

APPLICATION FOR BUILDING PERMIT

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

Application Number:	1161	Date:	12/03/2021
Job Location:	2 ARDSLEY AVE	Parcel ID:	2.170-78-9
Property Owner:	Beata Kekhman & Igor Grinberg	Property Class:	1 FAMILY RES
Occupancy:	One/ Two Family	Zoning:	
Common Name:			

Applicant	Contractor
John Malone	Brian Lomba
Ferguson Malone Architecture	Westchester Pavers LLC
One Bridge Street Suite 29 Irvington NY 10533	10 Saint Charles Street, Suite 8B Thornwood New York 10594
9145643166	914-494-1396

Description of Work

Type of Work:	Swimming pool	Applicant is:	Architect
Work Requested by:	The Owner	In association with:	
Cost of Work (Est.):	60000.00	Property Class:	1 FAMILY RES

Description of Work

Proposed swimming pool and associated hardscape and landscape.

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 ARDSLEY AVE

Parcel Id: 2.170-78-9

AFFIDAVIT OF APPLICANT

I **John Malone** being duly sworn, depose and says: That s/he does business as: **Ferguson Malone Architecture** with offices at: **One Bridge Street Suite 29 Irvington NY 10533** and that s/he is:

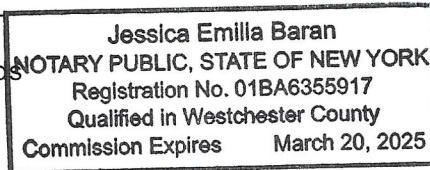
- ☐ The owner of the property described herein.
- ☐ The _____ of the New York Corporation _____ with offices at: _____ duly authorized by resolution of the Board of Directors, and that said corporation is duly authorized by the owner to make this application.
- ☐ A general partner of _____ with offices _____ 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 of 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 6th day of December of 2021

[Signature]

Notary Public / Commission of Deeds



[Signature]
Applicant's Signature

OWNER'S AUTHORIZATION

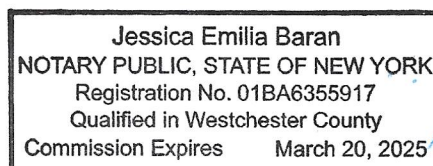
I **Beata Kekhman & Igor Grinberg** as the owner of the subject premises and have authorized the contractor named above to perform the work under the subject application.

Owner phone number 718 578 8017 Owner email address BKEKHMAN11@gmail.com

- ☐ Beata Kekhman 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 6th day of December of 2021

[Signature]
Notary Public / Commission of Deeds



[Signature]
Applicant's Signature

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
1,020

• 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 250

* 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).

60

* 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 1,415

(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.)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/01/2021

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 Quinton Insurance 2700 Elmwood Ave Rochester NY 14618	CONTACT NAME: Sheri Perez PHONE (A/C, No, Ext): (800) 454-1970 FAX (A/C, No): (585) 388-9531 E-MAIL ADDRESS: service@quintoninsurance.com																					
INSURED WESTCHESTER PAVERS LLC 10 SAINT CHARLES ST THORNWOOD NY 10594-1054	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>ERIE INSURANCE CO</td><td>26263</td></tr><tr><td>INSURER B:</td><td>FLAGSHIP CITY INSURANCE COMPANY</td><td>35585</td></tr><tr><td>INSURER C:</td><td>SHELTER POINT</td><td>81434</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	ERIE INSURANCE CO	26263	INSURER B:	FLAGSHIP CITY INSURANCE COMPANY	35585	INSURER C:	SHELTER POINT	81434	INSURER D:			INSURER E:			INSURER F:		
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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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		Q47-6850090	11/18/2021	11/18/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			Q11-6840009	11/18/2021	11/18/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			Q35-6870035	11/18/2021	11/18/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	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 <input type="checkbox"/>	N / A	Q95-6800248	11/18/2021	11/18/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Group Short Term Disability			D544716	11/18/2021	11/17/2022	Statutory Limits

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

Ferguson Malone Architecture, One Bridge Street, Suite 29, Irvington, NY 10533 is added as additional insured per written contract.
Project Address: 2 Ardsley Avenue East, Irvington, NY 10533

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

AS AGENT FOR I.C.O.R., INC.

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CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (use street address only) WESTCHESTER PAVERS LLC 10 SAINT CHARLES ST THORNWOOD NY 10594-1054 <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i>	1b. Business Telephone Number of Insured (914) 494-1396 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number 46-2528155
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 ERIE INSURANCE CO 3b. Policy Number of Entity Listed in Box "1a" Q95-6800248 3c. Policy effective period 11/18/2021 to 11/18/2022 3d. The Proprietor, Partners or Executive Officers are <input type="checkbox"/> included. (Only check box if all partners/officers included) <input type="checkbox"/> all excluded or certain partners/officers excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above 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 canceled 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 the 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 Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation 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 Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

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 the coverage as depicted on this form.

Approved by: D. Gordon Quinton
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:  as agent for I.C.O.R. Inc. 12/1/2021
(Signature) (Date)

Title: President

Telephone Number of authorized representative or licensed agent of insurance carrier: 585-244-9004

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. 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 a hazardous employment defined by this chapter, 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 compensation for all employees has been secured as provided by this chapter. 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 compensation to any such employee if so employed.
2. 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 a hazardous employment defined by this chapter, 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 compensation for all employees has been secured as provided by this chapter.

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

<p>1a. Legal Name & Address of Insured (use street address only) WESTCHESTER PAVERS LLC ATTN: BRIAN LOMBA 10 SAINT CHARLES ST THORNWOOD, NY 10594</p> <p><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></p>	<p>1b. Business Telephone Number of Insured 914-494-1396</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 462528155</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Village of Irvington 85 Main St.</p> <p>Irvington, NY 10533</p>	<p>3a. Name of Insurance Carrier ShelterPoint Life Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box "1a" DBL634854</p> <p>3c. Policy effective period 03/18/2021 to 03/17/2023</p>

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 12/1/2021 By 
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 516-829-8100 Name and Title Richard White, Chief Executive Officer

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.**



George Latimer
Westchester County Executive

Westchester
gov.com

James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

WESTCHESTER PAVERS LLC

1 ODESSA ROAD

MAHOPAC, NY-10541

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.

License Number
WC-32563-H20



Date of Expiration
02/10/2022



**Department of
Environmental
Conservation**

Endorsed Training

Certificate of Completion

BRIAN LOMBA

Is hereby awarded this Certificate signifying completion of the course:

“NYS DEC 4-Hour Erosion and Sediment Control Training”

Attested Day of Training: 12/03/2021

Assigned Trainee Stormwater Identification Number – SWT #45T-122021-02

This Erosion and Sediment Control (E&SC) Training is Endorsed by the NYS Department of Environmental Conservation, Division of Water, for “Trained Contractors” and Certain “Qualified Inspectors” who must receive 4 hours of E&SC training every three years to satisfy requirements under the Construction Activity State Pollution Discharge Elimination System (SPDES) General Permit.

Expiration: 3 years from date of training

Instructed by: John E. Folchetti, P.E. (NYSDEC SWT #0045-T)

<http://www.dec.ny.gov/chemical/8699.html#DEC> ~ 625 Broadway, 4th Floor, Albany NY 12233-3505 ~ (518) 402-8111 ~ DWSWtrng@gw.dec.state.ny.us

**Endorsed
Training**



**Certificate of Erosion & Sediment
Control Training**

Name: Brian Lomba

Trainee SWT# 45T-122021-02

Expires 3 years from: 12/03/2021

Instructor Name/ID

John E. Folchetti, P.E.









NYSDEC SWT# 004511

Signature:

A handwritten signature in black ink, appearing to read "John E. Folchetti", written over the printed name and ID.

