Employer Identification Number of Insured or Social Security Number 26-4167329
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Village Of Irvington 85 Main St Irvington, NY 10533	3a. Name of Insurance Carrier Standard Security Life Insurance Company of New York 3b. Policy Number of Entity Listed in Box "1a" 67831-00 3c. Policy effective period 1/1/2014 to 10/4/2022

4. Policy provides the following benefits:

- ☒ A. Both disability and paid family leave benefits.
☐ B. Disability benefits only.
☐ C. Paid family leave benefits only.

5. Policy covers:

- ☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
☐ B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 10/5/2021 By Bela G. Schmail
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (212) 355-4141 Name and Title SUPERVISOR-DBL/POLICY SERVICES

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

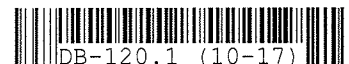
State of New York Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.



Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in box "1a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or paid family leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.

GLOSSARY			
ABV.	ABOVE	MAX.	MAXIMUM
A.D.	AREA DRAIN	MED	MEDICINE CABINET
ADJ	ADJACENT	MECH	MECHANICAL
ACT	ACOUSTIC CEILING TILE	MIN.	MINIMUM
AFF	ABOVE FINISH FLOOR	MTL	METAL
ALUM	ALUMINUM	MV	MICROWAVE
BLKG	BLOCKING	(N)	NEW
BLDG	BUILDING	N.I.C.	NOT IN CONTRACT
BD	BOARD	NTS	NOT TO SCALE
CL	CENTERLINE	O.C.	ON CENTER
CLR	CLEAR	O/	OVER
CONC	CONCRETE	OD	OVERFLOW DRAIN
CONT	CONTINUOUS	O.H.	OPPOSITE HAND
CPT	CARPET	PLAM	PLASTIC LAMINATE
CT	CERAMIC TILE		
DIA	DIAMETER	PLY.	PLYWOOD
DIM.	DIMENSION	PTD	PAINTED
DIMS.	DIMENSIONS	RAD	RADICAL
DN	DOWN		
DWG	DRAWING	REF	REFRIGERATOR
(E), EX.	EXISTING	REQ.	REQUIRED
EA.	EACH	RB	RUBBER BASE
EA.	EXPANSION JOINT	RM	ROOM
ELEC	ELECTRIC	RO	ROUGH OPENING
EL., ELEV.	ELEVATION	ROWD	REDWOOD
EMB.	EMBEDDED	SC	SOLID CORE
EQ	EQUAL		
EXT	EXTERIOR	SHTG	SHEETING
FA	FIRE ALARM	SHT	SHEET
FD	FLOOR DRAIN	SIM	SIMILAR
FF	FINISH FLOOR	SQ	SQUARE
FLR	FLOOR	S.S.D.	SEE STRUCTURAL DWGS
F.O.S.	FACE OF STUD	STL	STEEL
F.O.M.	FACE OF MASONRY	ST. STL	STAINLESS STEEL
		STOR	STORAGE
		STRL	STRUCTURAL
		STV	SHEET VINYL
GA	GAUGE	T&G	TONGUE AND GROOVE
GALV	GALVANIZED	T.C.	TOP OF CURB
GL	GLASS	TEL	TELEPHONE
GND	GROUND	T.O.S.	TOP OF STEEL
GSM	GALVANIZED SHEET METAL	T.O.W.	TOP OF WALL
GYP. BD.	GYPSPUM BOARD	TYP.	TYPICAL
GWB	GYPSPUM WALLBOARD		
		U.O.N.	UNLESS OTHERWISE NOTED
HB	HOSE BIB	VCT	VINYL COMPOSITION TILE
HC	HANDICAPPED		
HM	HOLLOW METAL	VERT.	VERTICAL
H.P.	HOUSE PANEL	V.I.F.	VERIFY IN FIELD
HT	HEIGHT		
INS.	INSULATION	WD	WOOD
INSUL.	INSULATION	W/D	WASHER AND DRYER
INT	INTERIOR	W/	WITH
JAN	JANITOR CLOSET	WC	WATER CLOSET
KIT	KITCHEN	WH	WATER HEATER
LAV	LAVATORY	WP	WATERPROOF
LIGHT	LIGHT		

WALL TYPES	
	NEW
1 HOUR RATED WALL	=====
2 HOUR RATED WALL	=====
3 HOUR RATED WALL	=====
4 HOUR RATED WALL	=====

NOTE: REFER TO A-8.1 FOR WALL AND FLOOR ASSEMBLY DETAILS

XX A3.1.0	ELEVATION KEY
XX A8.1.0	DETAIL KEY
XX A3.2.0	SECTION KEY
XX	WALL TYPE KEY
XX	DOOR NUMBER KEY
XX	WINDOW TYPE KEY
X	REVISION CLOUD & KEY

POOR RESIDENCE

SINGLE FAMILY REMODEL & ADDITION
25 SOUTH COTTENET STREET, IRVINGTON, NY 10533

BCA
Brian Crowley Architecture
65 Birch Road
Briarcliff Manor, NY 10510
P. 917.301.3616
www.bc-architecture.com



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CODE COMPLIANCE STATEMENT

ALL PLANS HAVE BEEN DESIGNED IN COMPLIANCE OF ALL APPLICABLE BUILDING CODES.

ENERGY COMPLIANCE STATEMENT

ALL PLANS HAVE BEEN DESIGNED IN COMPLIANCE OF THE PRESCRIPTIVE ENERGY REQUIREMENTS OF THE 2020 ENERGY CONSERVATION CONSTRUCTION CODE OF NEW YORK STATE.

GENERAL NOTES

- All work shall be in accordance with the 2020 New York State Building Code all applicable local jurisdiction and fire department regulations.
- Contractor shall obtain all permits as required prior to start of work and schedule inspections with the building inspector and other regulating authority at appropriate stages of the work as required by code and by the local building inspector. Inspection personnel shall be notified a minimum of five days prior to proposed date of inspections. Work shall not be closed or covered until it has been inspected and approved.
- All work, including plumbing and electrical work, shall be performed by licensed contractors.
- All work with engineered lumber and/ or truss construction must be placarded as per NYSDOS.
- The contractor shall maintain a current and complete set of construction drawings and specifications at the construction site during all phases of construction for use of trades, architect and Building Dept. personnel.
- Contractor shall verify all field conditions and dimensions and be responsible for field fit and quantity of work.
- Contractor shall notify the architect of any discrepancies in drawings, specifications and field conditions before commencing the work and notify architect immediately if any portion of work cannot be performed as specified.
- The contractor shall not scale drawings for purposes of construction and shall verify any dimensions needing clarification with architect prior to construction.
- Construction work shall be done on regular work hours except as directed by owner. All local ordinances regarding noise and nuisance shall be respected.
- Contractor shall exercise strict control over safety and security of the site.
- The contractor(s) shall strictly adhere to requirements of all jurisdictional agencies for the protection of all persons from hazards during demolition and construction and during removal of any lead paint, asbestos, pcb's etc. Which might exist on the site. Test all paint and suspected hazardous materials to be removed prior to commencement of work. Notify owner if abatement and mitigation is required. Follow DEP, NY state DOL ICR 56 and U.S. EPA certification programs for containment, removal, and disposal of waste. Materials used for construction, fabrication or finishes shall be approved per minimum standard appropriate for the respective purpose.
- Contractors shall provide on site first aid facilities and protective gear required by Osha Standards to prevent injury to all workers and persons visiting the site.
- The entire areas and the job site shall be maintained in a neat and orderly condition and kept free from waste and rubbish during the entire construction period. Remove materials or trash from the site at the end of each working day.
- All exits, and ways of approach thereto shall be continuously maintained free from all obstructions or impediments to full instant use in the case of fire or other emergency.
- Contractor's personnel will be admitted to the property upon permission of the owner. No alcohol nor drug use shall be permitted.
- Contractor will be responsible for repairing any damages or replacing any items destroyed in the process of the work. Contractor will be responsible for property and materials of any kind on the premises, and shall provide all necessary protection for the work until turned over to the owner.

REMODEL & ADDITION
POOR RESIDENCE
25 South Cottenet Street
Irvington, NY 10533

date issue

09.30.21 ARB SUBMISSION

11.01.21 ARB REV1

Cover Sheet & Existing Survey

project: 21.05

drawn by: KJC

checked by:

