

APPLICATION FOR BUILDING PERMIT

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

Application Number:	445	Date:	04/27/2021
Job Location:	2 CLIFTON PL	Parcel ID:	2.160-70-3
Property Owner:	DOLAN, MARTIN W. & DOLAN,	Property Class:	1 FAMILY RES
Occupancy:	RESIDENTIAL GROUP R	Zoning:	1F-40
Common Name:			

Applicant	Contractor
Peter F. Gaito	Barry Moonan
Peter F. Gaito Architects	Icon Builders Inc
102 Waller AvenueWhite Plains NY 10605	119 Pondfield Road, #218 Bronxville NY 10708
19172096323	9147740124

Description of Work

Type of Work:	Fence	Applicant is:	Architect
Work Requested by:	The Owner	In association with:	
Cost of Work (Est.):	47500.00	Property Class:	1 FAMILY RES

Description of Work

Perimeter Fences and Gate

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.

Job Location: 2 CLIFTON PL

Parcel Id: 2.160-70-3

AFFIDAVIT OF APPLICANT

I **Peter F. Gaito** being duly sworn, depose and says: That ~~s/he~~ he does business as: **Peter F. Gaito Architects** with offices at: **102 Waller Avenue White Plains NY 10605** and that ~~s/he~~ he is:

- ☒ The owner of the property described herein.
- ☐ The _____ of the New York Corporation _____ with offices at: _____ duly authorized by resolution of the Board of Directors, and that said corporation is duly authorized by the owner to make this application.
- ☐ A general partner of _____ with offices _____ and that said Partnership is duly authorized by the Owner to make this application.
- ☐ The Lessee of the premises, duly authorized by the owner to make this application.
- ☒ The Architect or Engineer duly authorized by the owner to make this application.
- ☐ The contractor authorized by the owner to make this application.

That the information contained in this application and on the accompanying drawings is true to the best of his knowledge and belief. The undersigned hereby agrees to comply with all the requirements of the New York State Uniform Fire Prevention and Building Code, the Village of Irvington Building Code, Zoning Ordinance and all other laws pertaining to same, in the construction applied for, whether or not shown on plans or specify in this application.

Sworn to before me this 30th day of April of 2021

Elizabeth Coles

Notary Public / Commission of Deeds

ELIZABETH COLES
NOTARY PUBLIC- STATE OF NEW YORK
NO. 01CO4854363
QUALIFIED IN WESTCHESTER COUNTY
MY COMMISSION EXPIRES MARCH 10, 2022

Peter F. Gaito

Applicant's Signature

OWNER'S AUTHORIZATION

I **DOLAN, MARTIN W. & DOLAN, MEREDITH DURDEN** as the owner of the subject premises and have authorized the contractor named above to perform the work under the subject application.

Owner phone number (917) 400-7240 Owner email address martinwdolan@yahoo.com

- ☒ Martin Dolan I hereby acknowledge that it is my responsibility as the **property owner** to ensure that if the permit (if issued) receives a Final Certificate of Approval from the Building Department and further that if a Final Certificate of Approval is not obtained upon completion of the construction, a property violation may be placed on the property for which this permit is being requested.

Sworn to before me this 20th day of April of 2021

John L. Attanasio

Notary Public / Commission of Deeds

Martin W Dolan

Applicant's Signature

JOHN L. ATTANASIO
Notary Public, State of New York
No. 01AT4675522
Qualified in Suffolk County
Commission Expires July 2, 2023

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

85

• Inspection Fees (as applicable)

- | | |
|--|--|
| • Insulation: \$50 | • Footing: \$50 |
| • Solid Fuel: \$50 | • Preparation for concrete slabs and walls: \$50 |
| • Foundation and footing drain: \$50 | • Framing: \$50 |
| • Energy Code Compliance: \$50 | • Building systems, including underground and rough-in: \$50 |
| • Sediment and erosion control: \$50 | • Fire resistant construction and penetrations: \$50 |
| • Footing: \$50 | • Final Inspection for C.O.: \$50 |
| • Preparation for concrete slabs and walls: \$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** _____

(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.)



**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): Icon Builders Inc 56 Sagamore rd Suite 1B Bronxville, NY 10708 PHONE: 914-774-0124 FEIN: XXXXX8580	Business Applying For: Building Permit From: Town of Irvington Building Dept The location of where work will be performed is 2 Clifden pl, Irvington, NY 10533. Estimated dates necessary to complete work associated with the building permit are from May 5, 2021 to December 12, 2021. The estimated dollar amount of project is \$0 - \$10,000
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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 applicant is acting as a general contractor with no employees, day laborers, leased employees, borrowed employees, part-time employees, unpaid volunteers and only has independent contractors that meet the standards of the New York Construction Industry Fair Play Act (Section 861 of the New York State Labor Law).

Disability and Paid Family Leave Benefits Exemption Statement:

The applicant is NOT applying for a disability and paid family leave benefits exemption and will show a separate certificate of NYS statutory disability and paid family leave benefits insurance coverage.