Kekhman / Grinberg Swimming Pool

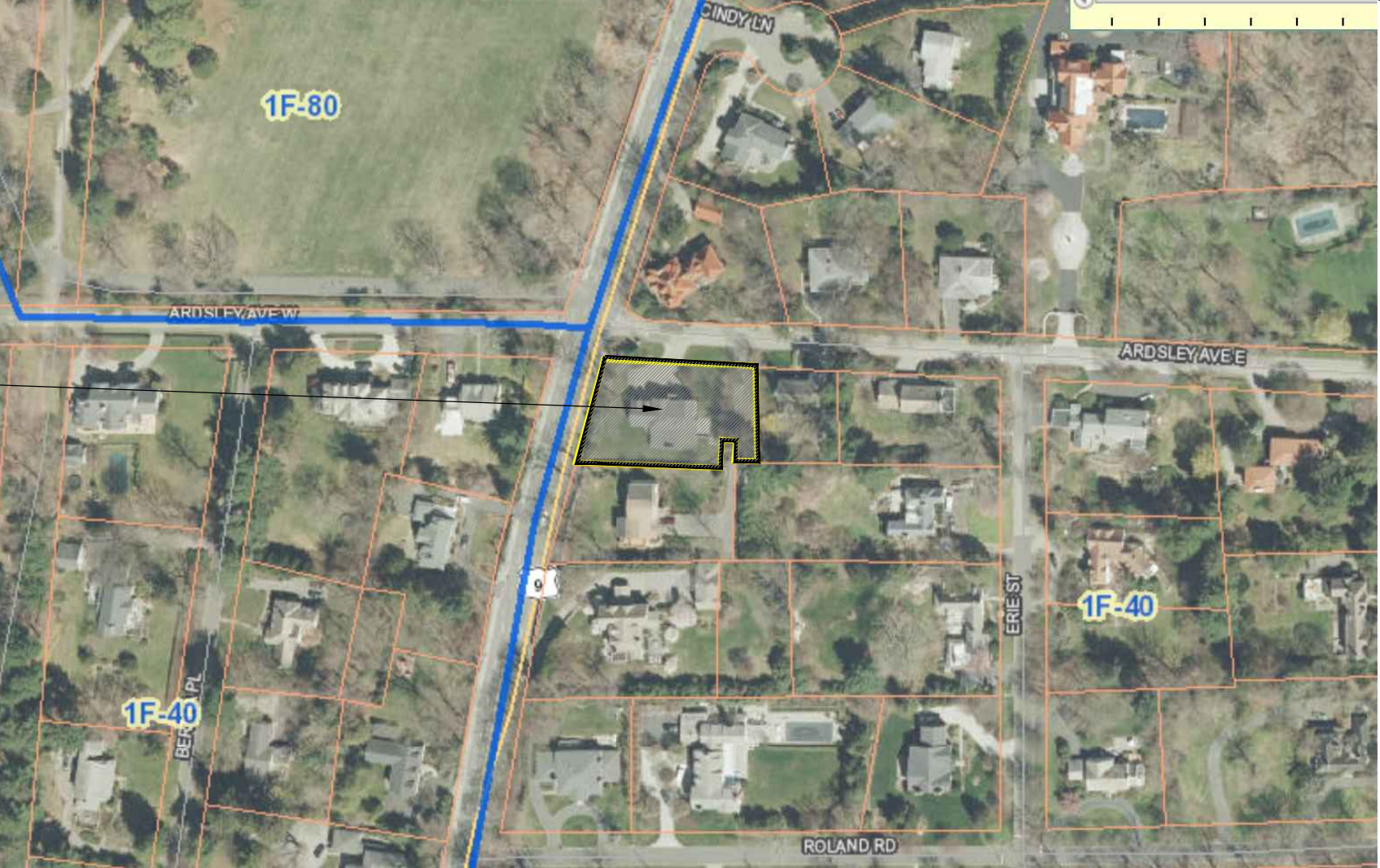
2 Ardsley Avenue East
Irvington, NY

- Irvington Planning Board Submission
March 23, 2021
- Irvington Planning Board Resubmission
April 21, 2021 Revision 
- Irvington Planning Board Resubmission
May 19, 2021 Revision 
- Irvington Planning Board Resubmission
June 23, 2021 Revision 
- Irvington Zoning Board Submission
July 12, 2021 Revision 
- Irvington Zoning Board Resubmission
September 7, 2021 Revision 
- Irvington Planning Board Resubmission
September 22, 2021 Revision 
- Irvington Planning Board Resubmission
October 20, 2021 Revision 
- Irvington Zoning Board Submission
November 08, 2021 Revision 
- Irvington Architectural Review Board Submission
December 06, 2021 Revision 

Existing Site Condition

Scale 1"=20'

Zoning Map



Area of Subject

Zoning Analysis

General Information

ADDRESS	ZONING DISTRICT	PARCEL ID (BLOCK-LOT)
2 Ardsley Ave. E., Irvington, New York 10531	1F-40	2.170-78-9

Use Requirements - As Per § 224-8

CATEGORY	REQUIRED/ALLOWED	EXISTING	PROPOSED	REMARK
Use	One-Family	One-Family	No Change	

Lot Requirements - As Per § 224-10

CATEGORY	REQUIRED/ALLOWED	EXISTING	PROPOSED	REMARK
Lot Area S.F.	40,000	20,656.89	No Change	
Lot Width FT.	150'	140.03'	No Change	
Lot Depth FT.	150'	124.96'	No Change	

Yard Requirements - As Per § 224-11

CATEGORY	REQUIRED/ALLOWED	EXISTING	PROPOSED	REMARK
Front Yard (North) FT.	50' min.	37.77'	No Change	
Front Yard (West) FT.	50' min.	39.54'	No Change	
Side Yard (East) FT. (Main House)	25' min.	20.06'	No Change	
Rear Yard (South) FT.	40' min.	69.40'	No Change	

Coverage Requirements - As Per § 224-13

CATEGORY	REQUIRED/ALLOWED	EXISTING	PROPOSED	REMARK
Building Coverage S.F.	2,479	4,198	4,321	Variance granted by the Zoning Board of Appeals on 09/21/2021

Residential Floor Area Ratio Requirements - As Per § 224-13b

CATEGORY	REQUIRED/ALLOWED	EXISTING	PROPOSED	REMARK
Floor Area Ratio	0.000	0.000	0.000	
Floor Area S.F.	N/A	N/A	N/A	

Building Size Requirements - As Per § 224-3

CATEGORY	REQUIRED/ALLOWED	EXISTING	PROPOSED	REMARK
Building Height	2.5 STY / 35 FT.	N/A	N/A	

Off Street Parking Requirements - As Per § 224-14

CATEGORY	REQUIRED/ALLOWED	EXISTING	PROPOSED	REMARK
Parking Space	1 Min.	2 Spaces	No Change	

Swimming Pool Location - As Per § 224-51 B.

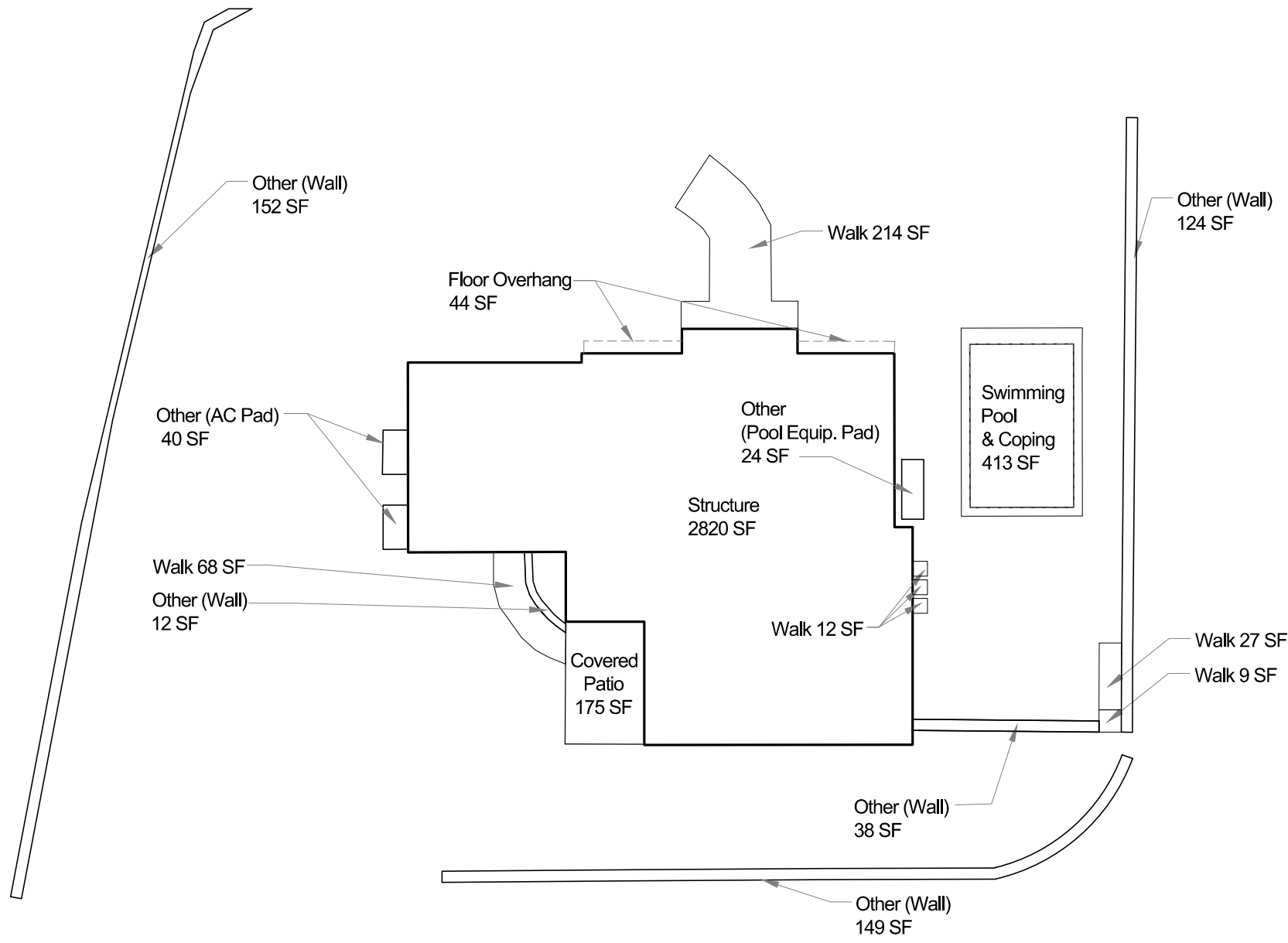
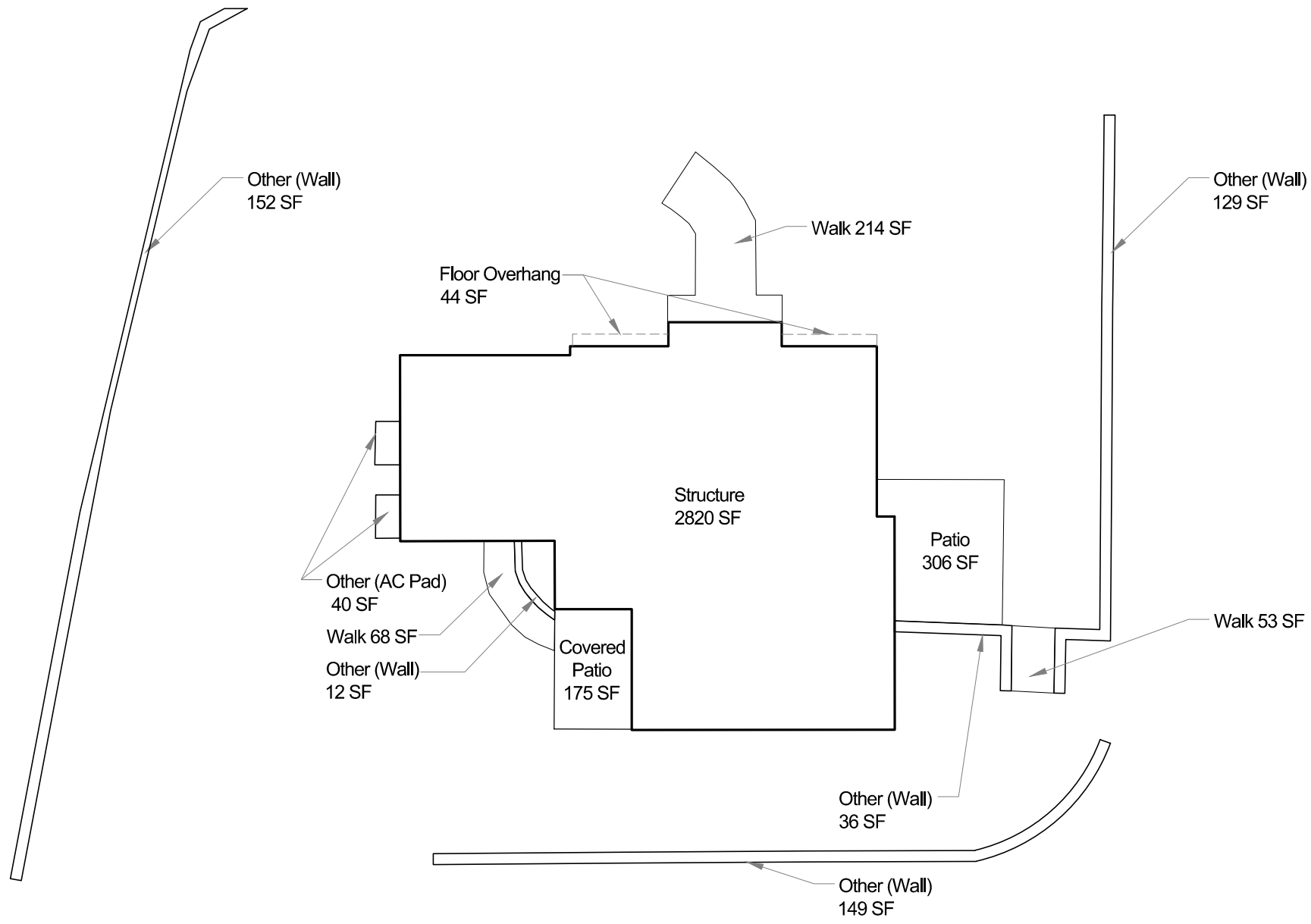
CATEGORY	REQUIRED/ALLOWED	EXISTING	PROPOSED	REMARK
Swimming Pool Setback	20'	N/A	20'	
Swimming Pool Location	Rear of Rear Wall	N/A	Rear of Rear Wall	