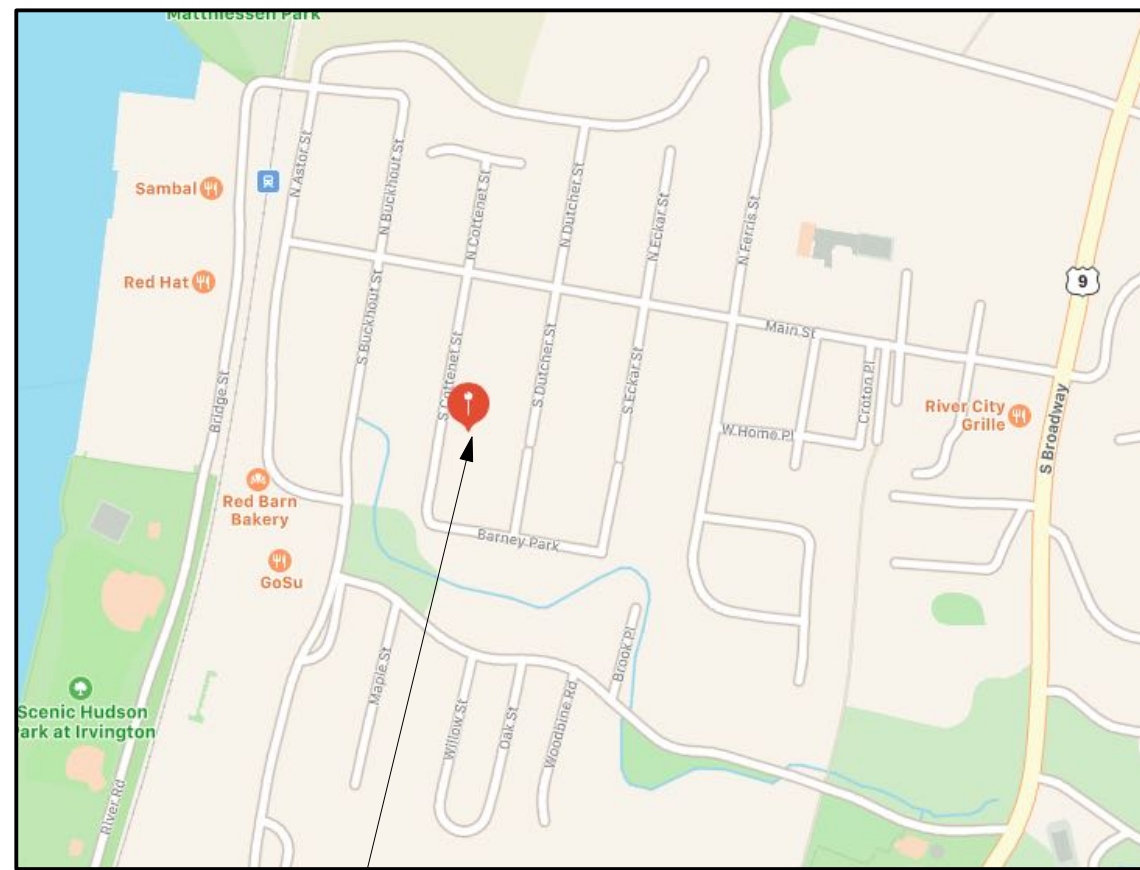
date: 03/02/21

scale: AS NOTED

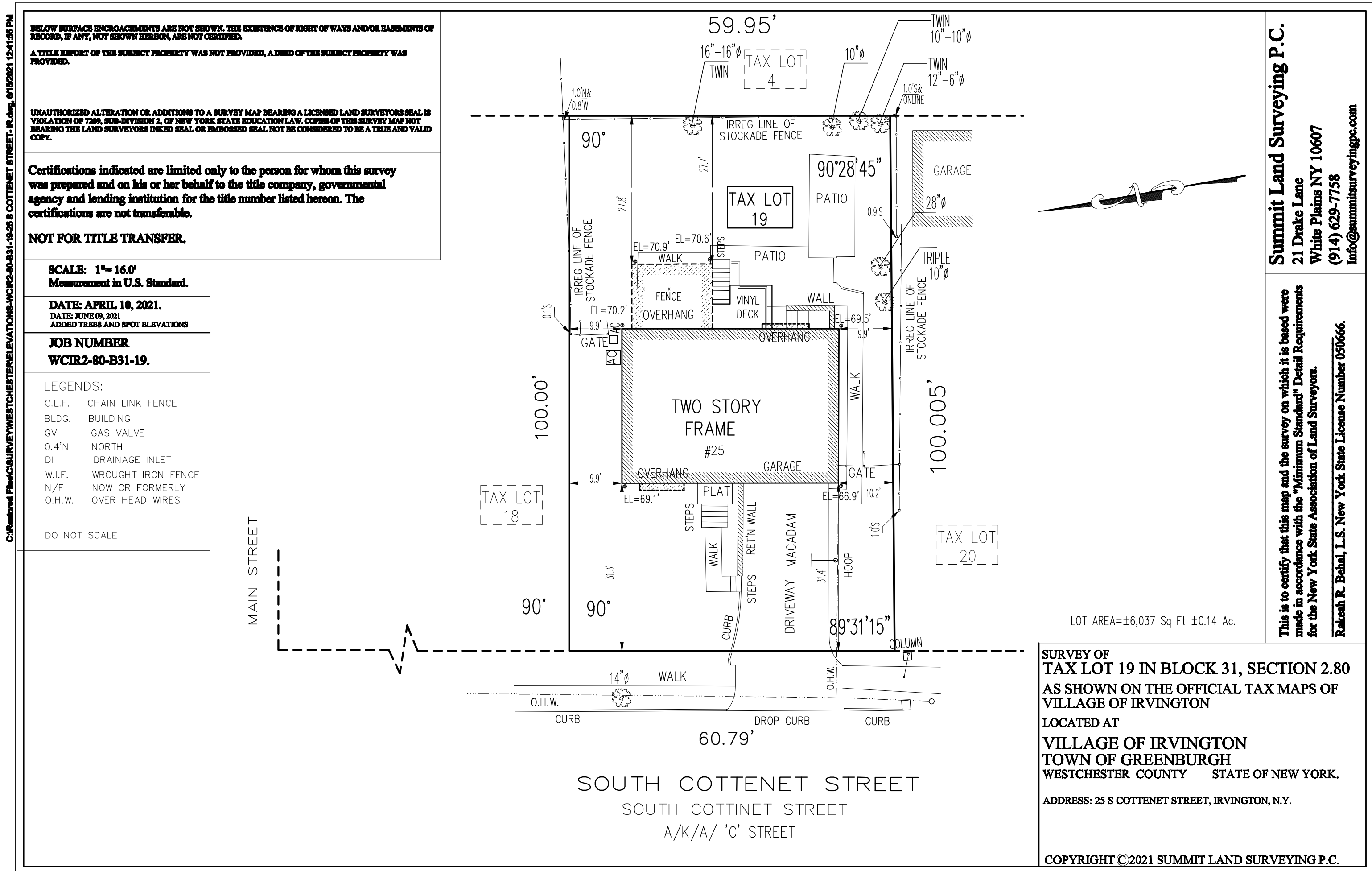
A-0.1

CLIMATIC & GEOGRAPHIC DESIGN CRITERIA										
PER TABLE R-301.2(1) OF THE 2020INTERNATIONAL RESIDENTIAL CODE										
GROUND SNOW LOAD	WIND SPEED	SEISMIC DESIGN CRITERIA	SUBJECT TO DAMAGE FROM				WINTER DESIGN TEMP	ICE SHIELDS UNDER-LAYMENT REQUIRED	FLOOD HAZARDS	
			WEATHERING	FROST LINE DEPTH	TERMITE	DECAY				
45	115	C	SEVERE	42"	MODERATE TO HEAVY	SLIGHT TO MODERATE	7	YES	F.I.R.M. 360922 09/27/2007	
INSULATION & FENESTRATION REQUIREMENTS BY COMPONENT										
PER TABLE N1102.1.2 OF THE 2020INTERNATIONAL RESIDENTIAL CODE										
CLIMATE ZONE	FENEST-RATION U-FACTOR	SKY-LIGHT U-FACTOR	GLAZED FENEST-RATION SHGC (e)	CEILING R-VALUE (j)	WOOD FRAMED WALL R-VALUE	MASS WALL R-VALUE (i)	FLOOR R-VALUE	BASEMENT (c) WALL R-VALUE	SLAB (d) R-VALUE & DEPTH	CRAWL SPACE (c) WALL R-VALUE
4A	0.32	0.55	0.40	49	20 or 13+5 (h)	8/13	19	10/13	10, 2 ft	10/13
<p>c. "15/19" MEANS R-15 CONTINUOUS INSULATION ON THE INTERIOR OR EXTERIOR OF THE HOME OR R-19 CAVITY INSULATION AT THE INTERIOR OF THE BASEMENT WALL. "15/19" SHALL BE PERMITTED TO BE MET WITH R-13 CAVITY INSULATION ON THE INTERIOR OF THE BASEMENT WALL PLUS R-5 CONTINUOUS INSULATION ON THE INTERIOR OR EXTERIOR OF THE OF THE HOME. "10/13" MEANS R-10 CONTINUOUS INSULATION ON THE INTERIOR OR EXTERIOR OF THE HOME OR R-13 CAVITY INSULATION AT THE INTERIOR OF THE BASEMENT WALL.</p> <p>d. R-5 SHALL BE ADDED TO THE REQUIRED SLAB EDGE R-VALUES FOR HEATED SLABS. INSULATION DEPTH SHALL BE THE DEPTH OF THE FOOTING OR 2 FEET, WHICHEVER IS LESS IN ZONE THROUGH 3 FOR HEATED SLABS</p> <p>e. THERE ARE NO SHGC REQUIREMENTS IN THE MARINE ZONE.</p> <p>h. THE FIRST VALUE IS CAVITY INSULATION. THE SECOND VALUE IS CONTINUOUS INSULATION, SO "13+5" MEANS R-13 CAVITY INSULATION PLUS R-5 CONTINUOUS INSULATION.</p> <p>i. THE SECOND R-VALUE APPLIES WHEN MORE THAN HALF THE INSULATION IS ON THE INTERIOR OF THE MASS WALL.</p> <p>j. R402.2.1 CEILINGS WITH ATTIC SPACES - INSTALLING R-38 OVER 100% OF THE CEILING AREA REQUIRING INSULATION SHALL BE DEEMED TO SATISFY THE REQUIREMENT FOR R-49 INSULATION WHEREVER THE FULL HEIGHT OF UNCOMPRESSED R-38 INSULATION EXTENDS OVER THE WALL TOP PLATE AT EAVES.</p>										
EXTERIOR DESIGN CONDITIONS - NEW YORK STATE										
COUNTY	WINTER DESIGN DRY-BULB TEMP.	SUMMER DESIGN DRY-BULB TEMP.	COINCIDENT DESIGN WET-BULB TEMP.	HEATING DEGREE DAYS	ZONE					
WESTCHESTER	7	84	73	5750	4					