I, Barry J. Moonan, am the President 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 2021-022957		Received April 16, 2021 NYS Workers' Compensation Board

INVOICE

ALLWOOD STILLWELL STAIRS & RAILINGS

Date

George Latimer
Westchester County Executive

Westchester
gov.com

James Mainano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

ICON BUILDERS INC.
119 PONDFIELD ROAD - #218
BRONXVILLE, NY-10708

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-25429-H12



Date of Expiration

10/02/2022

PAID
Adm. NY
Permit # 1132



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) ICON BUILDERS, INC. 56 SAGMORE ROAD SUITE# APT 1B BRONXVILLE, NY 10708 <small>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</small>	1b. Business Telephone Number of Insured 9147740124 1c. Federal Employer Identification Number of Insured or Social Security Number 80-0848580
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Village of Irvington 85 Main Street 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" L75377-000 3c. Policy effective period 8/1/2013 to 4/15/2022

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 4/16/2021 By 
(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.



ICONBUI-01

GCOHAN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/15/2021

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 Cohan Associates, Inc. 27 Cleveland Street Valhalla, NY 10595	CONTACT NAME: Gerry Cohan	
	PHONE (A/C, No, Ext): (914) 422-0500	FAX (A/C, No): (914) 220-1440
	E-MAIL ADDRESS: CohanAssociates@Optonline.net	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
INSURED Icon Builders, Inc. 56 Sagmore Rd, Apt 1B Bronxville, NY 10708	INSURER A : MET P & C	
	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 INSD	SUBR 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		BP016815P2019	10/20/2020	10/20/2021	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
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below						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)
Additional Insured: Village of Irvington

CERTIFICATE HOLDER

CANCELLATION

Village of Irvington 85 Main Street 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 