General Notes:

Coverage

Existing Coverage	Calculations
Structures	2,820
Decks	0
Patios and Walks	816
Porches	0
Floor Overhangs	44
Swimming Pool	0
Other(Retaining Walls, AC Pads)	518
Total Impervious	4,198
Percentage of Allowable	169%

Proposed Coverage	Calculations
Structures	2,820
Decks	0
Patios and Walks	505
Porches	0
Floor Overhangs	44
Swimming Pool	413
Other(Retaining Walls, AC Pads)	539
Total Impervious	4,321
Percentage of Allowable	174%

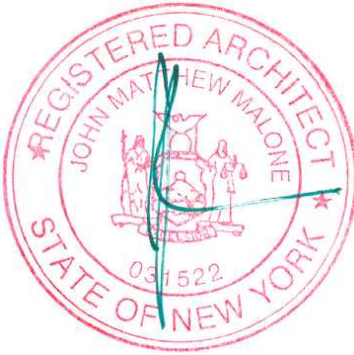


Kekhman /
Grinberg
Swimming
Pool

2 Ardsley Avenue East
Irvington, New York

NO.	DATE	ISSUE/REVISION
9	12/06/21	ARB Submission
8	11/08/21	ZBA Submission
7	10/20/21	IPB Resubmission
6	9/22/21	IPB Resubmission
5	9/07/21	ZBA Resubmission
4	8/23/21	IPB Resubmission
3	4/21/21	IPB Resubmission
2	3/23/21	IPB Submission

In developing the plans and specifications for the project, the Architect has taken into account applicable state and municipal building laws and regulations, including the Residential Code 2020 of New York State (RC 2018/New York State Amendments) which includes Chapter 11 Energy Efficiency.



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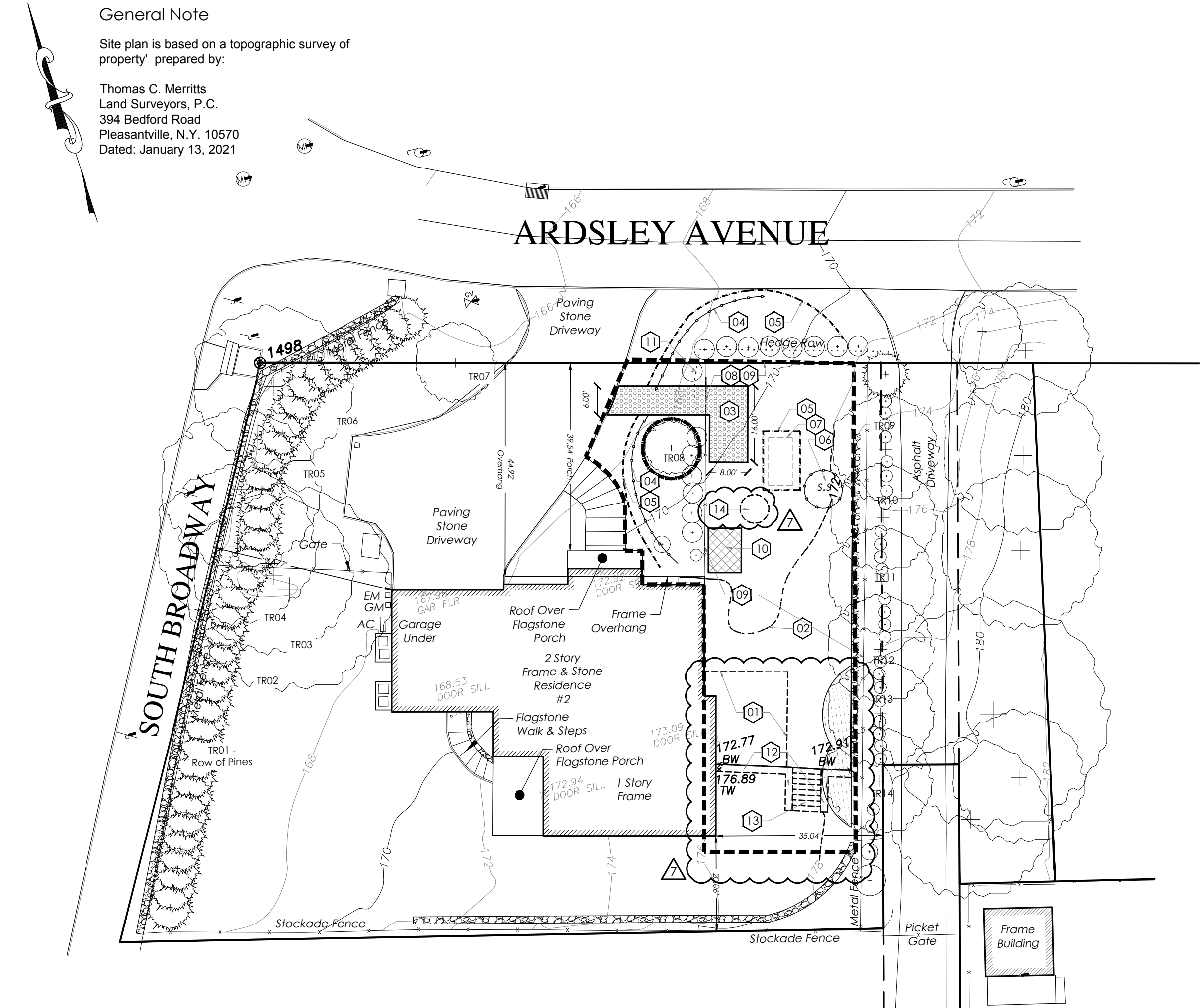
Zoning
Analysis