AREA MAP



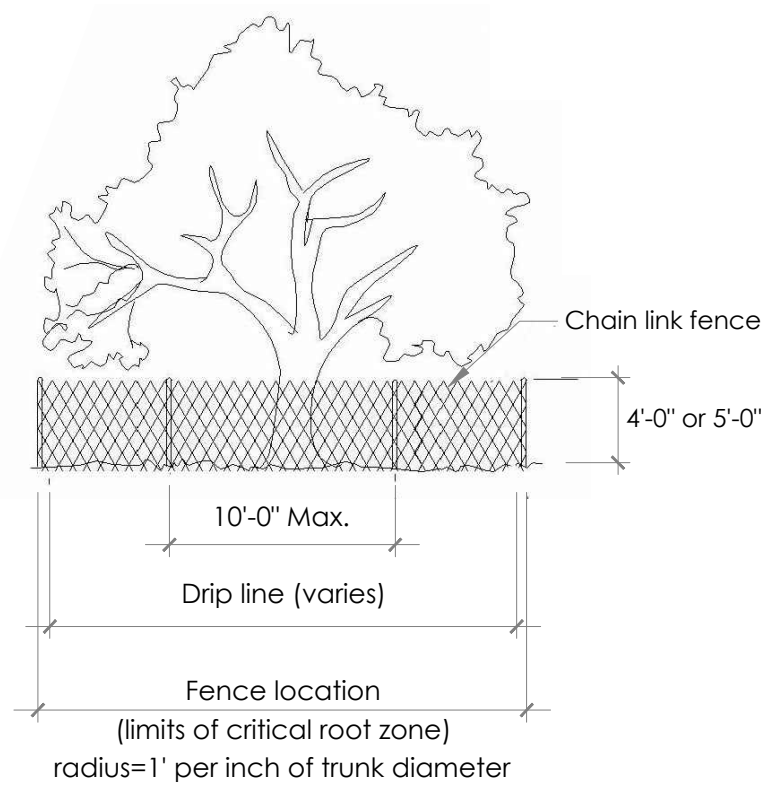
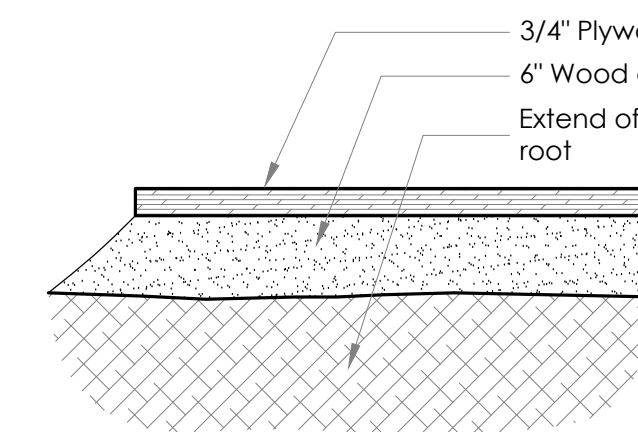
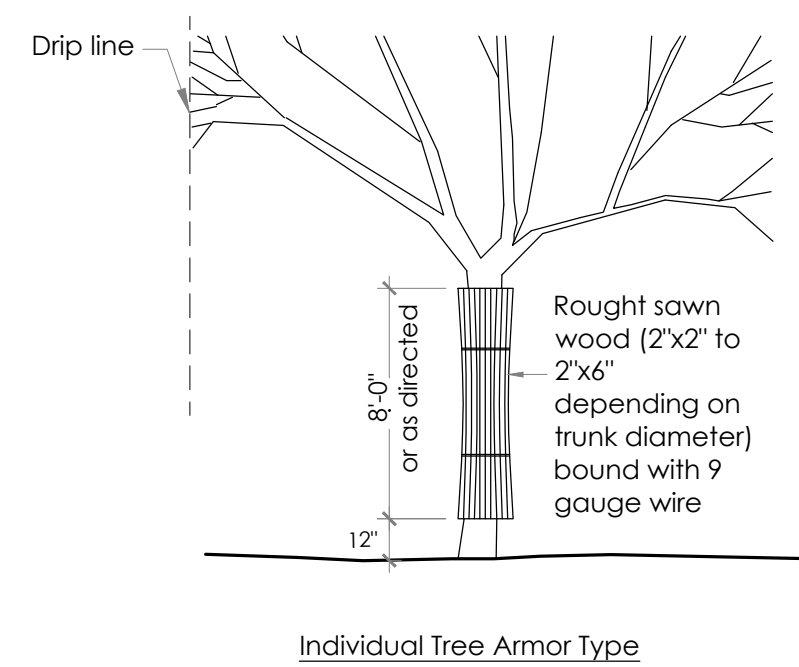
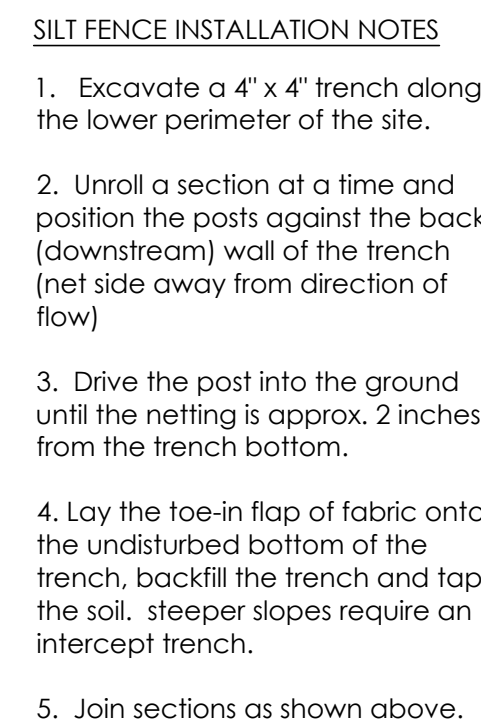
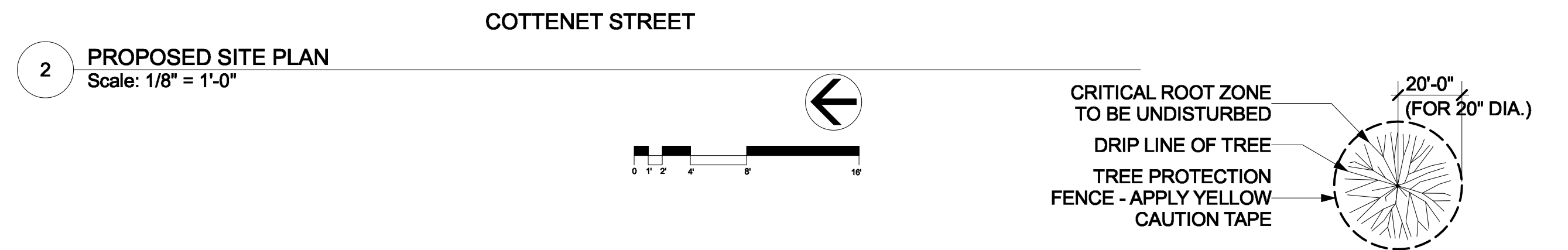
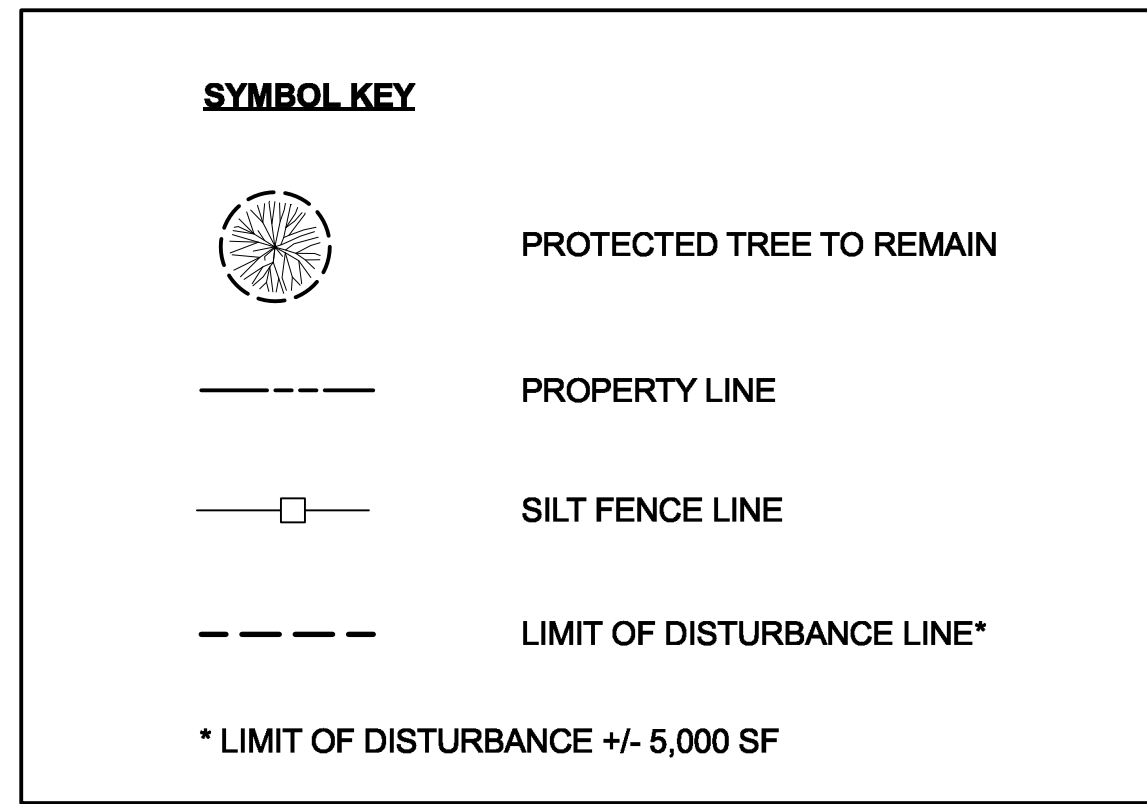
PROJECT SITE



1 (E) SITE SURVEY (FOR REFERENCE ONLY)
Scale: 1/16" = 1'-0"

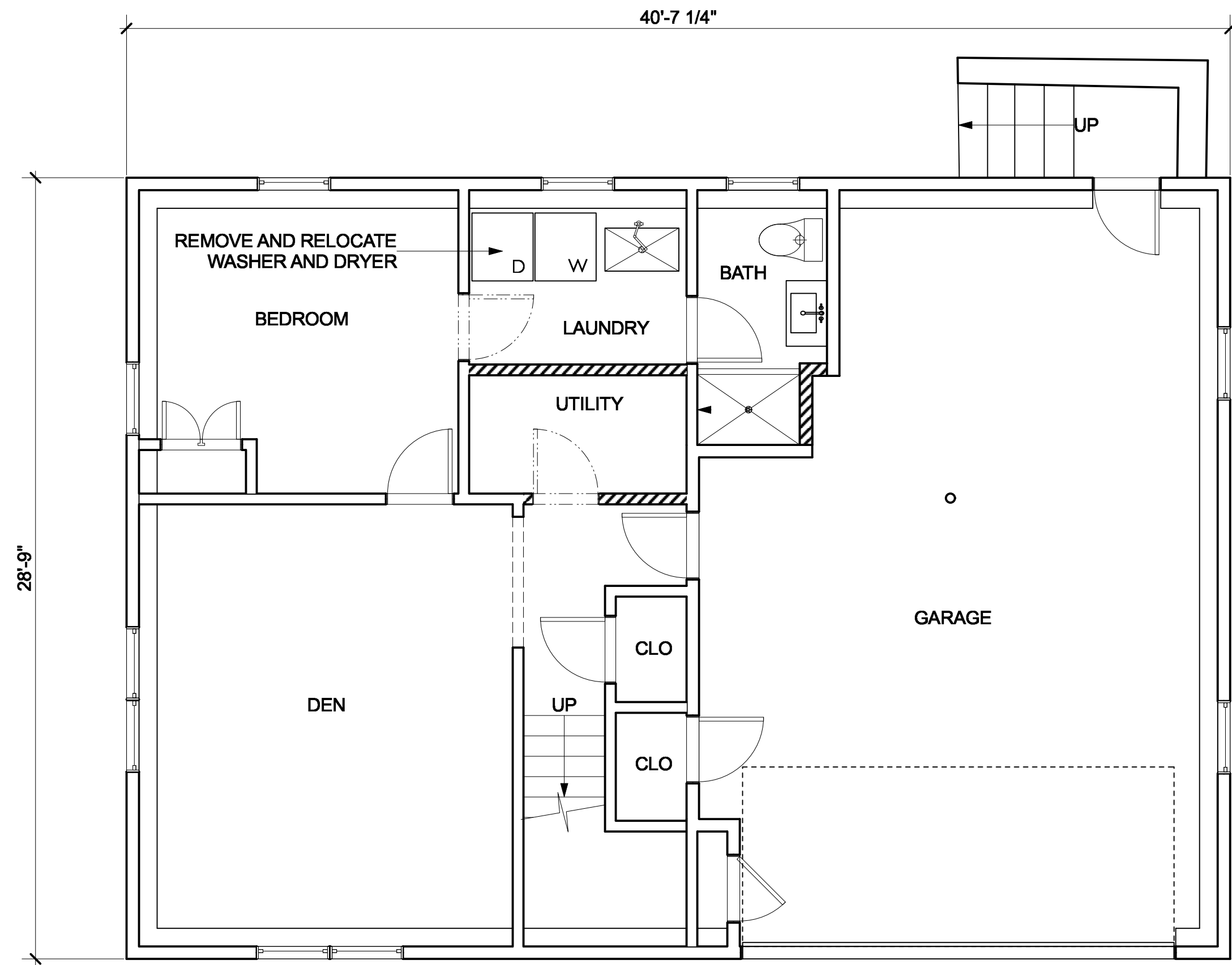
1. NO UTILITIES SHALL BE DISTURBED BY THE PROPOSED WORK.
2. CUT / FILL MATERIAL SHALL NOT BE IMPORTED TO OR EXPORTED FROM THE SITE.
3. THE BUILDING INSPECTOR OR VILLAGE ENGINEER MAY REQUIRE ADDITIONAL EROSION CONTROL MEASURES IF DEEMED APPROPRIATE TO MITIGATE UNFORESEEN SILTATION AND EROSION OF THE DISTURBED SOIL.
4. "AS-BUILT" DRAWINGS OF THE SITE IMPROVEMENTS SHALL BE SUBMITTED TO THE VILLAGE ENGINEER FOR REVIEW PRIOR TO OBTAINING A CERTIFICATE OF OCCUPANCY.
5. ALL LIGHTING SHALL MEET THE DARK-SKY REQUIREMENTS OF SECTION 224-72.C OF THE VILLAGE OF IRVINGTON CODE.

1. MOBILIZATION, SITE PROTECTION, DEMOLITION – 2 WEEKS
2. SITE WORK & EXCAVATION – 2 WEEKS
3. FOUNDATION & MASONRY – 2 WEEKS
4. EXTERIOR FRAMING, DOORS & WINDOWS INSTALL – 4 WEEKS
5. EXTERIOR SIDING & ROOFING – 3 WEEKS
6. INTERIOR FRAMING – 3 WEEKS
7. MEP ROUGH-IN – 3 WEEKS
8. INSULATION – 1 WEEK
9. INTERIOR FINISHING – 6 WEEKS
10. INTERIOR PAINTING – 2 WEEKS
11. MEP FINISH – 2 WEEKS
12. SUBSTANTIAL COMPLETION

