

APPLICATION FOR BUILDING PERMIT

The Village of Irvington | 85 Main St | Irvington NY 10533

Application Number:	216	Date:	02/20/2021
Job Location:	8 S BUCKHOUT ST	Parcel ID:	2.80-29-6
Property Owner:	FREEDMAN SUSAN	Property Class:	TWO FAMILY RES
Occupancy:	One/ Two Family	Zoning:	
Common Name:	1		

Applicant	Contractor
Jairo Vela	Hector Guamanatio
Thevelas llc	Hector's Home Improvement
3 N. Cottenet street 1st fl.Irvington NY 10533	944 Orchard Street Peekskill NY 10533
91438390563	9145646354

Description of Work

Type of Work:	Interior Renovation/ Repair	Applicant is:	Agent
Work Requested by:	The Owner	In association with:	
Cost of Work (Est.):	13000.00	Property Class:	TWO FAMILY RES

Description of Work

Interior renovation of existing 1st floor Bathroom, No change in bathroom layout, existing plumbing fixtures to be replaced at existing location, existing bathtub to be removed, New shower and Existing window to be relocated, no change in use or egress.

Please Note: Completing the application does not constitute a permit to commence construction. To obtain your permit follow the instructions on the instruction page provided on page 3.

INSTRUCTIONS

REQUIREMENTS FOR OBTAINING A PERMIT:

The following items must be submitted in order to obtain a Building Permit:

1. One (1) Building Permit application signed by the owner or a notarized Agent Letter.
2. One (1) property survey (signed and sealed), reflecting existing conditions.
3. Two (2) sets of construction drawings and specifications, including existing and proposed conditions, state design criteria, structural and architectural details, plans, and cross sections, mechanical, electrical, and plumbing drawings (signed and sealed by a likened professional).
4. One USB with all plans (with Licensed Professionals certification/stamp) and specifications in PDF (file size must be less than 25MB).
5. Copy of approved site plan from the Irvington Planning Board when applicable (required on all increases of FAR, footprint, coverage, driveways and increases of cubic content under a roof).
6. Approval by the Architectural Review Board (ARB) when applicable. An additional five (5) sets of construction drawings and specifications (please see ARB requirements (available on the village web site www.irvingtonny.gov) prior to submission).
7. Visit the Village of Irvington website www.irvingtonny.gov for additional check list for solar panels, generators, underground propane tanks, signs and awnings(found in forms and documents in the Building & Planning General Information folder).
8. Village Zoning Code is available on the Village website: www.irvingtonny.gov.
9. Provide evidence that the application meets the NYS Energy code as described by www.dos.state.ny.us/code/energycode/overview.htm

Contractor Requirements in order to obtain a Building Permit:

10. Contractor's Certificate of Liability listing the Village of Irvington as the Certificate Holder with no disclaimer in the description other than certificate holder is named additional insured (any additional comments will not be accepted).
11. Contractor's Workers Compensation C-105 form (or equivalent) listing the Village of Irvington as Certificate Holder.
12. Copy of Contractor's Westchester County Home Improvement License.
13. All information above uploaded into permit application with the contractor's contact information, including mailing address, phone number, and email address.
14. Contractor's signature on Affidavit of Contractor (required prior to issuance of the permit).

Please Note:

-State Law requires that the contractor submits a copy of Workman's Compensation as required by the New York State Disability Insurance naming the Department of Buildings, Village of Irvington as certificate holder and showing coverage for general contracting and the locations covered by such insurance. If structure is to be demolished a copy of Liability Insurance must also be submitted.

- Please be advised under State and Municipal Laws, the Workman's Compensation and Disability benefits insurance must be submitted on separate state approved forms. The "Acord Form" is no longer acceptable as proof of Workman's Compensation coverage. Further information or questions may be answered by calling the NYS Bureau of Compliance at (518) 486-6307 or by visiting their website or by contacting your insurance provider.

FEES ASSOCIATED WITH BUILDING PERMIT APPLICATION(All fees must be paid at time of application):

Fee schedule

Building Permit (Non-Refundable)

* Application fee \$85

* Permit fee \$17 per thousand dollars (\$1000) of estimated cost of construction, or fraction thereof

• Inspection Fees (as applicable)

• Insulation: \$50

• Solid Fuel: \$50

• Foundation and footing drain: \$50

✕ Energy Code Compliance: \$50

• Sediment and erosion control: \$50

• Footing: \$50

• Preparation for concrete slabs and walls: \$50

• Footing: \$50

• Preparation for concrete slabs and walls: \$50

• Framing: \$50

• Building systems, including underground and rough-in: \$50

• Fire resistant construction and penetrations: \$50

• Final Inspection for C.O.: \$50

• State and local laws (per re-inspection): \$50

Total Inspections

* Certificate of Occupancy Fees: One dollar (\$1.00) per thousand dollars of estimated cost. Minimum Fee \$25.00

* Permit Revisions or Amendment: \$50.00 (plus \$17 per thousand (\$1000), of the estimated cost of construction and any additional inspections fees).