SCALE: AS NOTED

DATE: 03/16/21

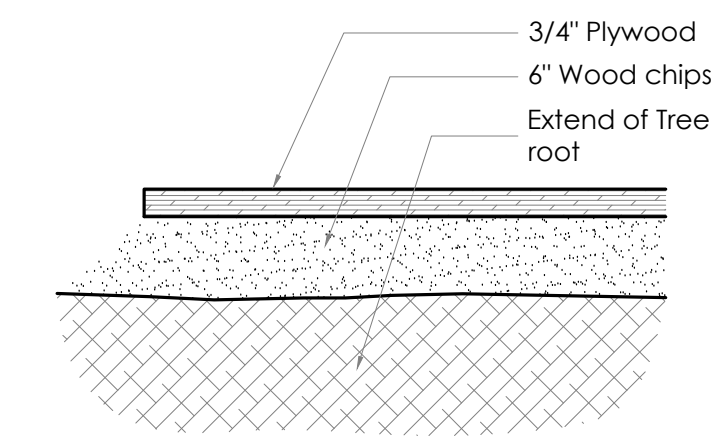
JOB: 20-30

A-0.10



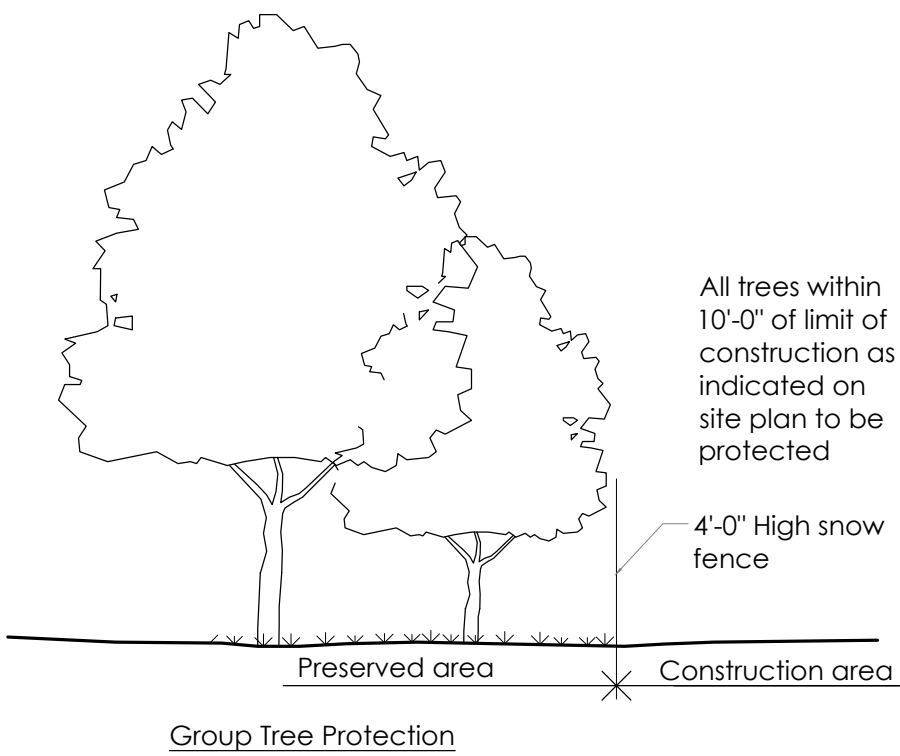
1 Proposed Demolition and Tree Protection Plan

1" = 20'-0"



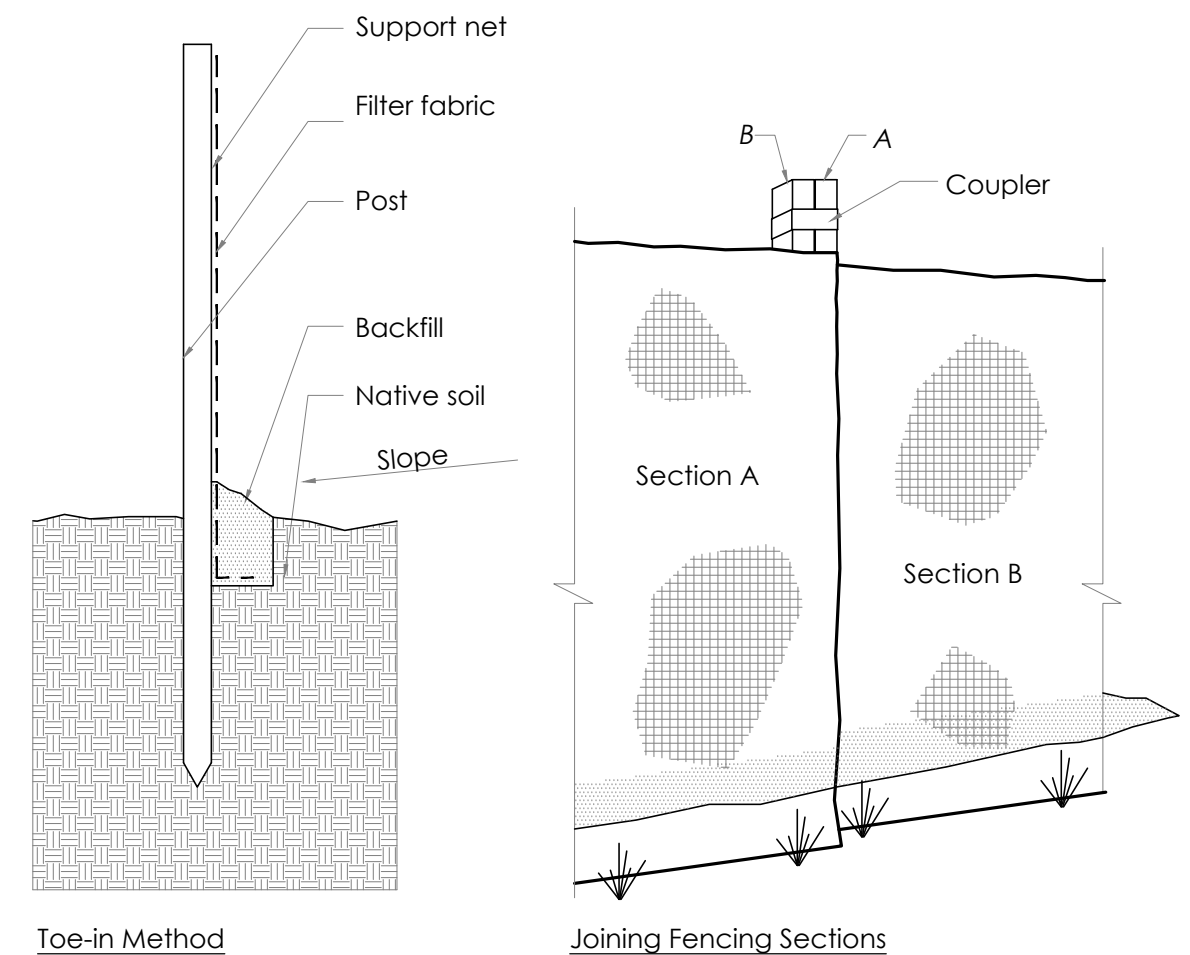
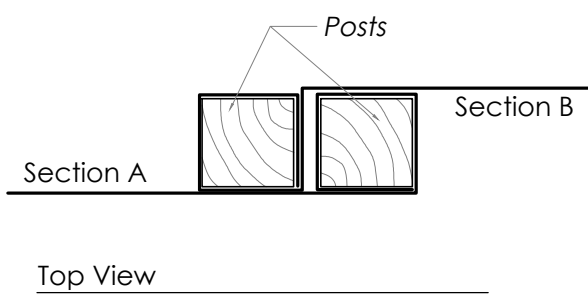
2 Root Compaction Protection Detail

N.T.S.



3 Snow Type - Tree Protection Detail

N.T.S.



4 Silt Fence Detail

N.T.S.

General Notes

As-built drawings of the site improvements shall be submitted to the village engineer for review prior to obtaining certificate of occupancy.

Inspection ports are to be shown on the as-built drawings of the site.

When tree roots are encountered during excavation, they shall never be pulled with machinery. Where necessary cut roots cleanly and bridge when possible.

Excavation within tree drip lines shall be completed by hand.

Existing utilities will not be disturbed by proposed work.

Existing roof leaders will not be disturbed by proposed work.

No soil is to be brought to the site, excess soil associated with excavation for footings and stormwater system is to be removed and disposed of as approved by the regulatory authority.

Installation and Maintenance of Erosion Control

Install all erosion control measures prior to the start of construction. Call for inspection from appropriate municipal authority.

The village engineer may require additional erosion control measures if deemed appropriate to mitigate unforeseen situation and erosion of disturbed soils.

After rain causing runoff, contractor is to inspect all erosion control measure and correct any problems.

Remove unneeded subgrade soil from site and provide final grading.

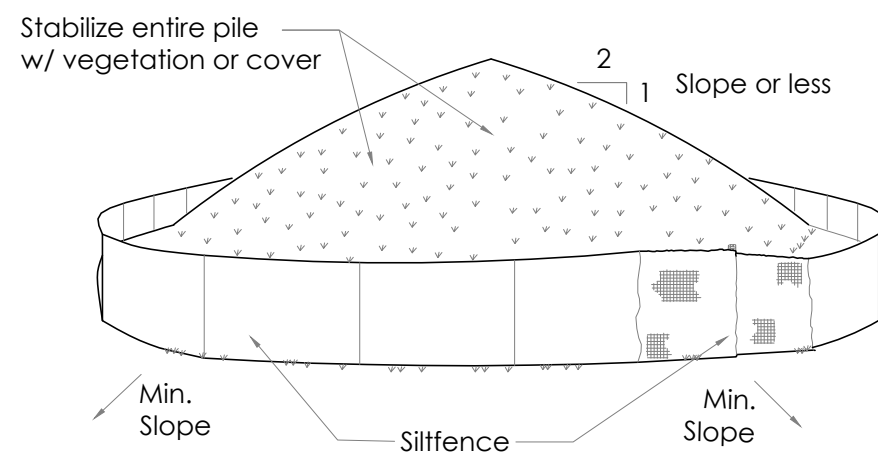
Spread topsoil evenly over areas to be seeded and seed with fast growing variety of grass seed and install all landscaping

Once grass and planting beds are established remove all erosion control measure and call for final inspection.