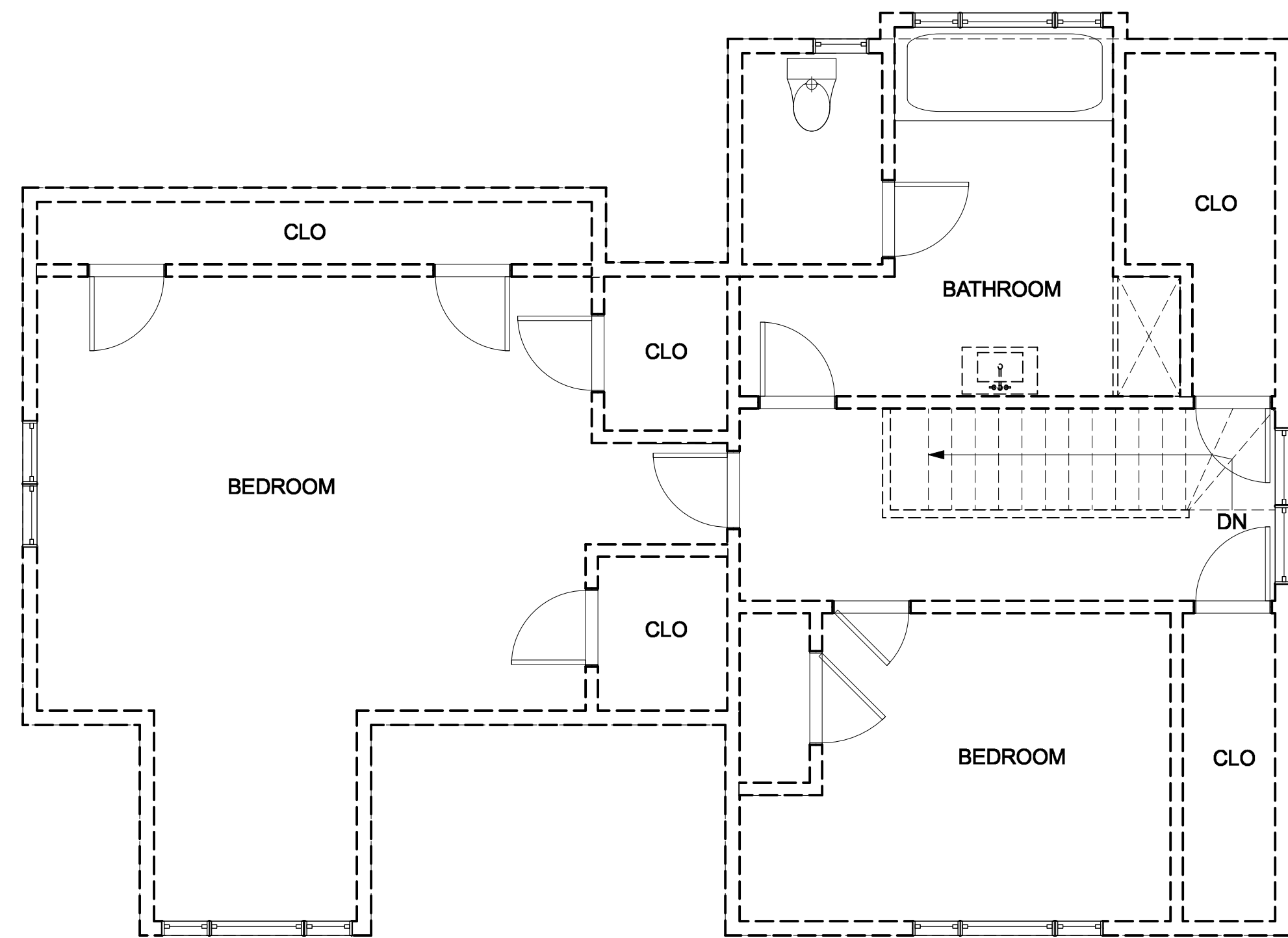


7 TREE PROTECTION DETAIL
Scale: NTS

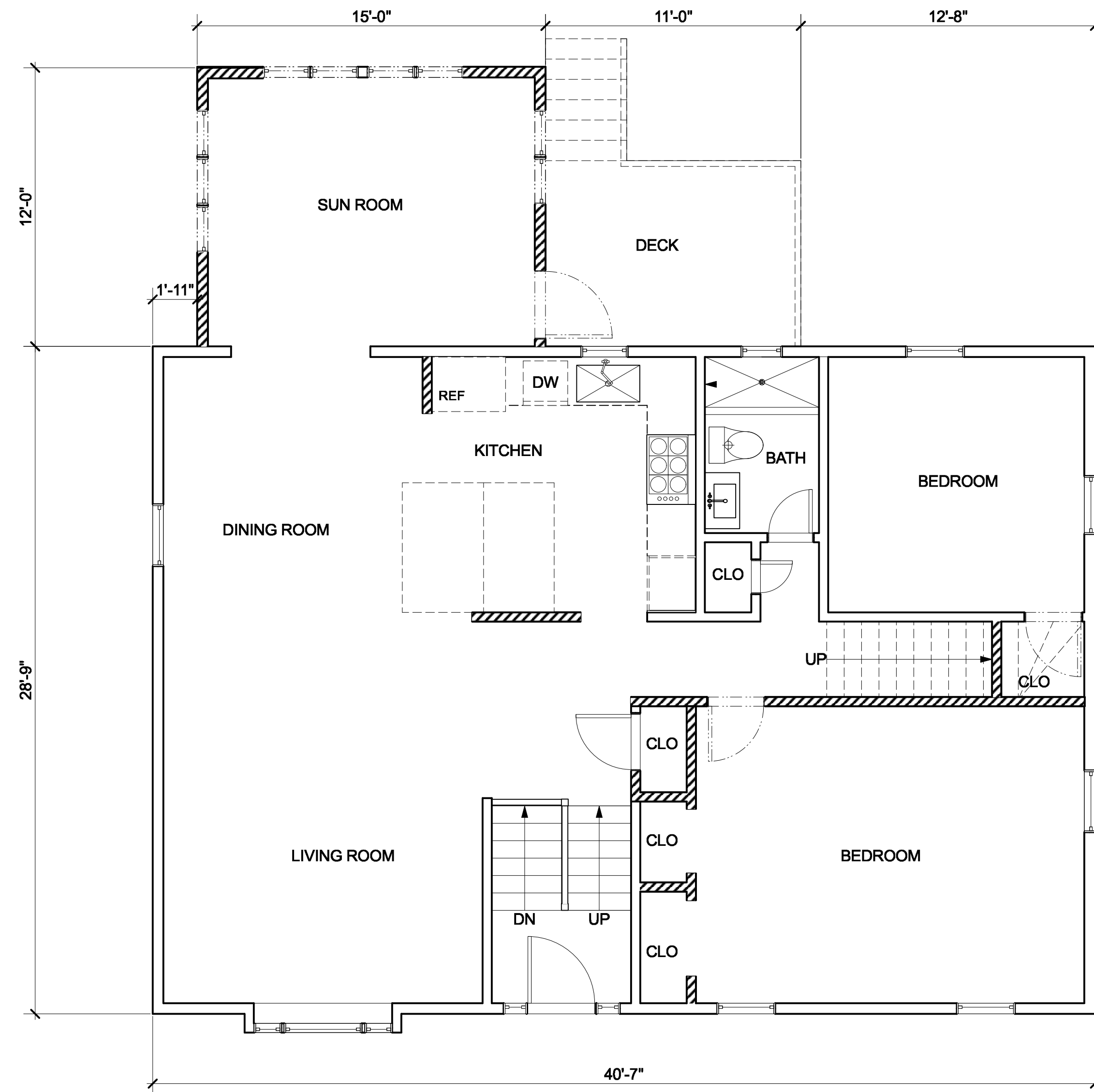
#	date	issue
	09.30.21	ARB SUBMISSION
1	11.01.21	ARB REV1
(E) & (P) Site Plans / Demo Plan & Landscape		
project:		21.05
drawn by:		KJC
checked by:		
date:		03/02/21
scale:		1/8" = 1'-0"



1 EXISTING BASEMENT PLAN
Scale: 1/4" = 1'-0"



3 EXISTING 2ND FLOOR PLAN (TO BE DEMOLISHED)
Scale: 1/4" = 1'-0"



2 EXISTING 1ST FLOOR PLAN
Scale: 1/4" = 1'-0"

0

1'

2'

4'

8'

16'