VIEW 2



VIEW 3



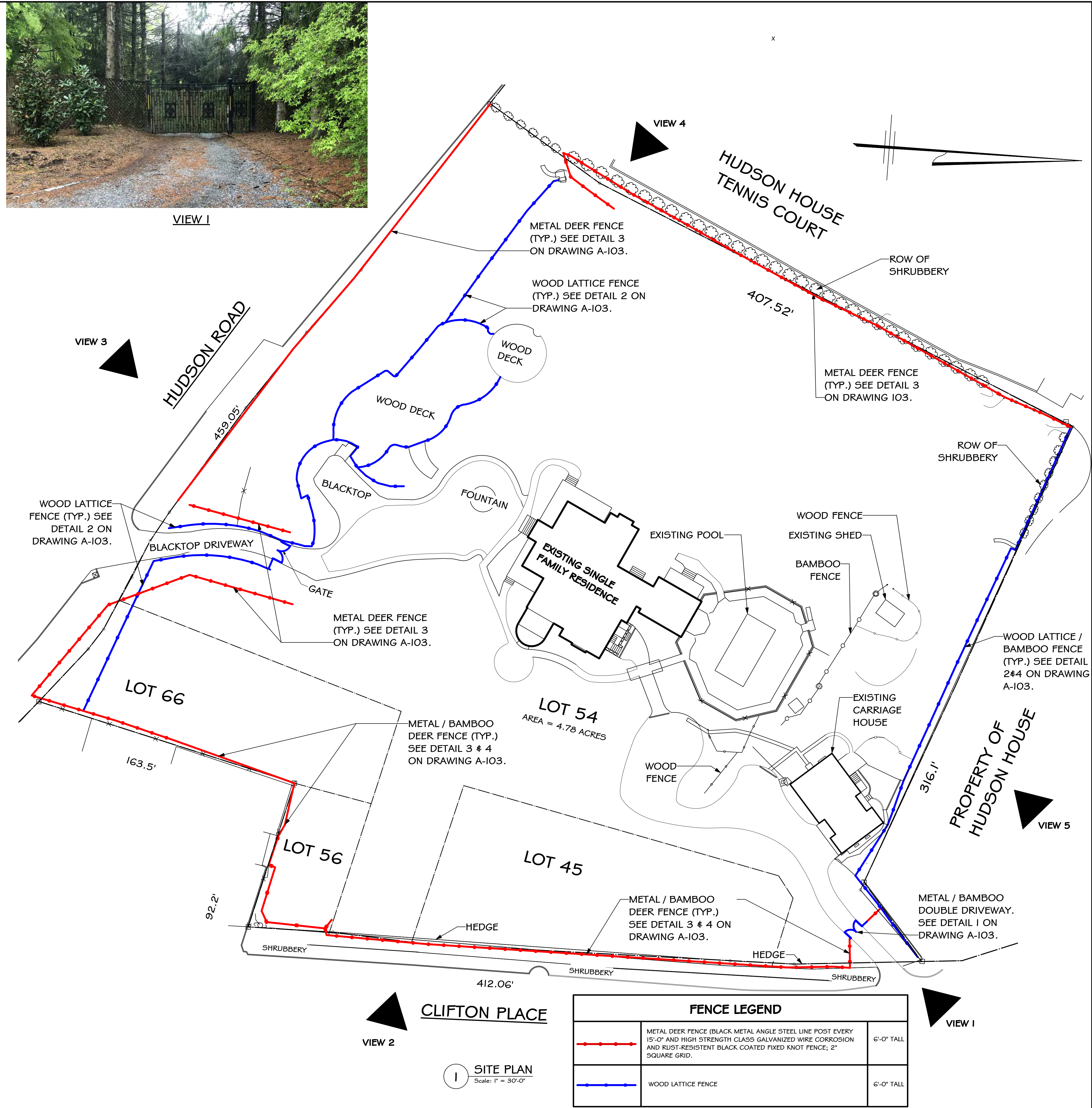
VIEW 4



VIEW 5



VIEW 1



PETER F. GAITO & ASSOCIATES
ARCHITECTS | ENGINEERS | PLANNERS

333 Westchester Avenue
South Building, Suite 303
White Plains, N.Y. 10604
P: 914-682-3381
www.pfga.net

PIE
GIA

THE DRAWINGS AND SPECIFICATIONS INCLUDING THE IDEAS, DESIGNS AND ARRANGEMENTS REPRESENTED HEREIN, ARE THE PROPERTY OF PETER F. GAITO & ASSOCIATES. NO PART CAN BE COPIED, DISCLOSED TO OTHERS OR USED IN CONJUNCTION WITH ANY OTHER PROJECT OTHER THAN THE SPECIFICS OF THIS PROJECT WITHOUT THE EXPRESSED WRITTEN CONSENT OF PETER F. GAITO & ASSOCIATES. IT IS A VIOLATION OF THE LAW FOR ANY PERSON, UNLESS DIRECTED BY THE ARCHITECT, TO ALTER AN ITEM IN ANY WAY.

No.	Date	Revisions / Submissions
1	4-29-21	ARB REVIEW

GENERAL NOTE

EACH CONTRACTOR IS RESPONSIBLE FOR ALL COORDINATION WITH OTHER TRADES AND THE GENERAL CONTRACTOR, FOR ALL WORK, HE IS TO EXAMINE ALL DRAWINGS AND SPECIFICATIONS OF ALL OTHER TRADES PRIOR TO INSTALLATION OF HIS WORK. IF ANY OF HIS WORK IS CALLED FOR ON ANY OTHER DRAWINGS AND SPECIFICATIONS, IT IS THEIR RESPONSIBILITY TO PROVIDE THAT WORK WHETHER CALLED FOR ON HIS DRAWINGS OR NOT. A FULL SET OF DRAWINGS AND SPECIFICATIONS ARE ON FILE AT THE ARCHITECT'S OFFICE, FOR THEIR REVIEW.

Project Title
**SINGLE FAMILY RESIDENCE
FENCES & GATE**

2 CLIFTON PLACE
IRVINGTON, NY 10533

Sheet Title
SITE PLAN AND PHOTOS

Date	Sign and Seal
04/21/21	

Project ID
2101

Drawn By
PFG

Checked By
PFG

Scale
AS NOTED

Sheet No.
A-101

2 of 3

© COPYRIGHT 2021 Peter F. Gaito and Associates
CAD File Name: 2101 CD v020 ARB.vsw
B-Scan Label



NOTES:

1. THIN BAMBOO FENCE IS ATTACHED TO BOTH THE WOOD FENCE TYPE AND DEER FENCE TYPE AT CERTAIN LOCATIONS. REFER TO SITE PLAN DRAWING A-101 FOR LOCATIONS.
2. ATTACHED PRESSURE TREATED WOOD BAMBOO FENCES WITH 2"x4" X L TO METAL BY METAL BOLTS OR TO WOOD BY FINISHED NAILS OR SCREWS.



PETER F. GAITO & ASSOCIATES
ARCHITECTS | ENGINEERS | PLANNERS

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Project Title

**SINGLE FAMILY RESIDENCE
FENCES & GATE**

2 CLIFTON PLACE
IRVINGTON, NY 10533

Sheet Title

FENCES & GATE ELEVATIONS DETAILS AND PHOTOS

Date
04/21/21

Project ID
2101

Drawn By
PFG

Checked By
PFG

Scale
AS NOTED

Sheet No.