* Re-inspection fee for work not ready at time of inspection or not in compliance: \$50

* Applications for Undocumented Work/ Legalizing: Applications to legalize work done prior to applying for and receiving a building permit shall pay double all applicable fees and inspections, including the cost of construction based on the cost of all proposed work being legalized at the time of application. Minimum fee \$500.00.

(To be collected at time of submission of application) Total

85
221

100⁰

25

\$431⁰⁰

(Note: pursuant to 224-54A all permits are valid for one (1) year from date on permit
Any permit that expires will be subject to additional fees.)

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- | | |
|--|--|
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VILLAGE OF IRVINGTON
BUILDING DEPARTMENT
85 MAIN STREET
IRVINGTON, NEW YORK 10533
TEL: (914) 591-8335 • FAX: (914) 591-5870
WWW.IRVINGTONNY.GOV



Proxy Statement

Susan Freedman is the owner of the property
located at 8 South Backhous St and has authorized
Jairo Vela to make the attached building permit
application for bathroom renovation @ 8 S. Backhous

Signature of Owner

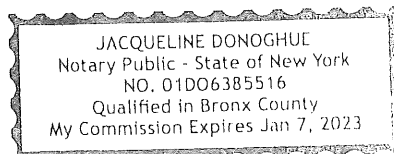
NOTARY:

Sworn to before me

this 22nd day of FEB, 2021

Notary Public:

Jacqueline Donoghue



All New York Title Agency, Inc.

Title Number: **ANY2021-5349**

Page 1

Schedule A

Title Number: **ANY2021-5349**

Effective Date: **1/18/2021**

ALTA Loan Policy 2006 (with N.Y. Endorsement Modifications) **\$420,000.00**

Proposed Insured: **HomeBridge Financial Services, Inc. DBA Real Estate Mortgage Network**

The estate or interest in the land described or referred to in this Certificate and covered herein is:
Fee Simple

Title to said estate or interest in said land at the effective date hereof is vested in:

SUSAN FREEDMAN

Source of Title: Deed from **STEPHEN R. PARELES** and **SUSAN FREEDMAN** dated January 31, 2021 recorded February 8, 2021 in Control Number 610153274.

Title previously acquired by Deed from **DOROTHY A. KOLODZINSKI** and **ANTHONY KOLODZINSKI** dated January 22, 1979, recorded January 24, 1979 in Liber 7533 page 711.

Recertified Date: ____/____/____

Title Recertified In:

The land referred to in this Certificate is described as follows:

SCHEDULE "A" DESCRIPTION TO FOLLOW

Premises: **8 South Buckhout Street, Irvington, NY 10533**
County: **Westchester**
Town: **Greenburgh**
Village: **Irvington**
Tax ID: **Section 2.80 Block 29 Lot 6**

Rel. W. H.

"B" STREET

Surveyed as in possession

January 3, 1979

THE MUNSON COMPANY Frank T. Robinson

Land Surveyors
189 Main Street
White Plains, N.Y.

Guaranteed to the Title Guarantee Co and the Greenburgh Savings Bank
in accordance with the minimum standards for Title Surveys of the New York
State Land Title Association.

L-7201 P 325

Freedman

J-10237
Fol-54



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/22/2021

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 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 The Villa Agency LTD C/O Northeast Agencies, INC 2229 Crompond Rd Cortlandt Manor NY 10567	CONTACT NAME: Livia Villa PHONE (A/C, No, Ext): (914)762-1000 FAX (A/C, No): E-MAIL ADDRESS: liviavilla1@allstate.com INSURER(S) AFFORDING COVERAGE INSURER A: UTICA FIRST INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 15326
INSURED HECTOR'S HOME IMPROVEMENT LLC 944 ORCHARD ST PEEKSKILL NY 10566		

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		ART213581701	10/21/2020	10/21/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
<input type="checkbox"/>	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/>	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

CERTIFICATE HOLDER**CANCELLATION**

VILLAGE OF IRVINGTON 85 MAIN ST IRVINGTON, NY 10533	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 <i>Livia Villa</i>
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**Workers'
Compensation
Board**

Certificate of Attestation of Exemption
from New York State Workers' Compensation and/or
Disability and Paid Family Leave Benefits Insurance Coverage

*****This form cannot be used to waive the workers' compensation rights or obligations of any party.*****

The applicant may use this Certificate of Attestation of Exemption **ONLY** to show a government entity that New York State specific workers' compensation and/or disability and paid family leave benefits insurance is not required. The applicant may **NOT** use this form to show another business or that business's insurance carrier that such insurance is not required.

Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

**In the Application of
(Legal Entity Name and Address):**

Hector's Home Improvement LLC
944 Orchard St
Peekskill, NY 10566-2728
PHONE: 914-564-6354 FEIN: XXXXX3997

**Business Applying For:
Building Permit**

From: VILLAGE OF IRVINGTON

The location of where work will be performed is
8 S BUCKHOUT ST, IRVINGTON, NY 10533.

Estimated dates necessary to complete work associated with the building permit are from **February 22, 2021 to March 12, 2021.**

The estimated dollar amount of project is **\$10,001 - \$25,000**

Workers' Compensation Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:

The business is a LLC, LLP, PLLP or a RLLP; OR is a partnership under the laws of New York State and is not a corporation. Other than the partners or members, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

Partners / Members: Hector R Guamantario

Disability and Paid Family Leave Benefits Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY AND PAID FAMILY LEAVE BENEFITS INSURANCE COVERAGE** for the following reason:

The business **MUST** be either: 1) owned by one individual; OR 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; OR 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation each individual must be an officer and own at least one share of stock); OR 4) is a business with no NYS location. In addition, the business does not require disability and paid family leave benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability and Paid Family Leave Benefits Law.)

I, Hector R. Guamantario, am the Member with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability and paid family leave benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability and paid family leave benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

**SIGN
HERE**

Signature:

Date:

Exemption Certificate Number

2021-008876

Received

February 22, 2021

NYS Workers' Compensation Board

8 S. BUCKHOUTH STREET 1ST FLOOR
SECTION: 2.80 BLOCK: 29 LOT: 6
ZONE: B

EXHAUST FAN

EXISTING PARTITION TO REMAIN

REMOVE OR REPLACE

FLOOR PLAN GENERAL NOTES:

1. ALL DEMOLITION IS TO BE DONE UNDER THE SUPERVISION OF THE GENERAL CONTRACTOR.

2. G.C. RESPONSIBLE FOR ALL DEMOLITION, WALL PENETRATIONS AND ASSOCIATED WORK NECESSARY FOR THE INSTALLATION/RELOCATION OF ELECTRIC AND PLUMBING WORK, IF NECESSARY.

3.

4. FIELD VERIFY EXISTING CONDITIONS PRIOR TO RENOVATION.

5. ALL PIPING TO BE REPLACED BACK TO THE RISER WITH NEW PIPING WHERE PLUMBING FIXTURES ARE RELOCATED OR REMOVED.

6. ALL PLUMBING MODIFICATIONS OR REPAIRS TO BE PERFORMED BY A LICENSED PLUMBER. ALL FIXTURES MUST FUNCTION PROPERLY GIVEN WATER PRESSURE AND VOLUME AVAILABLE WITHIN THE HOUSE.

7. G.C. TO POST ALL REQUIRED PERMITS.

8. ALL WORK TO BE IN COMPLIANCE WITH ALL APPLICABLE CODES, RULES & REGULATIONS.

9. EXISTING PLUMBING, HEATING, ELECTRICAL AND GAS RISERS CANNOT BE DISTURBED, MODIFIED OR ALTERED. G.C. TO VERIFY EXISTING CONDITIONS AND LOCATION OF RISERS ON SITE.

10. ALL CONTRACTORS SHALL BE RESPONSIBLE FOR ADEQUATELY BRACING AND PROTECTING EXISTING CONSTRUCTION AGAINST DAMAGE, BREAKAGE, COLLAPSE, DISTORTIONS AND OFF ALIGNMENT ACCORDING TO APPLICABLE CODES, STANDARDS GOOD PRACTICE.