←

KEY

(E) WALL

(N) WALL

DEMO WALL

GENERAL DEMOLITION

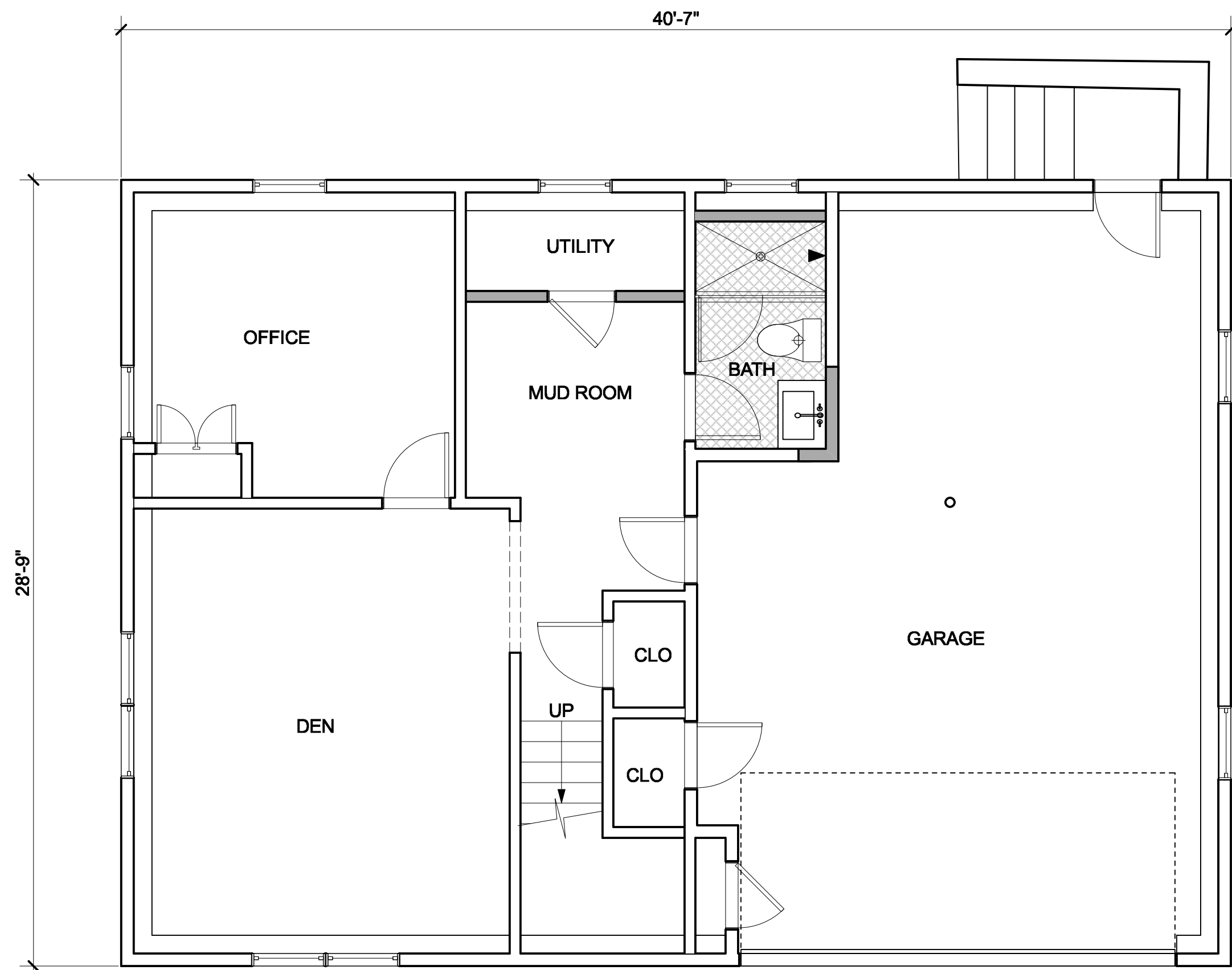


REMODEL & ADDITION
POOR RESIDENCE
25 South Cottenet Street
Irvington, NY 10533

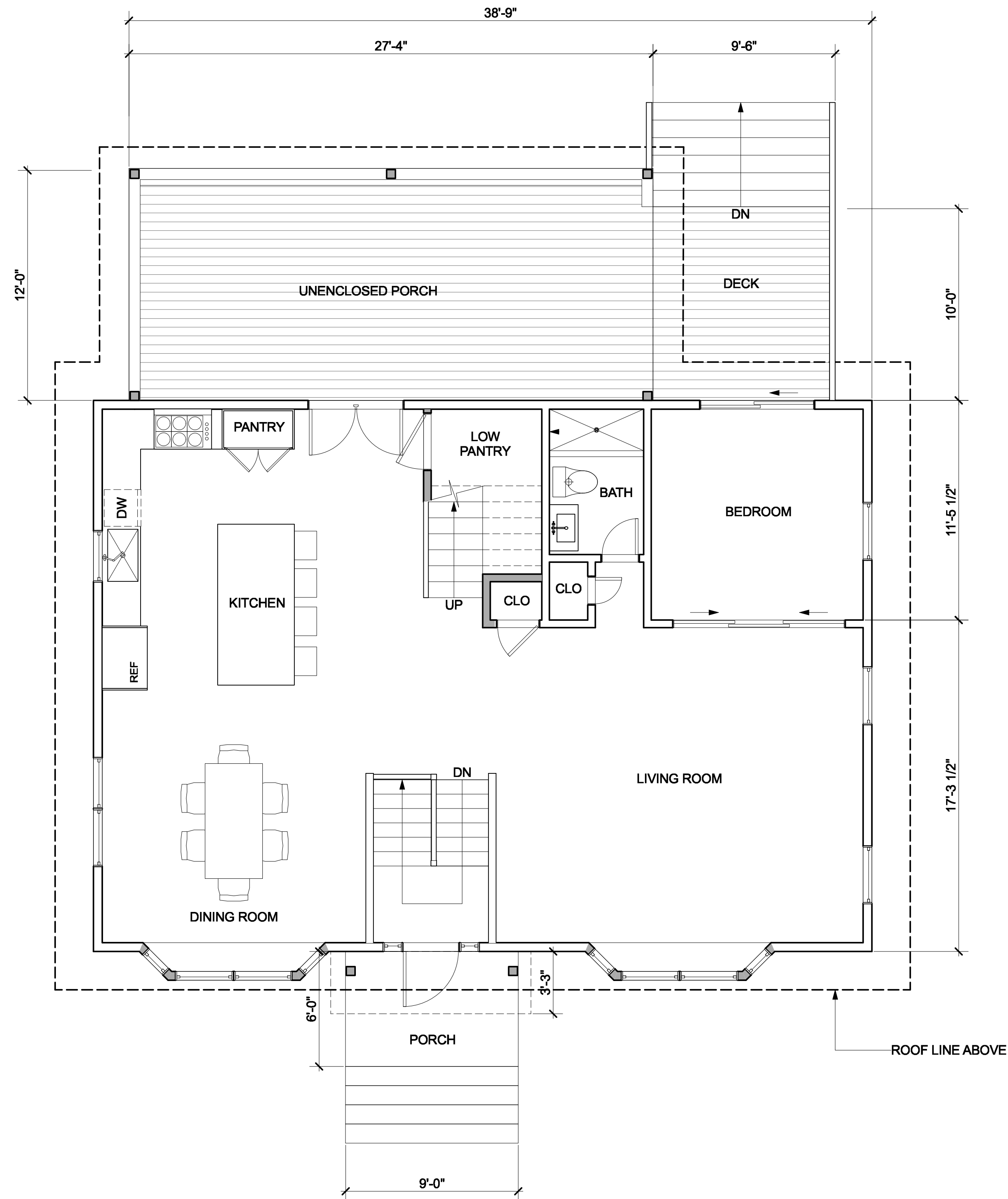
#	date	issue
	09.30.21	ARB SUBMISSION
1	11.01.21	ARB REV1

Existing Basement, 1st,
2nd Floor/Demo Plans

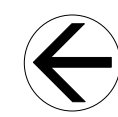
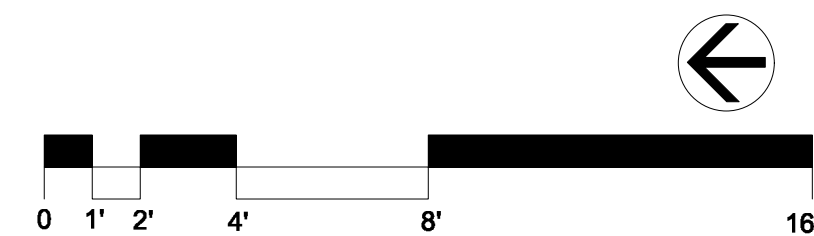
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drawn by:	KJC
checked by:	
date:	03/02/21
scale:	AS NOTED



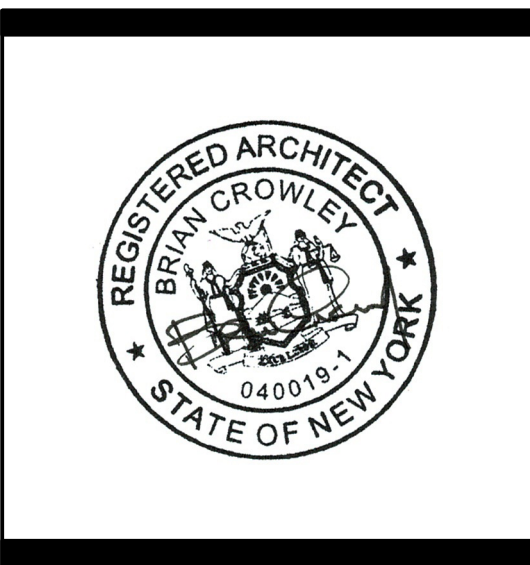
1 PROPOSED BASEMENT PLAN
Scale: 1/4" = 1'-0"



2 PROPOSED 1ST FLOOR PLAN
Scale: 1/4" = 1'-0"



KEY	
	(E) WALL
	(N) WALL

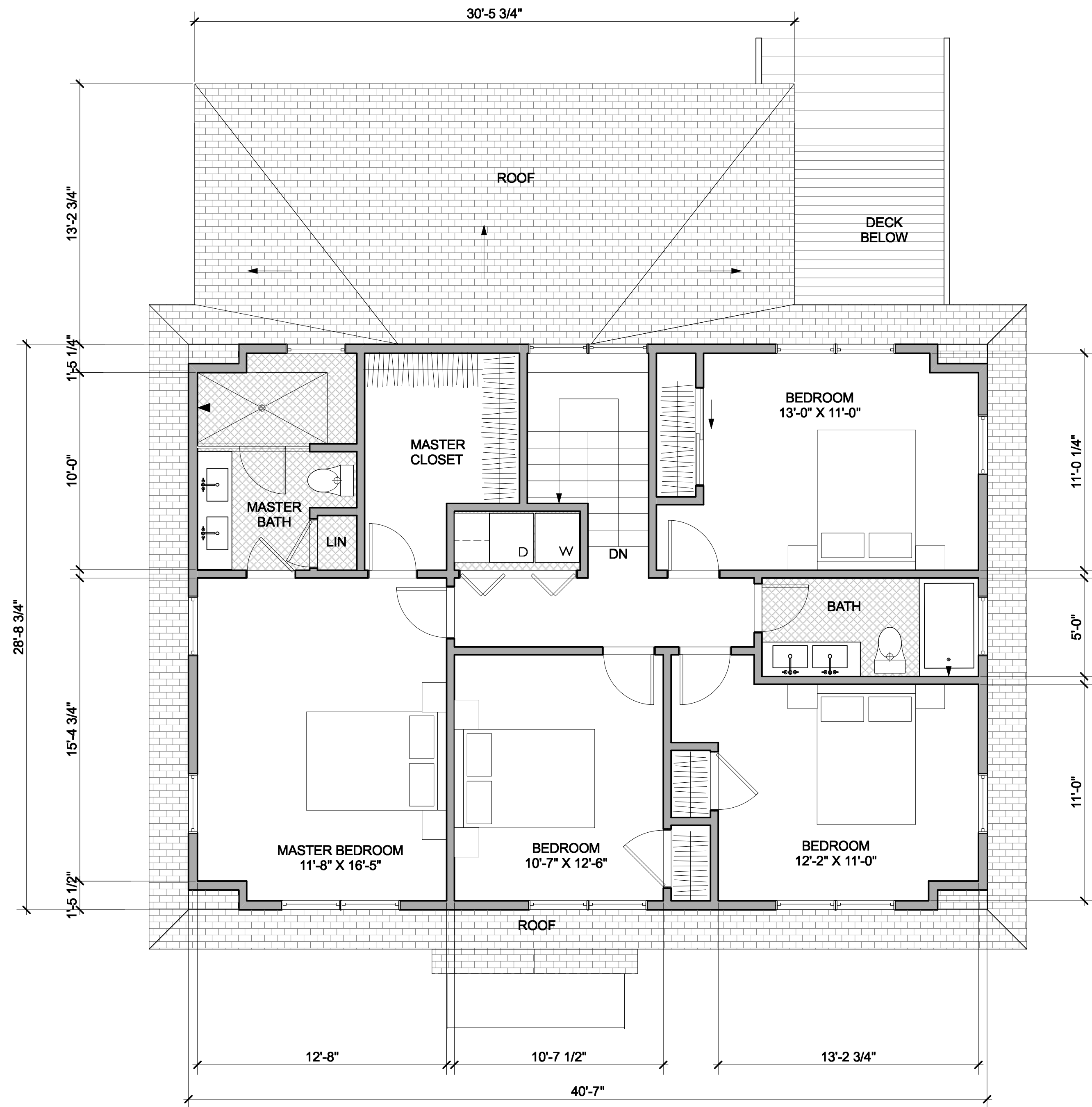


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POOR RESIDENCE
25 South Cottenet Street
Irvington, NY 10533

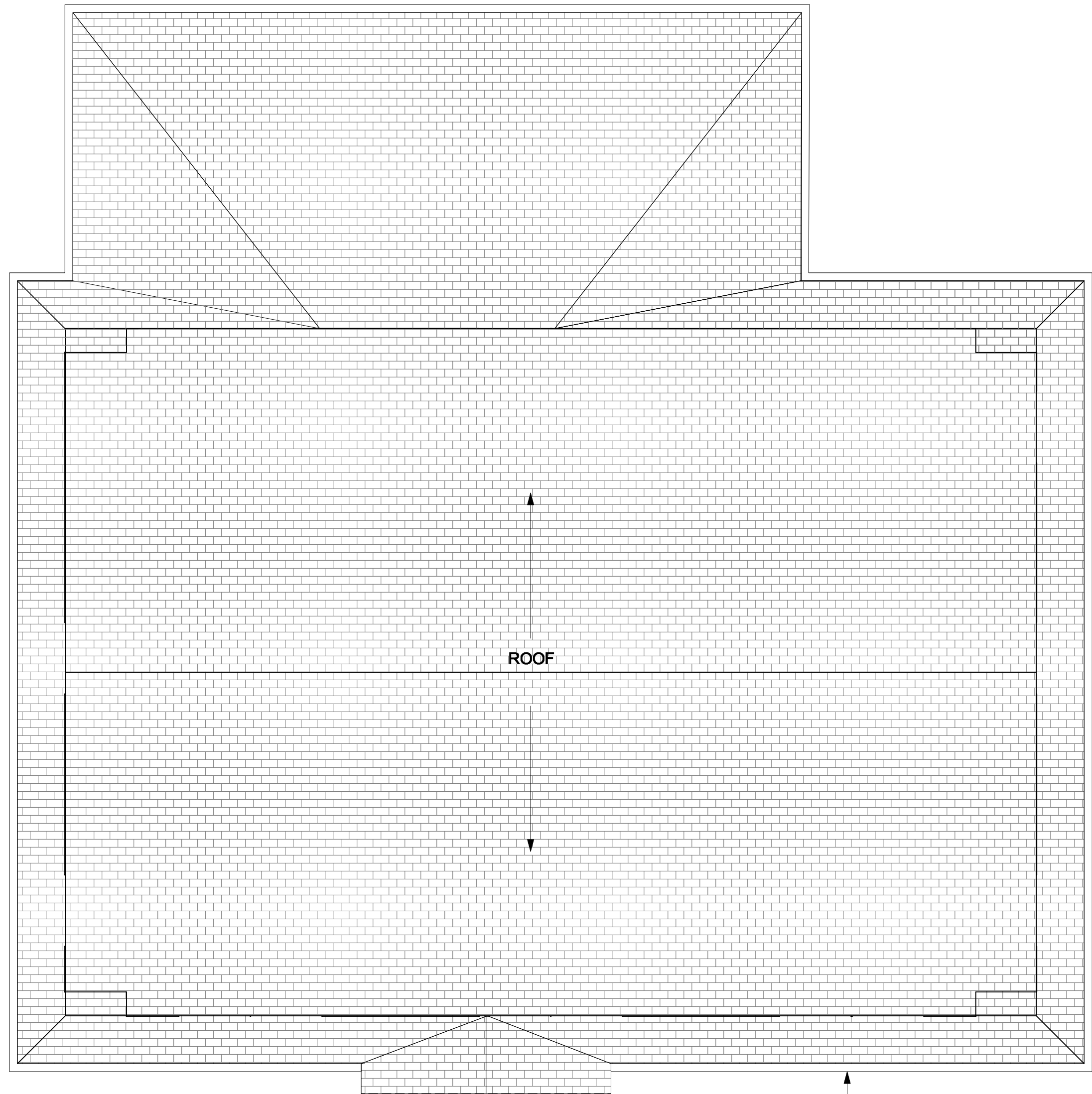
#	date	issue
	09.30.21	ARB SUBMISSION
1	11.01.21	ARB REV1