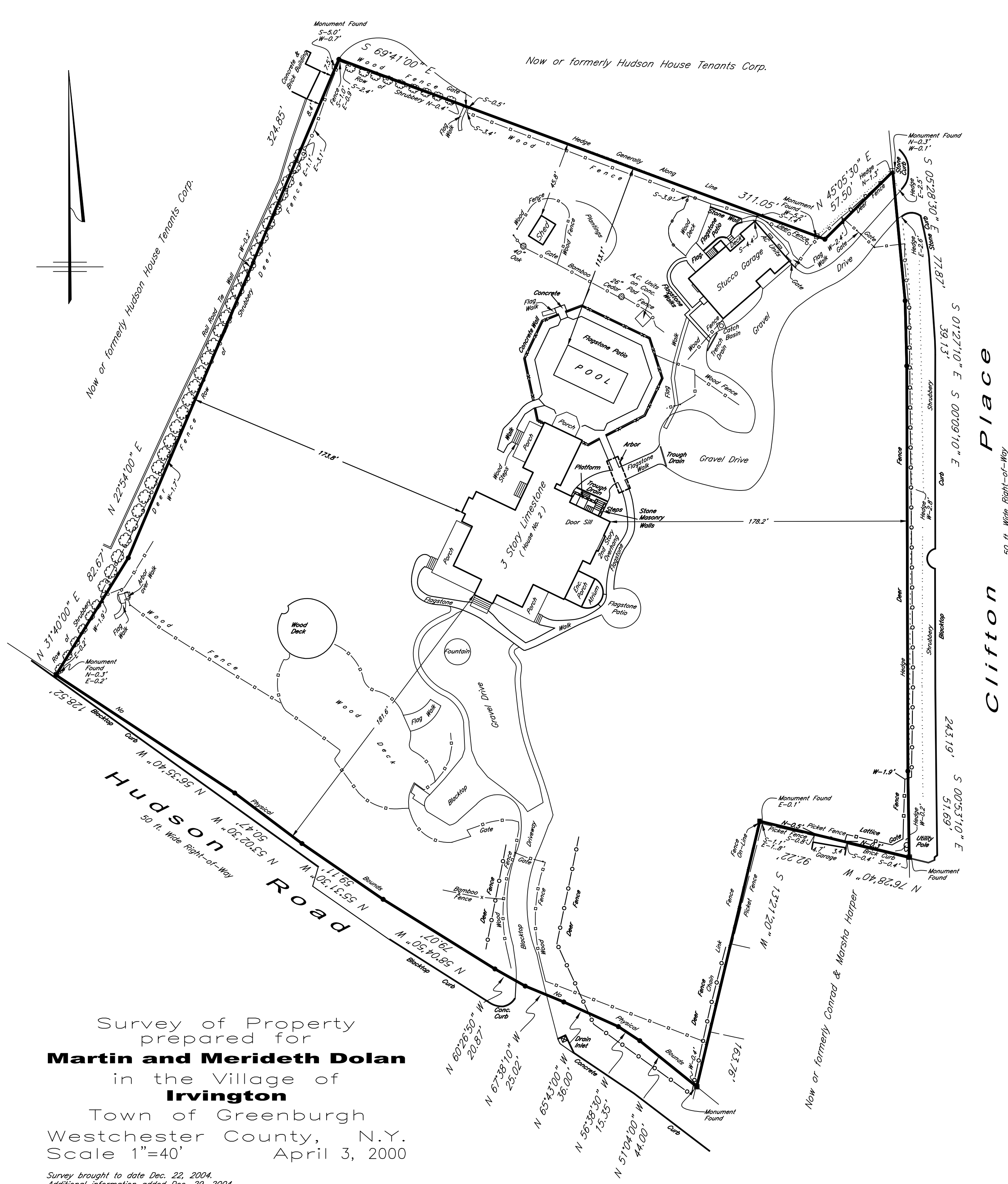
A-102

3 of 3

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CAD File Name: 2101 CD v2020 ARB.vwx

3-Scan Lab



Survey of Property
prepared for
Martin and Merideth Dolan
in the Village of
Irvington
Town of Greenburgh
Westchester County, N.Y.
Scale 1"=40' April 3, 2000

Survey brought to date Dec. 22, 2004.
Additional information added Dec. 29, 2004.
Revised Jan. 8, 2005 and Feb. 23, 2005. Survey brought to date Nov. 17, 2010
Survey brought to date March 23, 2021.
The premises being Lots 45, 54, 56 and 66 as shown on Sheet 9 of Section 4 of the
Official Tax Assessment Maps of the Village of Irvington.

Lot Area: 198,762 sq. ft. or 4.5639 acres
Subsurface structures and their encroachments, if any exist, are not shown hereon.
"Unauthorized alterations or additions to a survey map is a violation of section 7209,
sub-division 2, of the New York State Education Law.
"Only copies of the original survey marked with the land surveyor's inked or embossed
seal shall be considered a true and valid copy.
"Certifications indicated hereon signify that this survey was prepared in accordance with the
existing code of practice for Land Surveys adopted by the New York State Association of
Professional Land Surveyors. Said certifications shall run to the person for whom the survey
is prepared only, and on his behalf to the Title Company, governmental agency and lending
institution listed hereon, and to the assignees of the lending institution. CERTIFICATIONS
ARE NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS.
Copyright (c) 2000-2021 Ward Carpenter Engineers, Inc. All Rights Reserved.