Drainage inlets shall be cleared of debris twice a year. Stormwater chambers shall be inspected yearly. Debris and sediment shall be removed if found.

Construction Sequencing

1. Place orange construction fencing around areas to be used for infiltration to avoid compaction
 2. Install construction entrance to the development area
 3. Establish construction staging area
 4. Install tree protection on trees as noted on plans
 5. Install silt fence down slope of all areas to be disturbed as shown on plans
 6. Strip topsoil and stockpile at the locations specified on the plans (up gradient of erosion control measures). Temporarily stabilize topsoil stockpiles (hydroseed during May 1st through October 31st planting season or by covering with a tarpaulin(s) November 1st through April 30th) install silt fence around toe of slip
 7. Demolish any existing site features and/or structures noted as being removed on the construction documents, and dispose of off site
 8. Rough grade site
 9. Excavate and install stormwater units per manufacturer's recommendations and requirements. Stormwater units shall be temporarily plugged until the completion of construction and the site is stabilized
 10. Install all pretreatment devices, catch basins and piping
 11. Excavate and construct foundations for addition
 12. Construct building additions
 13. Fine grade and seed all disturbed areas. Clean drain lines and exfiltration galleries. Ensure grass stand is achieved
 14. Unplug stormwater system. Install and connect all roof drain leaders.
 15. Install 4'-6" of topsoil, fine grade, seed in all disturbed areas and install landscape plantings. Spread salt hay over seeded areas
 16. Remove all temporary soil erosion and sediment control measures after the site is stabilized with vegetation
- * Soil erosion and sediment control maintenance must occur weekly and prior to and after every 1/2" or greater rainfall event.

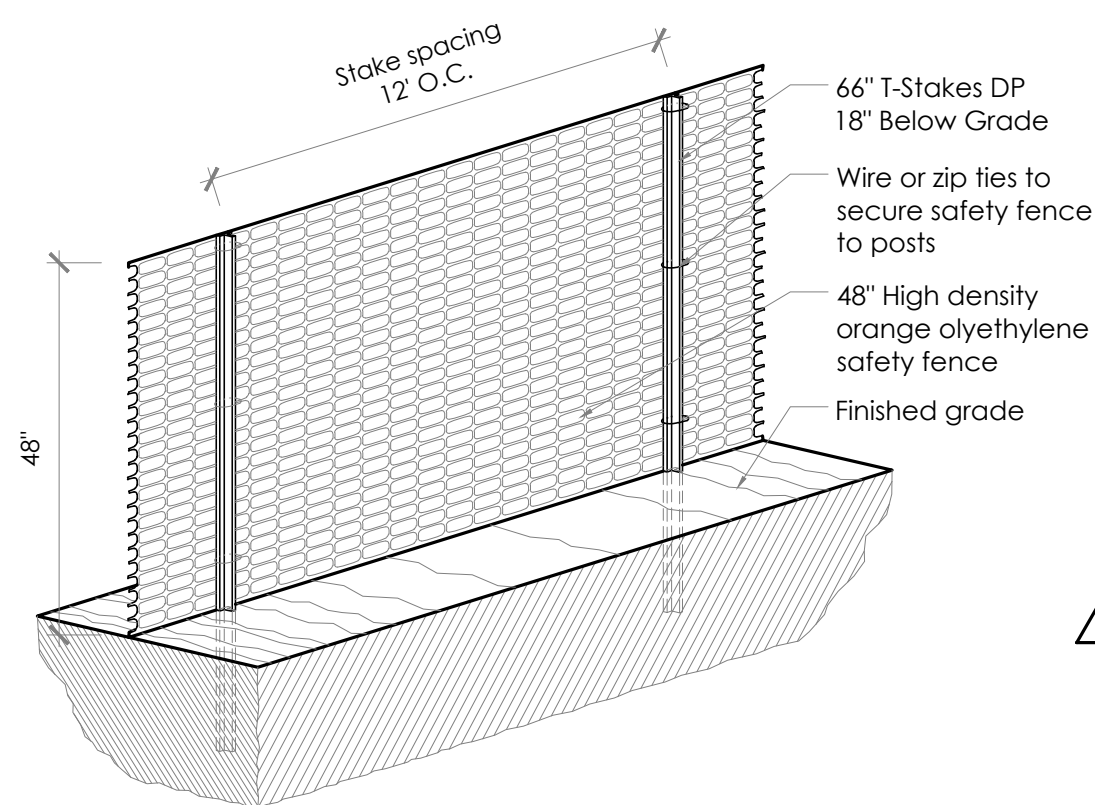


Installation Notes

1. Area chosen for stockpiling operations shall be dry and stable.
2. Soils or fill to be stockpiled on site during cutting and filling activities should be located on level portions of the site with a min. of 50-75 foot setbacks from temporary drainage swales.
3. Max. slope of stockpile shall be 1:2.
4. Upon completion of soil stockpiling, each pile shall be surrounded with either silt fencing or strawbales, then stabilized with vegetation or covered.
5. Stockpiles remaining in place for more than a week should be seeded and mulched or covered with geotextile fabric surrounded by silt fence.
6. See specifications (this manual) for installation of silt fence.

5 Soil Stockpiling

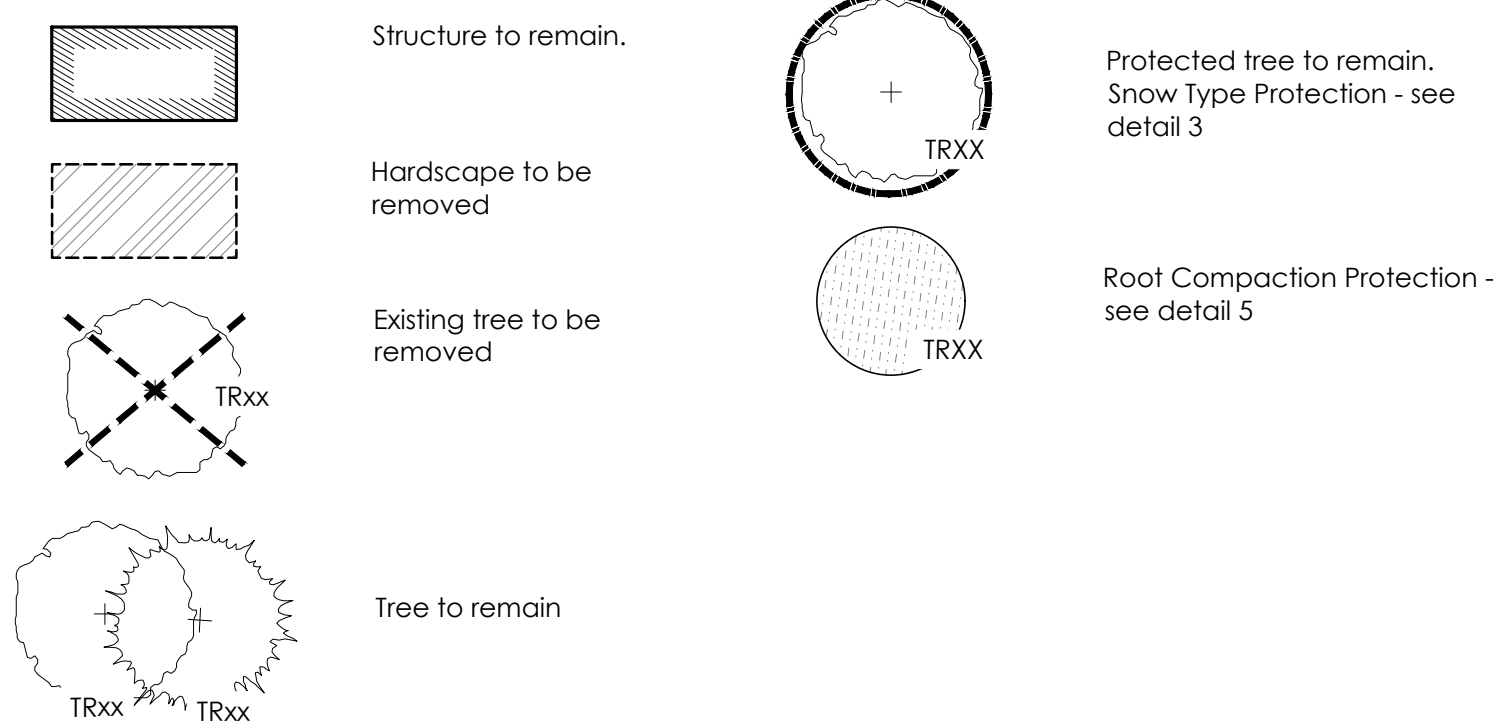
N.T.S.



6 Construction Fence

N.T.S.