11. FILL ALL HOLES AND VOIDS IN FLOORS, WALLS & CEILINGS WHICH RESULT FROM DEMOLITION AND CONSTRUCTION. PATCHED AREAS SHALL MATCH ADJACENT MATERIALS, FINISHES, LEVELS AND INSULATION

WINDOW SCHEDULE						
#	SIZE R.O.	TYPE	LOCATION	NOTES	U FACTOR	SHGC
A	2'-0" x 1'-6"	AWNING	EXISTING BATHROOM	DOUBLE GLAZED	0.35	0.40

- WINDOW TO MEET MINIMUM REQUIREMENTS OF THE NYS ENERGY CONSERVATION CODE.
- ALL WINDOWS BY "ANDERSEN" UNLESS OTHERWISE NOTED.
- ALL WINDOWS TO BE EQUIPPED WITH WINDOW SCREENS.
- COLOR AS PER OWNERS SELECTION.

EXISTING WINDOW TO BE REMOVED AND RELOCATED. PATCH WALL, MATCH EXTERIOR FINISH AND MAINTAIN EXISTING INSULATION.

EXISTING TUB TO BE REMOVED.

ALL EXISTING W.C. & VANITY TO BE REPLACED AT EXISTING LOCATION.

NO CHANGE IN BATHROOM LAYOUT.

ALL SHUT-OFF VALVES TO BE REPLACED AT EXISTING LOCATIONS.

EXISTING EXHAUST FAN TO REMAIN AT EXISTING LOCATION.

EXISTING BATHROOM FLOOR/WALLS TILES TO BE REMOVED AND REPLACED.

EXISTING EXH. FAN TO REMAIN.

EXISTING RADIATOR TO REMAIN NO CHANGE.

CHANGE SWING OF THE EXISTING DOOR, NO LOCATION CHANGE.

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

NEW 2'-0" x 1'-6" AWNING VINYL WINDOW.

NEW SHOWER 3'w x 5'l.

NEW LINEAR DRAIN.

NEW THERMOSTATIC VALVE AND SHOWER HEAD AS PER OWNER SPECIFICATIONS.

NEW LOW IRON 1/2" THICK TEMPERED SAFETY GLASS ENCLOSURE.

NEW FIXTURES AT EXISTING LOCATION.

NEW RADIATOR ENCLOSURE.

NEW RECESSED MEDICINE CABINET AS PER OWNER SPECIFICATIONS.

EXISTING DOOR.

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

RUN LATICRETE BELOW SADDLE LAPPING UP BETWEEN SADDLE AND DRY AREA.

STONE TILE FLOOR.

WET 1/4" SLOPE.

DRY.

SADDLE.

SUB-FLOOR.

3 SADDLE DETAIL
Scale: 1/2" = 1'-0"

TEMPERED SAFETY GLASS ENCLOSURE 1/2" THICK.

CAULK.

CHANNEL EXTRUSION MECHANICALLY FASTENED LEAD PAN.

MUD SET LEVELING TO BE INSTALLED PRIOR TO WATERPROOFING.

1/2" CONCRETE BOARD.

CERAMIC TILE.

WALL.

LEAD PAN.

LATICRETE 9235 WATERPROOF MEMBRANE FULL HEIGHT OF SHOWER AND DOWN INTO DRAIN CLAMP. INSTALL AS PER MANUF. INSTRUCTIONS.

STONE TILE FLOOR PITCH 1/4" PER FOOT TO DRAIN.

LINEAR DRAIN.

MUD-SET PROVIDE ALKALINITY PROTECTION BET. LEAD PAN.

1-1/2" SLOPE.

SCREEN AND GRAVEL TO PITCH FLOOR TO DRAIN.

MASONRY BLOCKING AS REQ'D.

LATICRETE 3701 MORTAR AD MIX MIXED WITH LATICRETE 226 THICK BED MIX BASE.

4 SHOWER SECTION DETAIL
Scale: NTS

EXISTING WINDOW.

5 EXISTING EXTERIOR ELEVATION
Scale: NTS

NEW WINDOW.

6 PROPOSED EXTERIOR ELEVATION
Scale: NTS

ARCHITECT, P.C.

OSCAR M FUERTES, R.A.
40 SEMON RD HUNTINGTON NY 11743
TEL 646-244-1032
arquiln2004@gmail.com

REVISIONS	DATE	BY

DRAWING TITLE:
EXISTING AND PROPOSED
1ST FLOOR BATHROOM
PLANS, NOTES & DETAILS

PROJECT:
Bathroom Renovation

PROJECT ADDRESS:
8 S. Buckhouth
Street, 1st Floor
IRVINGTON, NEW YORK 10533

SEAL & SIGNATURE

DATE: 02-23-21

PROJECT NO.:

DRAWING BY: JV

CHECKED BY: OF

DWG. No.: A-001.00

CADD FILE NO.:

1 OF 1