William H. Free
Ward Carpenter Engineers, Inc.
76 Momaroneck Avenue
White Plains, N.Y. 10601



ABBREVIATIONS

A/C	AIR CONDITIONER	ID	INSIDE DIAMETER
ACI	AMERICAN CONCRETE INSTITUTE	IM	INCAND
ACT	ACOUSTICAL TILE	INCL	INCLUDE(D), (ING)
ADD	ADDENDUM	INFO	INFORMATION
ADDL	ADDITIONAL	INSUL	INSULATE(D), (ING), (TION)
ADJ	ADJACENT or ADJUSTABLE	INV	INVERT
ADMIN	ADMINISTRATION	INV EL	INVERT ELEVATION
AFF	ABOVE FINISHED FLOOR	JB	JUNCTION BOX
ALUM or AL	ALUMINUM	JC	JANITOR'S CLOSET
APPROX	APPROXIMATE	JST	JOIST
ASTM	AMERICAN SOCIETY FOR TESTING MATERIALS	JT	JOINT
BD	BOARD	LAM	LAMINATE
BULK	BLOCK	LAV	LAVATORY
BLKG	BLOCKING	LCC	LEAD COATED COPPER
BM	BEAM	LP	LOW POINT
B.O. or BO	BOTTOM OF	MAS	MASONRY
BP	BASE PLATE	MAX	MAXIMUM
CB	CABINET	MECH	MISCELLANEOUS CHANNEL
C.I.	CATCH BASIN	MC	MECHANIC(AL)
C.J.	CONTROL JOINT	MFGR	MANUFACTURE(R)
CL	CENTER LINE	MIN	MINIMUM
CLG	CILING	MISC	MISCELLANEOUS
CLR	CLEAR(ANCE)	MO	MASONRY OPENING
CMU	CONCRETE MASONRY UNIT	MR	MACHINE ROOM
CO	CLEAN OUT	MTD	MOUNTED
COL	COLUMN	MTG	MEETING
CONC	CONCRETE	MTL	METAL
CONF	CONFERENCE	NFPA	NATIONAL FIRE PROTECTION ASSOCIATION
CONT	CONTINUOUS or CONTINUE	NIC	NOT IN CONTRACT
CT	CENTRIC or TILE	NOM	NOMINAL
CTR	CENTER	NTS	NOT TO SCALE
DEPT	DEPARTMENT	OC	ON CENTER
DF	DRINKING FOUNTAIN	OD	OUTSIDE DIAMETER
DI	DRAINAGE INLET	OH	OVERHEAD
DIA	DIAMETER	OPP	OPPOSITE
DIAG	DIAGONAL	PD	POLICE DEPARTMENT
DIFF	DIFFUSER	PL	PLATE
DIM	DIMENSION	PNL	PANEL
DISP	DISPENSER	PNT/PT'D	PAINTED)
DN	DOWN	PSF	POUNDS PER SQUARE FOOT
DTL	DETAIL	PSI	POUNDS PER SQUARE INCH
DWG	DRAWING	PVC	POLYVINYL CHLORIDE or COATING
EA	EACH	QT	QUARRY TILE
E.J.	EXPANSION JOINT	QUANT/QT	QUANTITY
EL	ELEVATION	R	RADIUS or RISER
ELEC	ELECTRICAL or ELECTRIC	RA	RETURN AIR
ELEV	ELEVATOR	RAD	RADIUS or RADIATOR
EMER	EMERGENCY	REINF	REINFORCEMENT
EP	ELECTRIC PANEL	REQD	REQUIRED
EPDM	ETHYLENE PROPYLENE DIENE MONOMER	RCP	REFLECTED CEILING PLAN
EQ	EQUAL	RM	ROOM
EQUIP	EQUIPMENT	RO	ROUGH OPENING
ETC	ETCETERA	SAN	SANITARY
EX or EXIST	EXISTING	SD	STORM DRAIN
EXH	EXHAUST	SECT	SECTION
FA	FIRE ALARM	SF	SQUARE FOOT
FAA	FIRE ALARM ANNUNCIATOR	SIM	SIMILAR
F.A.I.	FRESH AIR INTAKE	SPEC	SPECIFICATION
FCU	FAN COIL UNIT	SST/ST. STL	STAINLESS STEEL
FD	FLOOR DRAIN	STLSTOR	STEEL STORAGE
FDR	FIRE DAMPER	STL	STEEL
FDN	FOUNDATION	STRUCT	STRUCTURAL
FE	FIRE EXTINGUISHER	SW	SWITCH
FEC	FIRE EXTINGUISHER CABINET	T	TREAD
FF	FINISH FLOOR	THK	THICK
FIN	FINISH	T.O. or T/O	TOP OF
FLR	FLOOR	TOS	TOP OF STEEL OR SLAB
FLUOR	FLUORESCENT	TOF	TOP OF FOOTING
FT	FIRE PROOF	TYP	TYPICAL
FTG	FOOTING	VB	VINYL BASE
GA	GAUGE	VCT	VINYL COMPOSITION TILE
GALV	GALVANIZED	VIF	VERIFY IN FIELD
GC	GENERAL CONTRACTOR	WC	WATER CLOSET
GL	GLASS or GLAZING	WD	WOOD
GWB	GYPSPUM WALL BOARD	WH	WATER HEATER
GYP	GYPSPUM	WO	WINDOW OPENING
HB	HOSE BIB	WP	WATER PROOF
HC	HANDICAPPED	WPF	WATER PER FLUSH
HDWR	HARDWARE	WWF	WELDED WIRE MESH
HM	HOLLOW METAL		
HP	HIGH POINT		
HVAC	HEATING VENTILATING AIR CONDITIONING		