Demolition and Tree Protection Key



Legend

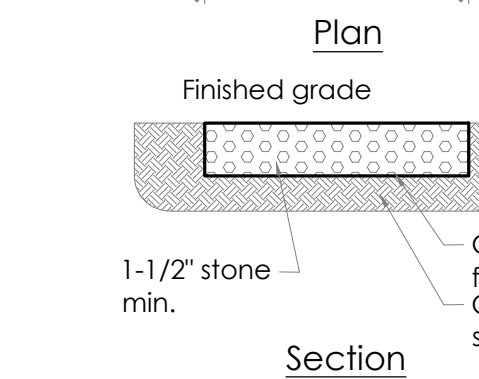
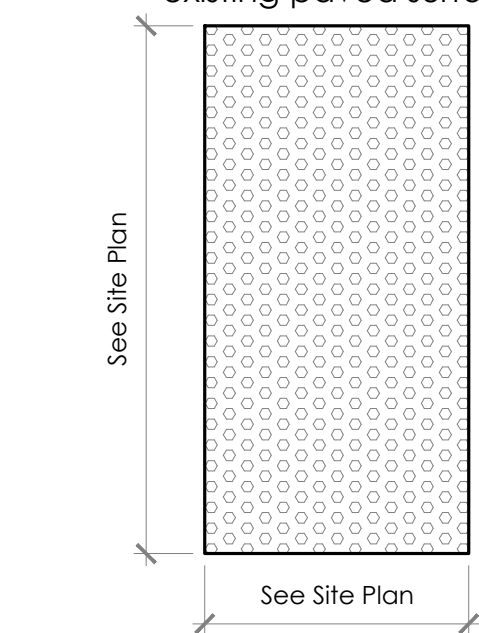
Line of disturbance - 4,095 S.F.

Tree Schedule					
Tag	Species	Caliper	Condition	Action	Remarks
TR01	Row of Pines				Outside of work area
TR02	Tree	20"			Outside of work area
TR03	Maple	14"			Outside of work area
TR04	Tree	16"			Outside of work area
TR05	Maple	16"			Outside of work area
TR06	Maple	12"			Outside of work area
TR07	Tree	6"			Outside of work area
TR08	Red Bud	4"	Good	Protected	See tree protection detail 3
TR09	Cornus Florida	8"	Good		
TR10	Cornus Florida	8"	Good		
TR11	Cornus Florida	8"	Good		
TR12	Cornus Florida	8"	Good		
TR13	Cornus Florida	8"	Good	Protected	See root compaction detail 2
TR14	Cornus Florida	8"	Good	Protected	See root compaction detail 2

Key Notes

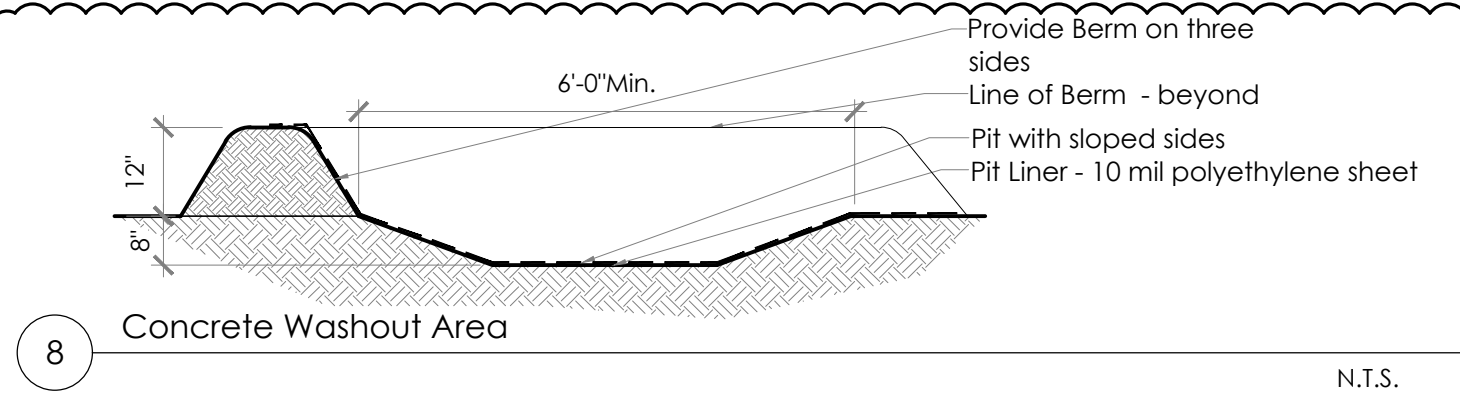
- 01 Existing patio to be removed.
- 02 Existing grading line to be re-graded. - See Proposed Architectural Site plan on sheet A-0.12.
- 03 Construction Entrance - Construction access is to proceed limited the use of heavy equipment. The addition will be supported by the existing foundations and tube foundation piers which will require minimal excavation. See detail #5 for further information.
- 04 Silt Fence - See detail #4 for further information.
- 05 Construction Fence - See detail #6 for further information.
- 06 Soil Stockpiling - See detail #5 for further information.
- 07 Location of stormwater system - See Proposed Architectural Site plan on sheet A-0.12.
- 08 Existing metal fence to be carefully and selectively removed to allow for construction access.
- 09 Existing metal fence to be upgraded to be pool code compliant. - See Fence detail #4 on sheet A-0.13.
- 10 Material Storage - Material and equipment storage area - lawn area is to be reestablished as soon as material storage area is no longer needed. Silt fencing to stay in place until lawn has been reestablished and there is no risk of erosion.
- 11 Existing shrubs in this area to be removed, stock piled and replanted.
- 12 Existing retaining wall to be removed. Stone to be salvaged and reused if possible.
- 13 Existing masonry stairs to be removed.
- 14 Concrete Washout Area - Designated area which allows concrete liquids to pool, evaporate, dry out or soak into the ground. Settled, hardened concrete should be broken up, removed and disposed as garbage or recycled properly. Locate at least 10' away from inlets, water, courses and property lines. - See detail #8 for further information.

Begin stabilized construction entrance at existing paved surface



7 Stabilized Construction Entrance

N.T.S.



8 Concrete Washout Area

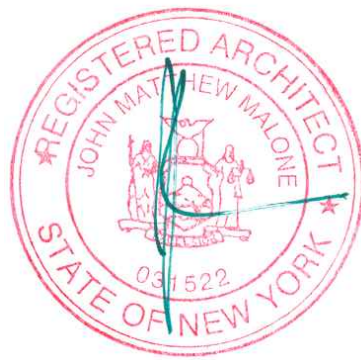
N.T.S.

Kekhman / Grinberg Swimming Pool

2 Ardsley Avenue East
Irrvington, New York

NO.	DATE	ISSUE/REVISION
1	10/20/21	IPB Resubmission
2	9/22/21	IPB Resubmission
3	4/21/21	IPB Resubmission
4	3/23/21	IPB Submission

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Demolition, Tree Protection and Erosion Control Plan

SCALE: AS NOTED

DATE: 03/16/21

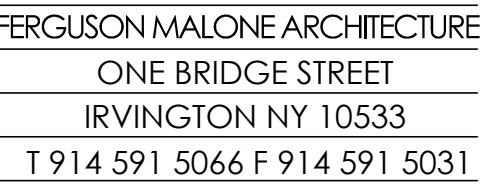
JOB: 20-30

A-0.11

2 Ardsley Avenue East
Irvington, New York

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Irvington, New York

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SCALE: AS NOTED

DATE: 03/16/21

JOB: 20-30

 New sheet

A-0.13



2 Pool Section



2 Pool Section

Swimming Pool General Notes

Swimming pool to meet the requirements of all state and municipal codes, including Section R326 of the 2020 Residential Code of New York State, 2021 International Swimming Pool and Spa Code and the Zoning Code of the Village of Irvington.

Swimming pool to meet the design standards for in-ground swimming pools published by the national spa and pool institute, ANSI/NSPI-5

Swimming pools barrier/screening shall meet the requirements of Section 305 of the 2015 International Swimming Pool and Spa in addition to Section 310-8 (b)2 of the Irvington Zoning Code.

Pool cover must be capable of supporting a minimum dead weight of 200 pounds when fastened or locked in place over a swimming pool.

The pool cover must fully cover pool and hot tub when not in use and during the period of November through March 31.