Proposed Basement
& 1st Floor Plans

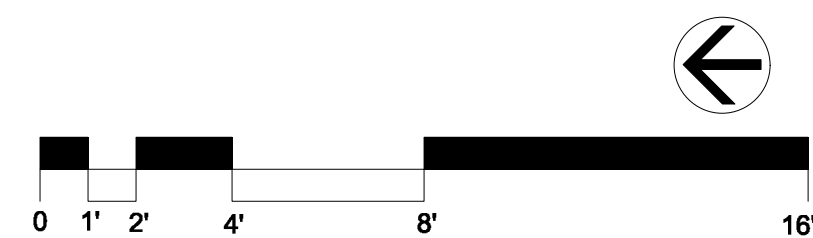
project:	21.05
drawn by:	KJC
checked by:	
date:	03/02/21
scale:	AS NOTED



1 PROPOSED 2ND FLOOR PLAN
Scale: 1/4" = 1'-0"



2 PROPOSED ROOF PLAN
Scale: 1/4" = 1'-0"



KEY	
	(E) WALL
	(N) WALL



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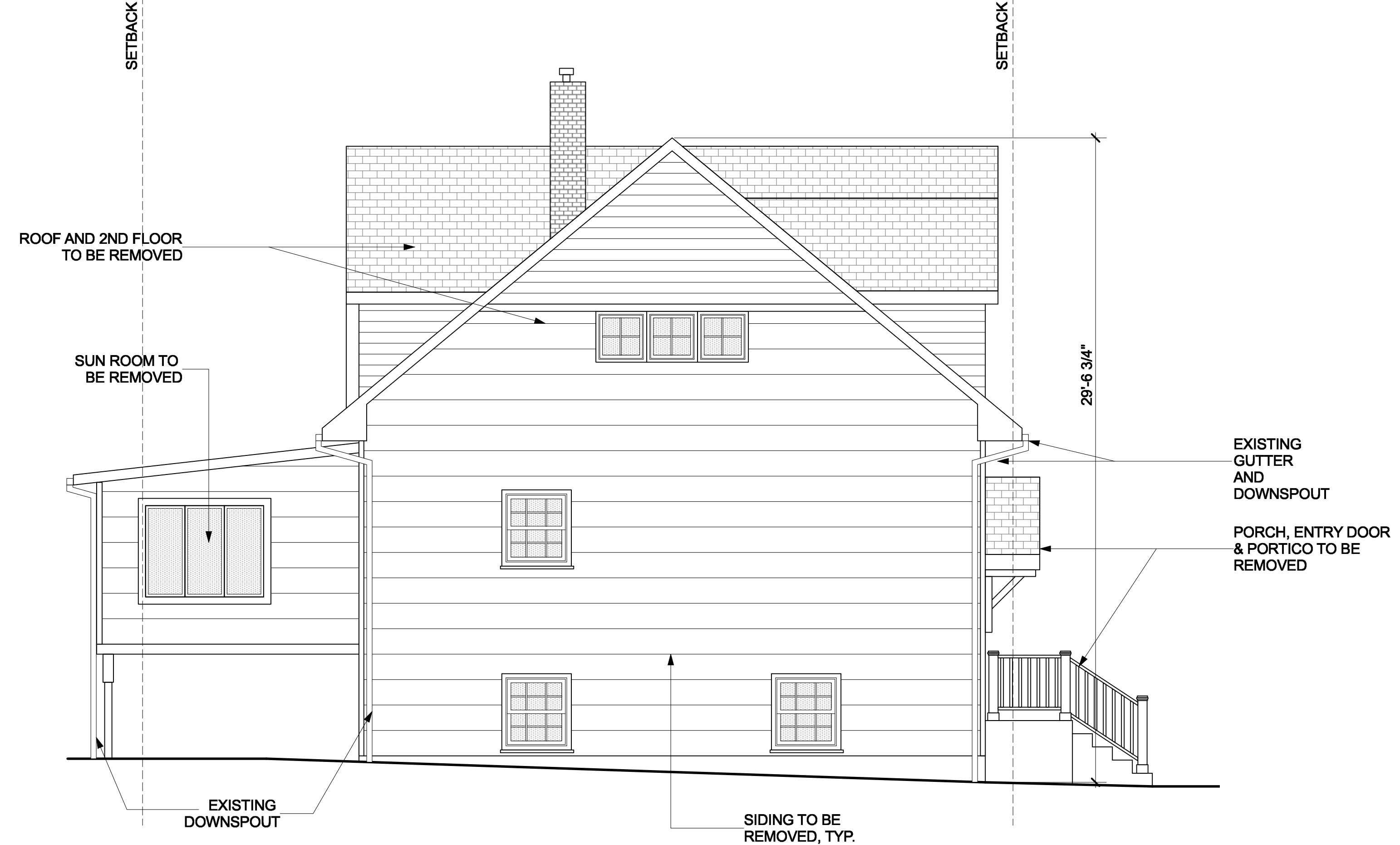
#	date	issue
	09.30.21	ARB SUBMISSION
1	11.01.21	ARB REV1

Proposed 2nd Floor
& Roof Plans

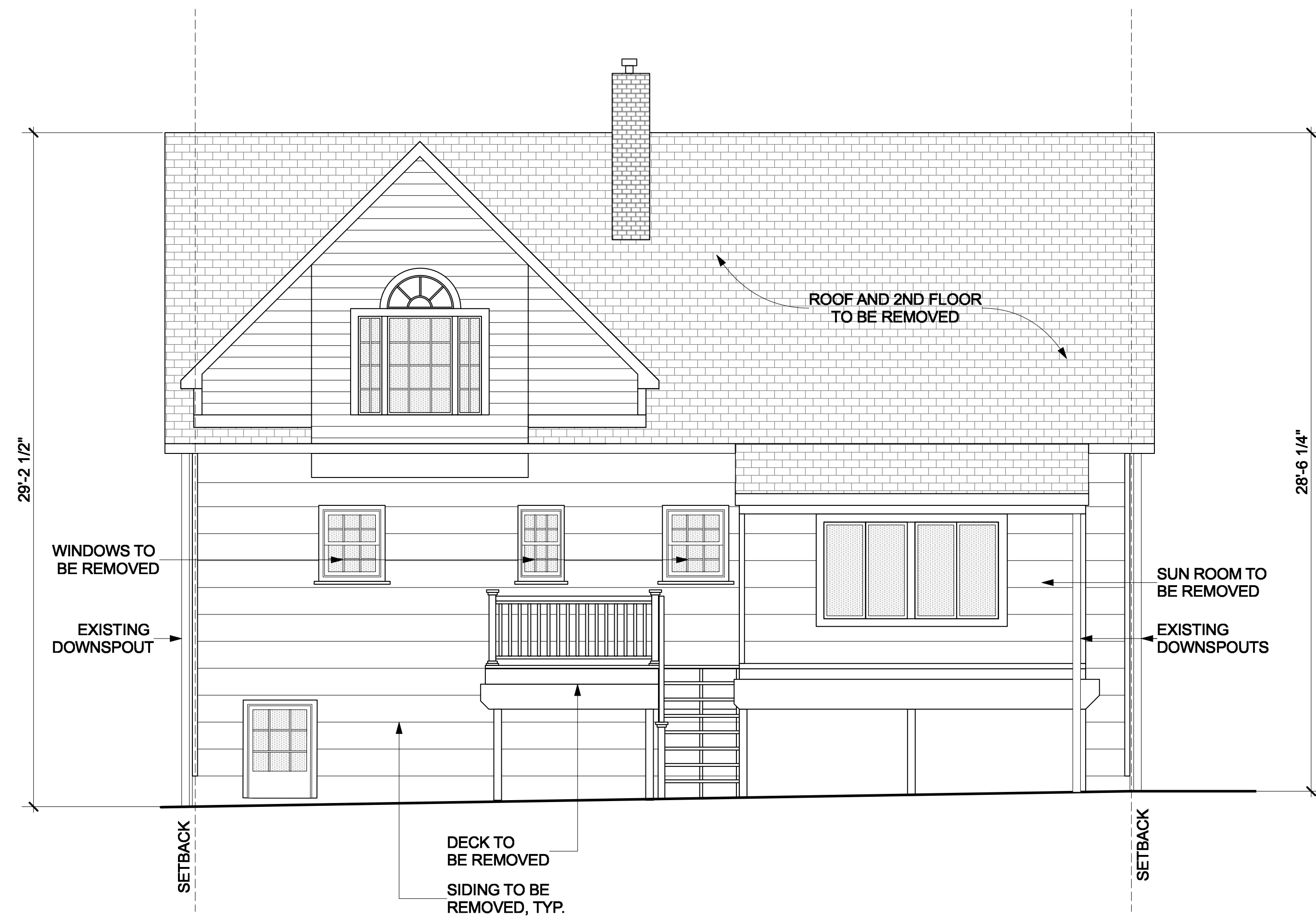
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drawn by:	KJC
checked by:	
date:	03/02/21
scale:	AS NOTED