SYMBOLS LEGEND

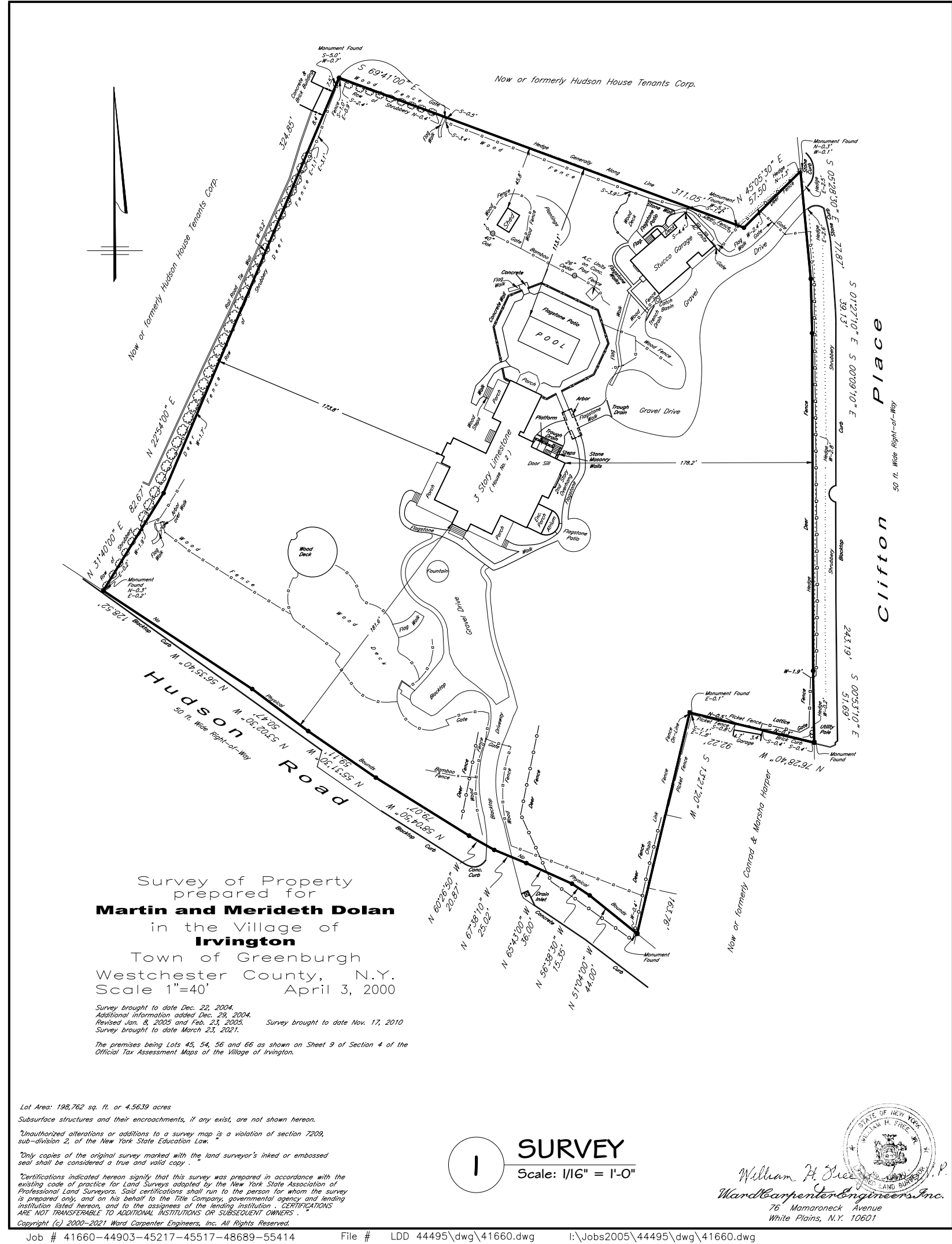
-----	EXISTING PARTITION / WALL CONSTRUCTION TO BE REMOVED	Name ← ROOM NAME
=====	EXISTING PARTITION / WALL CONSTRUCTION TO REMAIN	[013] ← ROOM NUMBER
=====	NEW DRYWALL PARTITION, REFER TO PLAN FOR TYPE (small scale)	0.00 S.F. ← ROOM AREA IN SQ. FT.
=====	NEW FURRED DRYWALL PARTITION, REFER TO PLAN FOR TYPE	(D-100) DOOR NUMBER
=====	NEW CONCRETE WALL	(W-100) WINDOW NUMBER
=====	PATCH AND REPAIR EXISTING CONSTRUCTION TO RECEIVE NEW WORK	ELEVATION MARK
=====	GLASS	1 ← SECTION DESIGNATION
=====	FINISH WOOD	A100 ← DRAWING NUMBER
=====	BLOCKING or ROUGH WOOD	1 ← ELEVATION
=====	PLYWOOD (small scale)	A100 ← DRAWING NUMBER
=====	BATT INSULATION	1 ← DETAIL DESIGNATION
=====	RIGID INSULATION	A100 ← DRAWING NUMBER
=====		HC ACCESSIBLE
=====		REVISION CLOUD
=====		REVISION DESIGNATION
=====		ELEVATION NUMBER
=====		INTERIOR ELEVATION DESIGNATION