Pool to be chlorinated. The filter is to be cartridge type. The pool heater is to be 399K BTU -R406A gas heater - by Raypak

Include winter cover and pool water fill as part of pool installation scope of work

Swimming pool is to be drained into the proposed storm water system.


$$3/4'' = 1'-0''$$

$$3/4'' = 1'-0'$$

Kekhman /
Grinberg
Swimming
Pool

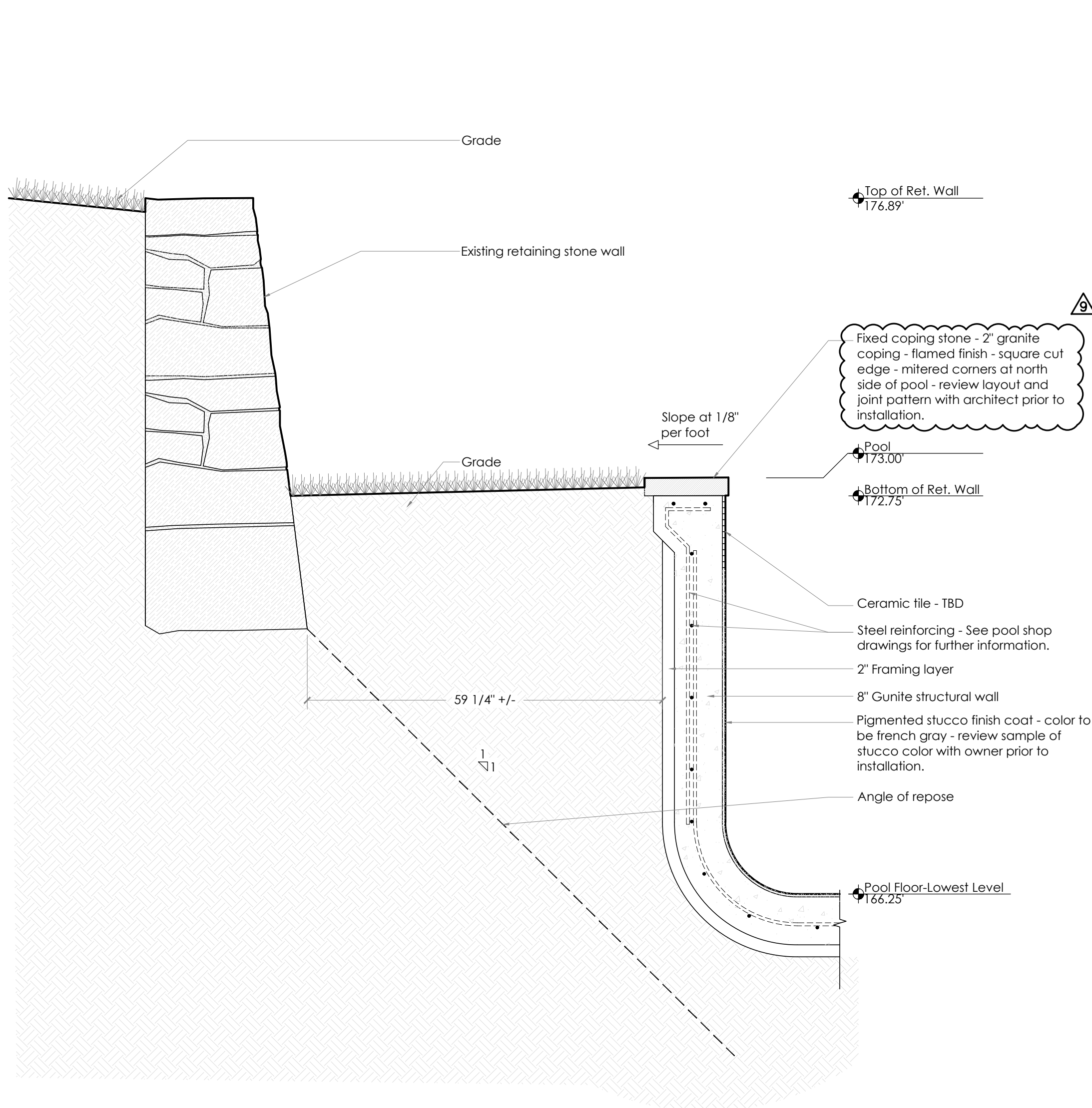
2 Ardsley Avenue East
Irvington, New York

NO.	DATE	ISSUE/REVISION
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9	4/21/21	IPB Resubmission
	3/23/21	IPB Submission

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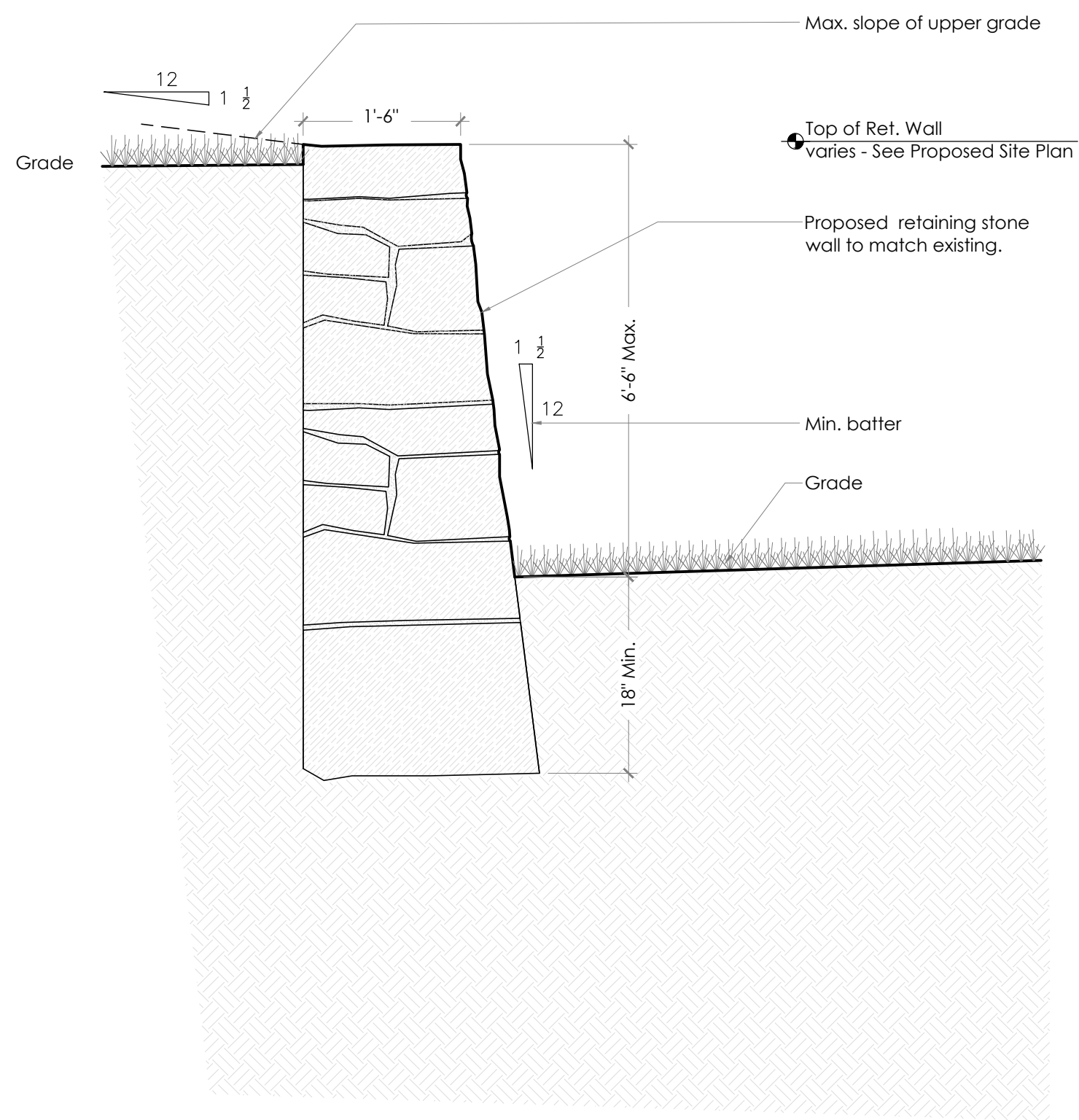


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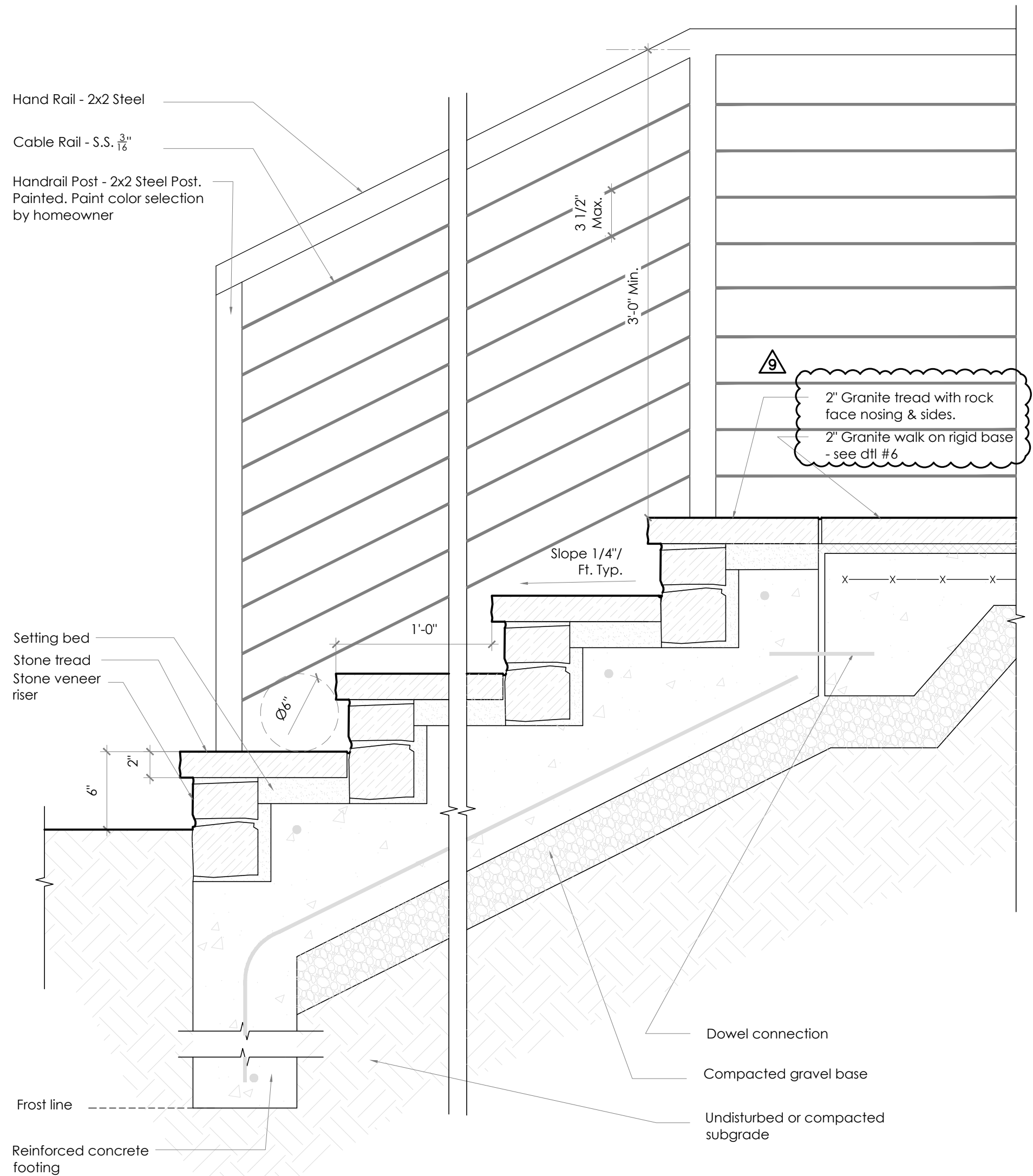
1 Retaining Wall and Pool Detail