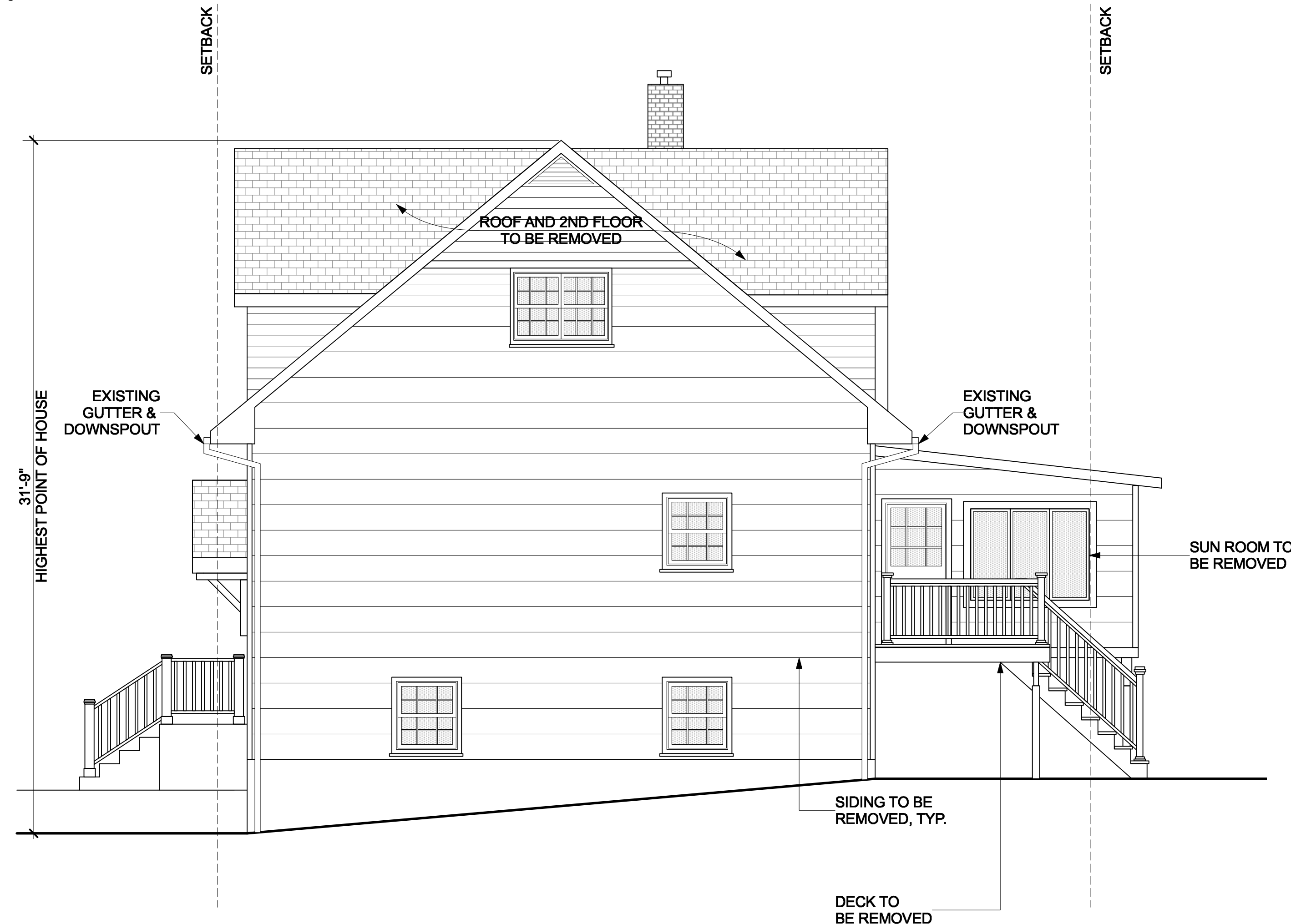
1 EXISTING WEST ELEVATION
Scale: 1/4" = 1'-0"



2 EXISTING NORTH ELEVATION
Scale: 1/4" = 1'-0"



3 EXISTING EAST ELEVATION
Scale: 1/4" = 1'-0"



4 EXISTING SOUTH ELEVATION
Scale: 1/4" = 1'-0"



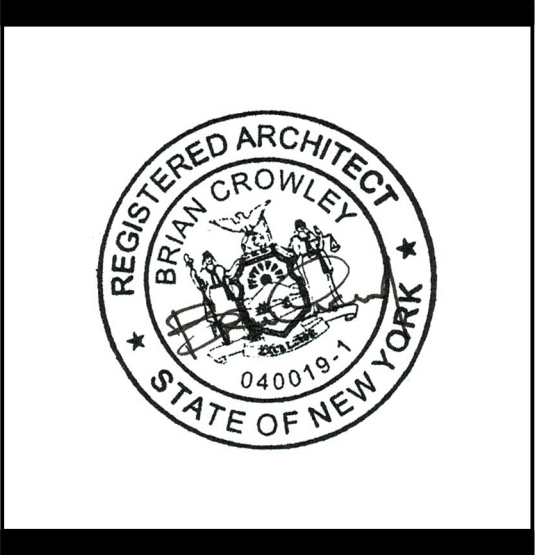
REMODEL & ADDITION
POOR RESIDENCE
25 South Cottenet Street
Irvington, NY 10533

#	date	issue
	09.30.21	ARB SUBMISSION
1	11.01.21	ARB REV1

Existing Elevations

project:	21.05
drawn by:	KJC
checked by:	
date:	03/02/21
scale:	AS NOTED

A-3.1



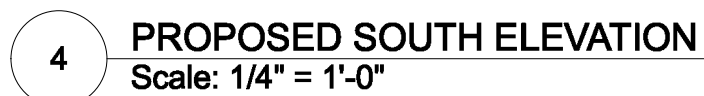
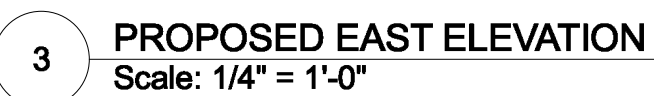
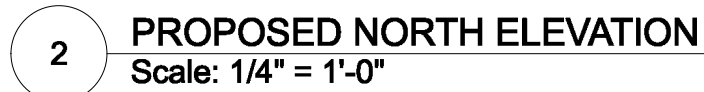
Irvington, NY 10533

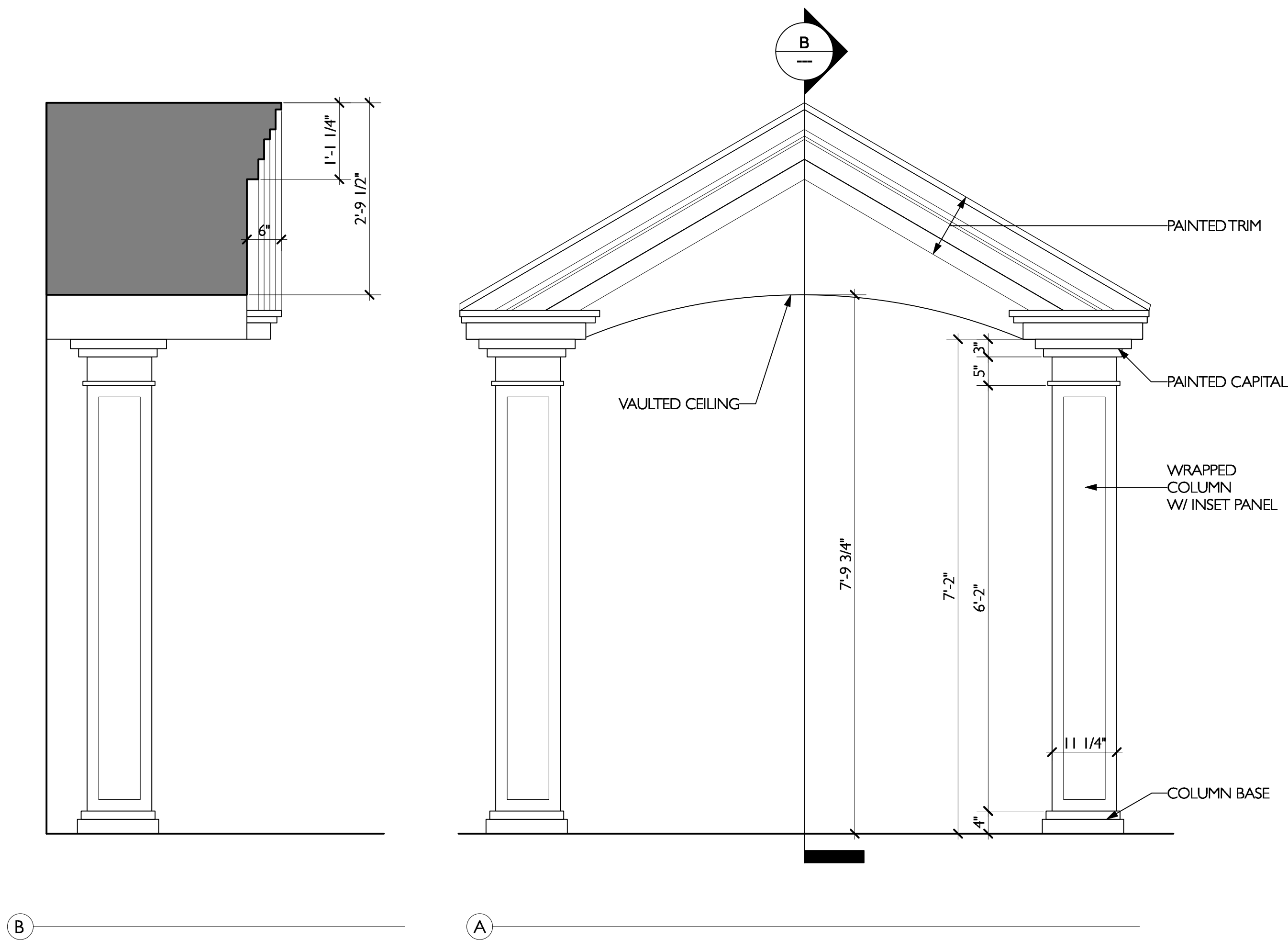
#	date	issue
	09.30.21	ARB SUBMISSION
1	11.01.21	ARB REV1
Proposed Elevations		
project:		21.05
drawn by:		KJC
checked by:		
date:		03/02/21
scale:		AS NOTED