SINGLE FAMILY RESIDENCE FENCES & GATE

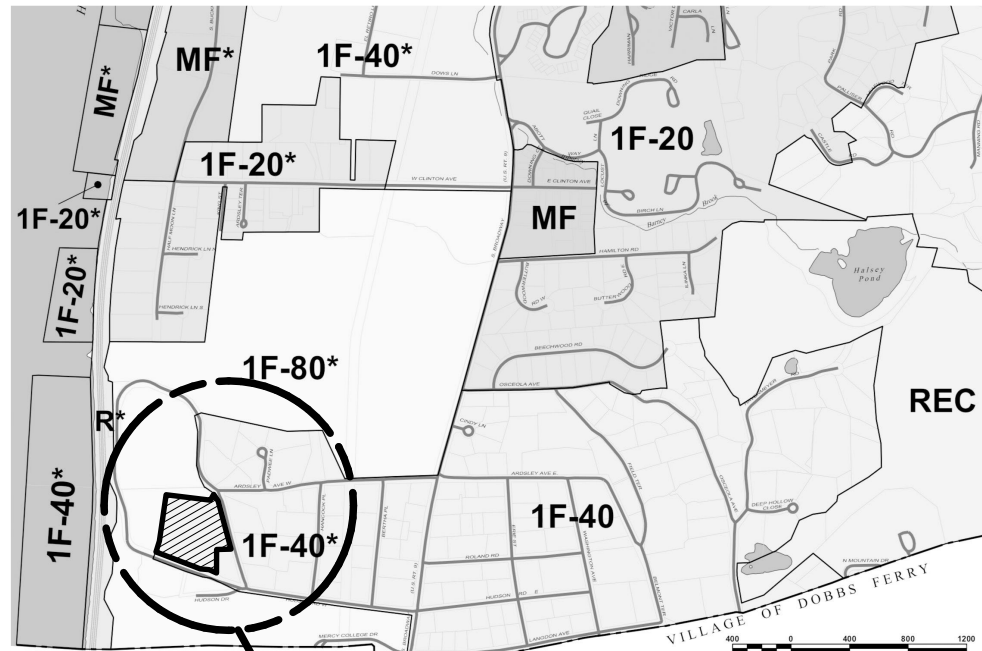
2 CLIFTON PLACE
IRVINGTON, NEW YORK 10533