3/4" = 1'-0"



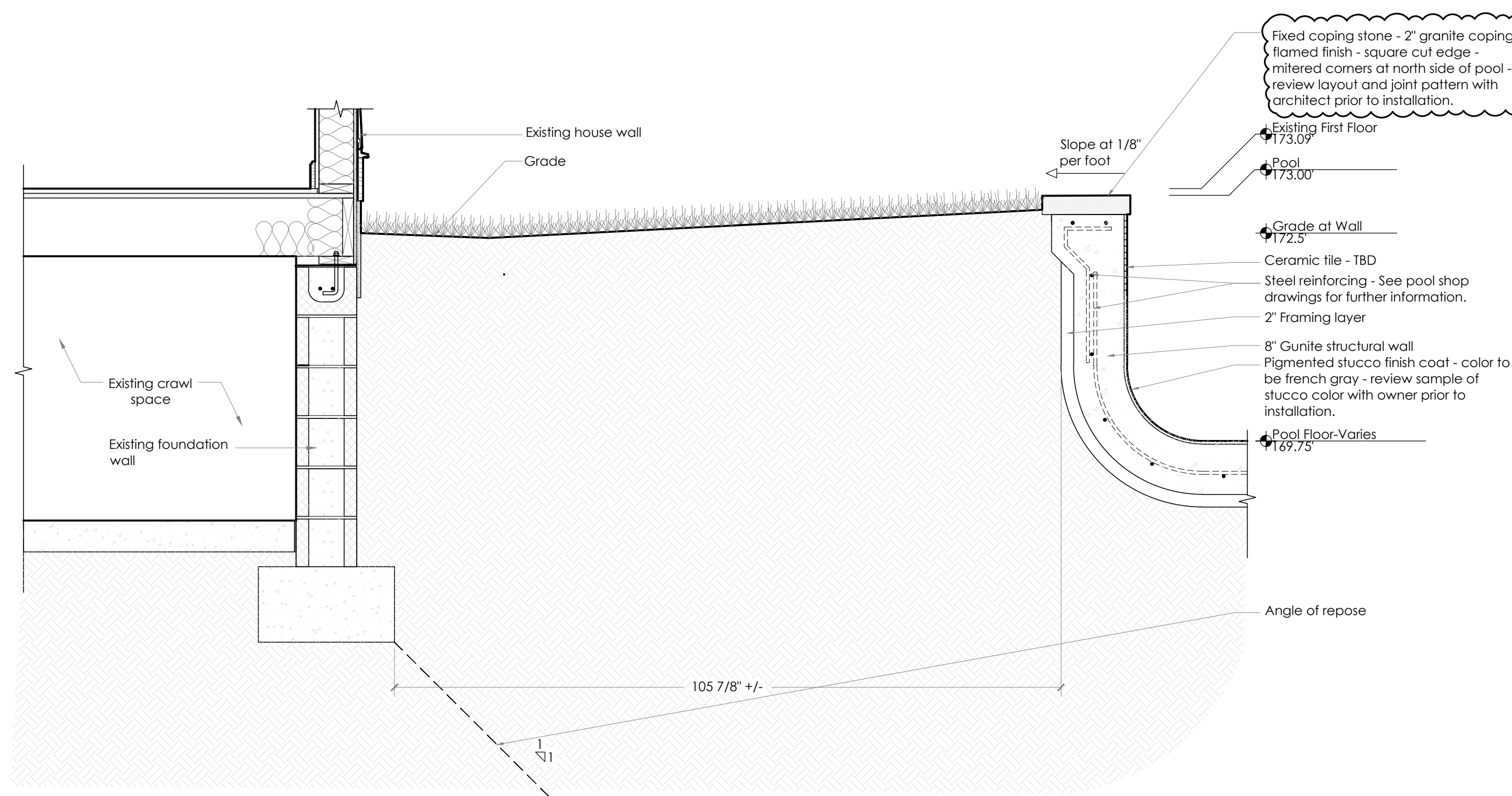
2 Proposed Retaining Wall

3/4" = 1'-0"



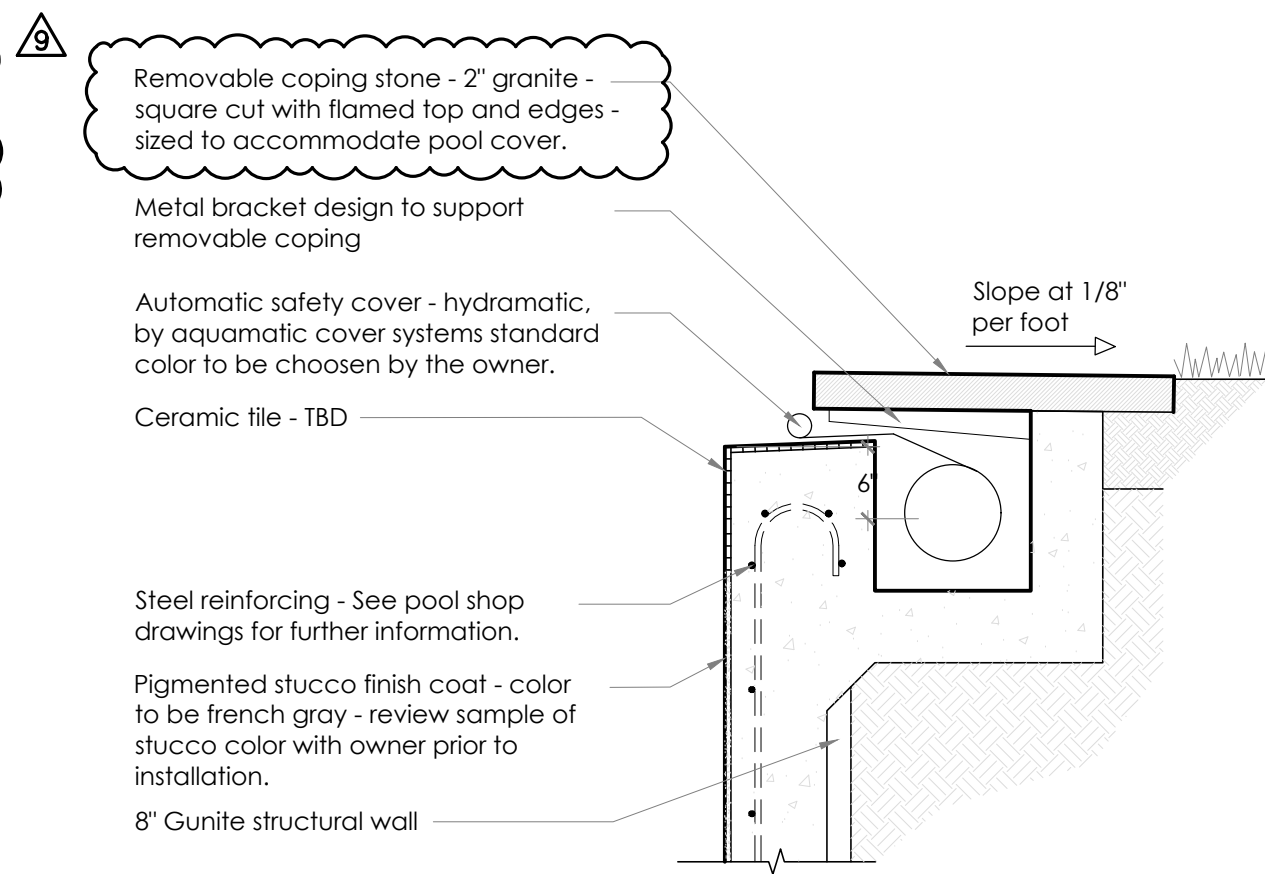
5 Proposed Masonry Stair

1 1/2" = 1'-0"



3 Partial House Wall Section and Pool Detail

3/4" = 1'-0"



4 Pool End Wall Section w/ Powered Safety Cover

3/4" = 1'-0"

Site Details

SCALE: AS NOTED

DATE: 03/16/21

JOB: 20-30

New sheet

A-0.14