A-3.2

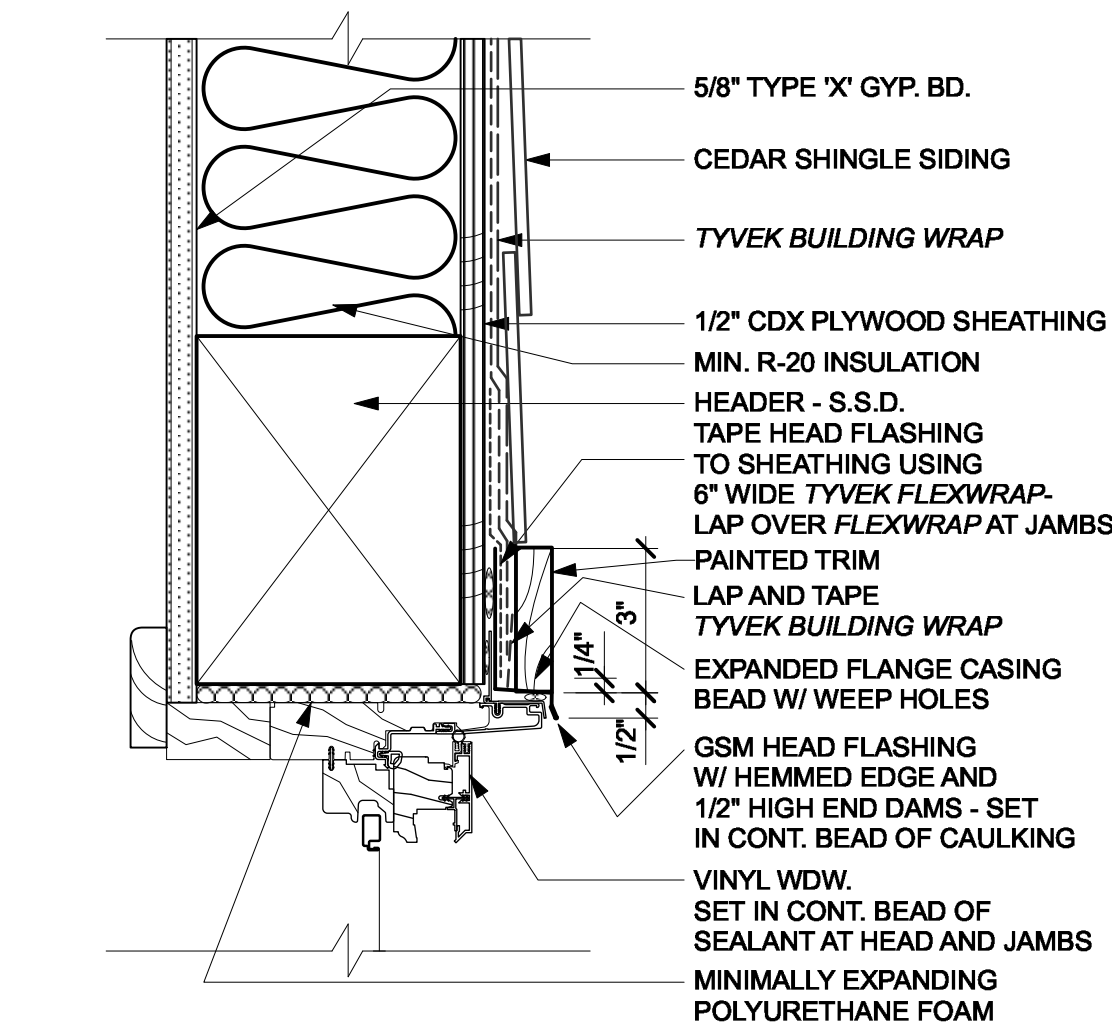


1 PROPOSED WEST ELEVATION
Scale: 1/4" = 1'-0"

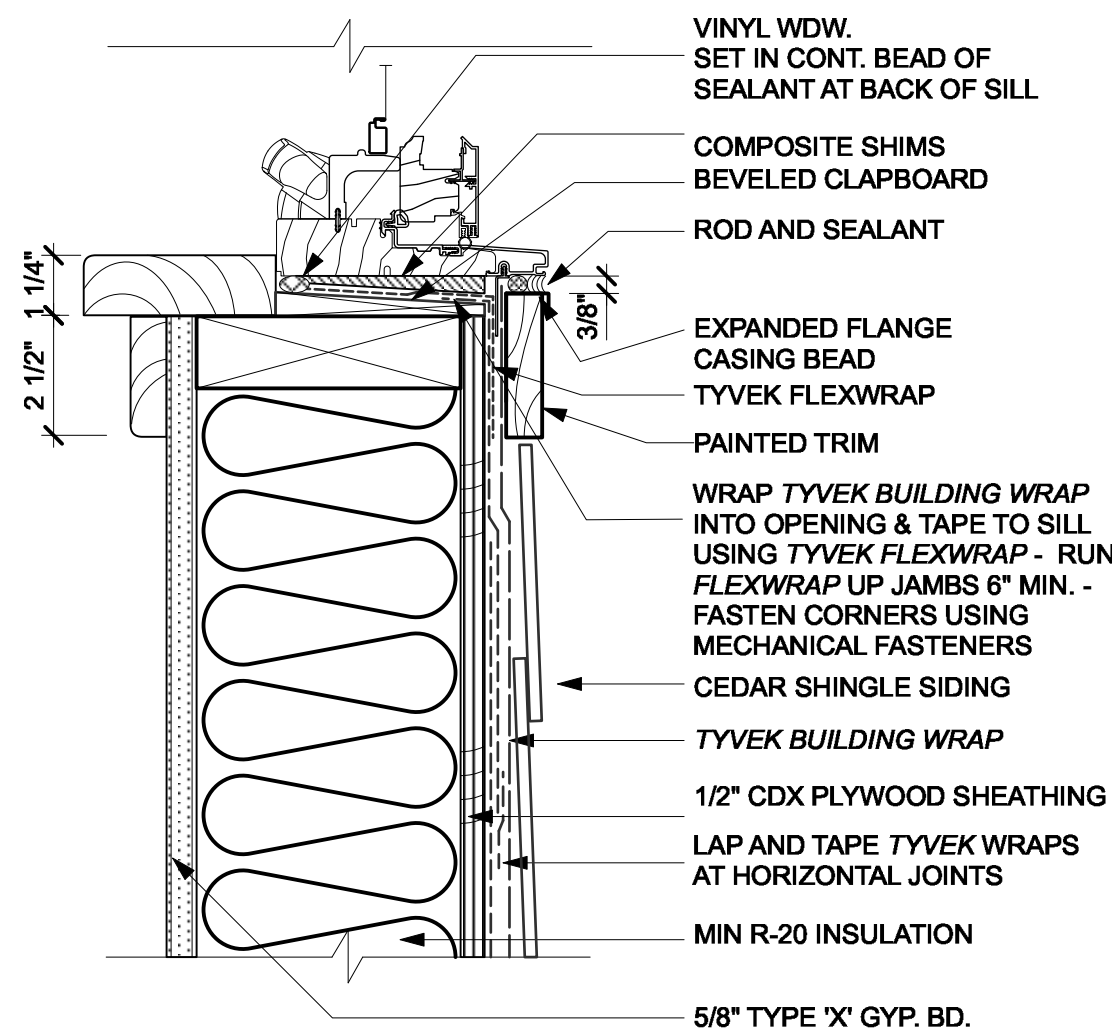




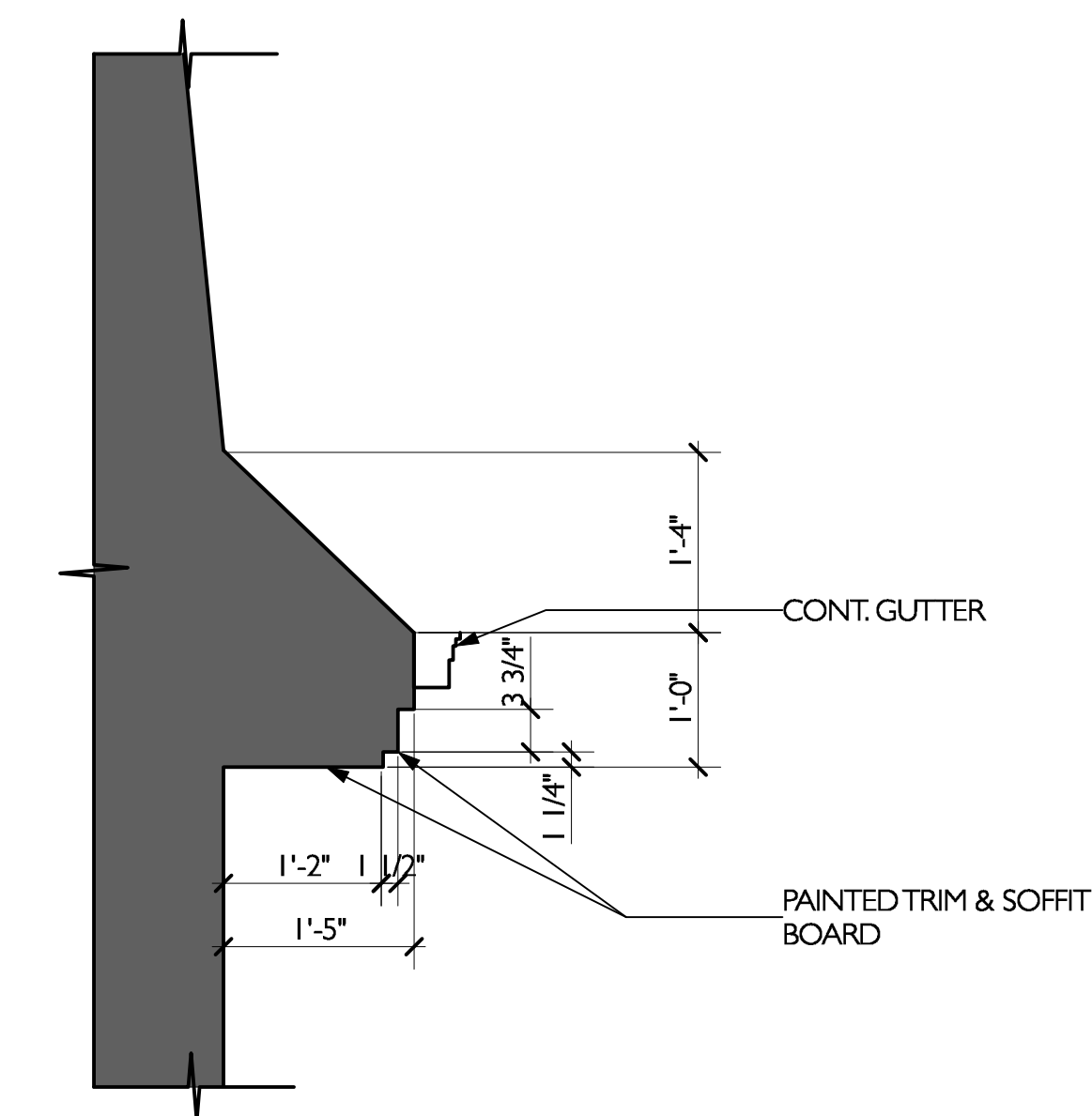
4 PORTICO DETAIL
Scale: 3/4" = 1'-0"



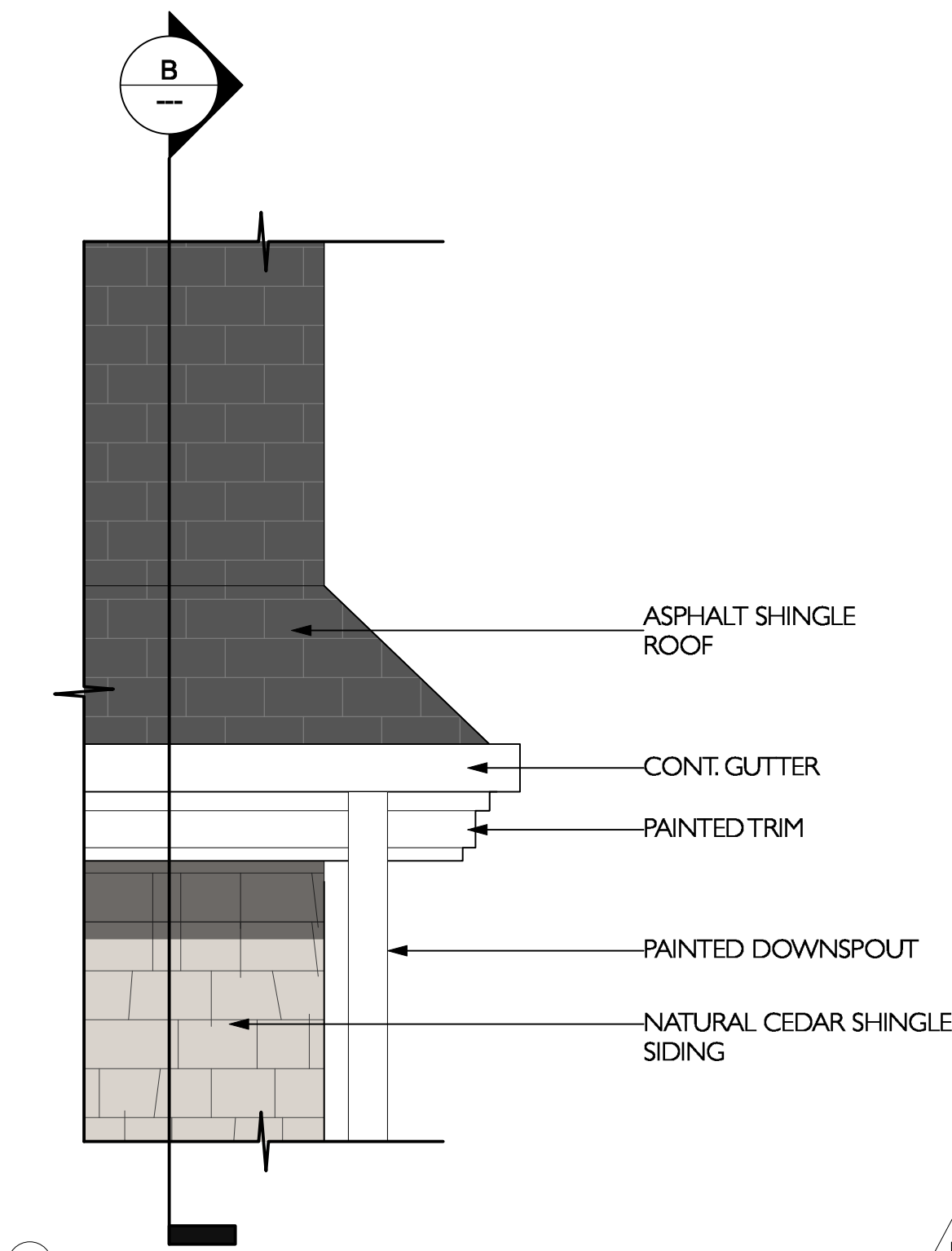
1 WINDOW HEAD
Scale: 3" = 1'-0"



2 WINDOW SILL
Scale: 3" = 1'-0"



3 AWNING AND TRIM SECTION
Scale: 3/4" = 1'-0"



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#	date	issue
	09.30.21	ARB SUBMISSION
1	11.01.21	ARB REV1
Details		
project:	21.05	
drawn by:	KJC	
checked by:		
date:	03/02/21	
scale:	AS NOTED	