GENERAL NOTES

- ALL WORK DESCRIBED BY THESE DOCUMENTS SHALL BE PERFORMED IN FULL ACCORDANCE WITH ALL APPLICABLE CODES.
- DRAWINGS OF EXISTING FACILITIES ARE, IN GENERAL, DIAGRAMMATIC. EXACT LOCATIONS SHALL BE DETERMINED BY THE CONTRACTOR FROM FIELD MEASUREMENTS TAKEN BY CONTRACTOR'S PERSONNEL. ACTUAL ARRANGEMENT OF THE WORK SHALL FOLLOW LOCATIONS SHOWN ON THE DRAWINGS WITHIN THE CONSTRAINTS OF EXISTING EQUIPMENT AND CONSTRUCTION. DIMENSIONS SHALL GOVERN THESE DRAWINGS AND THEY ARE NOT TO BE SCALED.
- CONTRACTOR WILL BE RESPONSIBLE FOR ALL DAMAGE TO EXISTING PROPERTY AS A RESULT OF HIS WORK. HIS WORKMEN AND SUBCONTRACTORS. CONTRACTOR SHALL PROVIDE ADEQUATE PROTECTION FOR THEIR WORK AND BE RESPONSIBLE FOR SAME. THE CONTRACTOR SHALL RESTORE TO ORIGINAL CONDITION ANY EXISTING ELEMENT DAMAGED AS A RESULT OF HIS WORK.
- CONTRACTOR IS RESPONSIBLE FOR DIMENSIONS TO BE CONFIRMED AND CORRELATED AT THE JOB SITE AND FOR INFORMATION THAT PERTAINS TO THE FABRICATION PROCESSES, OR TO TECHNIQUES FOR CONSTRUCTION AND COORDINATION OF THE WORK OF ALL TRADES.
- THE ARCHITECT SHALL BE THE SOLE JUDGE AS TO THE ADEQUACY OF ANY WORK PERFORMED. HE SHALL HAVE THE RIGHT TO ORDER THE REMOVAL OF DEFECTIVE WORK AND MATERIAL AND ITS REPLACEMENT WITHOUT ANY ADDITIONAL COST TO THE OWNER. CONTRACTOR SHALL MAKE ALL NECESSARY MINOR FIELD ADJUSTMENTS AS DICTATED BY JOB CONDITIONS AND/OR ARCHITECT, AT NO ADDITIONAL EXPENSE TO THE OWNER.
- ALL MATERIALS, FINISHES, MANUFACTURED ITEMS, AND EQUIPMENT SHALL BE INSTALLED IN FULL ACCORDANCE WITH THE SUPPLIER'S OR MANUFACTURER'S WRITTEN RECOMMENDATIONS OR THESE DOCUMENTS, WHICHEVER IS MORE STRINGENT.
- ANY ITEM SHOWN ON ONE SHEET SHALL BE AS IF CALLED FOR BY ALL SHEETS. FINAL COORDINATION IS THE RESPONSIBILITY OF THE CONTRACTOR. CONTRACTOR SHALL NOT SCALE DRAWINGS AND SHALL USE FIGURED DIMENSIONS ONLY.
- CONTRACTOR SHALL SUBMIT SAMPLES OF ALL MATERIALS FOR APPROVAL.
- CONTRACTOR SHALL GUARANTEE IN WRITING TO THE OWNER AT CONCLUSION OF JOB, ALL MATERIAL AND WORKMANSHIP FOR ONE YEAR AFTER COMPLETION.
- FENCES AND GATES TO BE IN CONFORMANCE WITH ALL APPLICABLE CODES AND REGULATORS



BUILDING INFORMATION	
PROPERTY ADDRESS: 2 CLIFTON PLACE, IRVINGTON, NEW YORK 10533	
ZONING DISTRICT: IF - 40	
LOT: 45,54,56 & 66	BLOCK: 22 SECTION: 41 - SHEET 9
VILLAGE OF IRVINGTON, TOWN OF GREENBURGH, N.Y.	
LOT AREA: 4.78 ACRES	
EXISTING USE: SINGLE FAMILY RESIDENCE	
EXISTING OCCUPANCY: RESIDENTIAL GROUP R	
EXISTING CONSTRUCTION TYPE: III-A	
SCOPE OF WORK	
1. LEGALIZING EXISTING UNDOCUMENTED FENCES & GATES	
2. NO CHANGE IN USE, OCCUPANCY, CONSTRUCTION TYPE AND EGRESS	
3. NO CHANGE OR INCREASE IN FLOOR AREA	
4. NO CHANGE IN YARD REQUIREMENTS	
APPLICABLE CODES	
2020 RCNYS (RESIDENTIAL CODE OF NEW YORK STATE)	
2020 EXISTING BUILDING CODE OF NEW YORK STATE	



DRAWING LIST		
1	T-100	TITLE SHEET
2	A-101	SITE PLAN AND PHOTOS
3	A-102	FENCES & GATE ELEVATIONS, DETAILS AND PHOTOS

PETER F. GAITO & ASSOCIATES ARCHITECTS | ENGINEERS | PLANNERS

333 Westchester Avenue
South Building, Suite 303
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No.	Date	Revisions / Submissions
I	4-29-21	ARB REVIEW

GENERAL NOTE

EACH CONTRACTOR IS RESPONSIBLE FOR ALL COORDINATION WITH OTHER TRADES AND THE GENERAL CONTRACTOR, FOR ALL WORK. HE IS TO EXAMINE ALL DRAWINGS AND SPECIFICATIONS OF ALL OTHER TRADES PRIOR TO INSTALLATION OF HIS WORK. IF ANY OF HIS WORK IS CALLED FOR ON ANY OTHER DRAWINGS AND SPECIFICATIONS, IT IS THEIR RESPONSIBILITY TO PROVIDE THAT WORK WHETHER CALLED FOR ON HIS DRAWINGS OR NOT. A FULL SET OF DRAWINGS AND SPECIFICATIONS ARE ON FILE AT THE ARCHITECT'S OFFICE, FOR THEIR REVIEW.

Project Title	
SINGLE FAMILY RESIDENCE FENCES & GATE	
2 CLIFTON PLACE IRVINGTON, NY 10533	
Sheet Title	
TITLE SHEET	
Date	04/21/21
Project ID	2101
Drawn By	PFG
Checked By	PFG
Scale	AS NOTED
Sheet No.	
T-100	
1 of 3	

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