



**TOWN OF SOUTHDOLD
BUILDING DEPARTMENT
TOWN CLERK'S OFFICE
SOUTHDOLD, NY**

BUILDING PERMIT

**(THIS PERMIT MUST BE KEPT ON THE PREMISES
WITH ONE SET OF APPROVED PLANS AND SPECIFICATIONS
UNTIL FULL COMPLETION OF THE WORK AUTHORIZED)**

Permit #: **51891**

Date: **04/30/2025**

Permission is hereby granted to:

**Zimmer LLC
c/o Mark Breen
Orient, NY 11957**

To:

demolish (4) structures and construct a single-family dwelling as applied for per SCHD approval.
Contact with NYS DOT shall be conducted prior to construction commencement.

Premises Located at:

**29525 Route 25, Orient, NY 11957
SCTM# 13.-2-7.14**

Pursuant to application dated **01/31/2025** and approved by the Building Inspector.
To expire on **04/30/2027**.

Contractors:

Required Inspections:

Fees:

Single Family Dwelling- NEW	\$3,218.38
DEMOLITION	\$3,086.20
CO - RESIDENTIAL	\$100.00
Total	<u>\$6,404.58</u>



Building Inspector



TOWN OF SOUTHOLD - BUILDING DEPARTMENT
Town Hall Annex 54375 Main Road P. O. Box 1179 Southold, NY 11971-0959
Telephone (631) 765-1802 Fax (631) 765-9502 <https://www.southoldtownny.gov>

APPLICATION FOR BUILDING PERMIT

Date Received

For Office Use Only

PERMIT NO. 51891

Building Inspector: [Signature]

RECEIVED

JAN 31 2025

Applications and forms must be filled out in their entirety. Incomplete applications will not be accepted. Where the Applicant is not the owner, an Owner's Authorization form (Page 2) shall be completed.

Date: 1/29/25

OWNER(S) OF PROPERTY:

Name: Mark Beelen

SCTM # 1000- 13-02-7.14

Project Address: 29525 Main Rd. Orient Ny 11957

Phone #: 347 335 1746

Email: 247Sunny247@gmail.com

Mailing Address: 24405 Main Rd Orient Ny

CONTACT PERSON:

Name: Jasmine Okeete, Cedar Knolls

Mailing Address: 900 Marconi Avenue Ronkonkoma Ny 11779

Phone #: 631-231-1518

Email: JASMINE@CEDARKNOLLSHOMES.COM

DESIGN PROFESSIONAL INFORMATION:

Name: Kazel Architects

Mailing Address: 2 Windemere Court Po Box 169 Sprink Ny 11972

Phone #: 631-874-2925

Email: Keri@Kazelarchitects.com

CONTRACTOR INFORMATION:

Name: CEDAR KNOLLS INC.

Mailing Address: 900 MARCONI AVENUE RONKONKOMA NY 11779

Phone #: 631-231-1518

Email: JASMINE@CEDARKNOLLSHOMES.COM

DESCRIPTION OF PROPOSED CONSTRUCTION

☒ New Structure ☐ Addition ☐ Alteration ☐ Repair ☒ Demolition
☐ Other _____

Estimated Cost of Project:
\$ 500,000

Will the lot be re-graded? ☒ Yes ☐ No

Will excess fill be removed from premises? ☐ Yes ☒ No

PROPERTY INFORMATION

Existing use of property: AGRICULTURE

Intended use of property: AGRICULTURE

Zone or use district in which premises is situated: R60

Are there any covenants and restrictions with respect to this property? ☒ Yes ☐ No IF YES, PROVIDE A COPY.

☐ **Check Box After Reading:** The owner/contractor/design professional is responsible for all drainage and storm water issues as provided by Chapter 236 of the Town Code. APPLICATION IS HEREBY MADE to the Building Department for the issuance of a Building Permit pursuant to the Building Zone Ordinance of the Town of Southold, Suffolk, County, New York and other applicable Laws, Ordinances or Regulations, for the construction of buildings, additions, alterations or for removal or demolition as herein described. The applicant agrees to comply with all applicable laws, ordinances, building code, housing code and regulations and to admit authorized inspectors on premises and in building(s) for necessary inspections. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the New York State Penal Law.

Application Submitted By (print name): Jasmine Okeefe

☒ Authorized Agent ☐ Owner

Signature of Applicant: [Signature]

Date:

STATE OF NEW YORK)
SS:

COUNTY OF _____

Jasmine Okeefe being duly sworn, deposes and says that (s)he is the applicant
(Name of individual signing contract) above named,

(S)he is the Contractor/Agent
(Contractor, Agent, Corporate Officer, etc.)

of said owner or owners, and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his/her knowledge and belief; and that the work will be performed in the manner set forth in the application file therewith.

Sworn before me this

5 day of December, 20 25

[Signature]
Notary Public

LAURA FLEMING
NOTARY PUBLIC-STATE OF NEW YORK
No. 01FL6434464

Qualified in Suffolk County **PROPERTY OWNER AUTHORIZATION**
My Commission Expires 06-06-2026 (Where the applicant is not the owner)

I, MARK BREEN residing at 24405 Main RD
ORIENT NY 11957 do hereby authorize Jasmine Okeefe, CEPAK KNOLLS to apply on

my behalf to the Town of Southold Building Department for approval as described herein.

Mark Breen
Owner's Signature

12/04/2024
Date

Mark Breen
Print Owner's Name

Building Department Application

AUTHORIZATION

(Where the Applicant is not the Owner)

I, MARK BREEN residing at 24405 MAIN RD.
(Print property owner's name) (Mailing Address)

ORIENT, NY 11957 do hereby authorize Jasmine O'Keefe
(Agent)

Cedar Knolls Inc. to apply on my behalf to the

Southold Building Department.

Mark Breen
(Owner's Signature)

12/05/2024
(Date)

MARK BREEN
(Print Owner's Name)

Sworn before me on
this 5 December 2025

Laura Fleming

LAURA FLEMING
NOTARY PUBLIC-STATE OF NEW YORK
No. 01FL6434464
Qualified in Suffolk County
My Commission Expires 06-06-2026



4/17/2025

MARK BREEN
24405 MAIN RD
ORIENT NY, NY 11957

Service To:
29525 MAIN RD
ORIENT, NY 11957

Customer Project#: 900000219814

Dear MARK BREEN:

This is to advise you that the PSEG-LI electric facilities at the above referenced location have been disconnected and removed off the building structure that is located on the property.

Please note that there may still be PSEG LI facilities located within the property boundaries and that NYS law (NYCRR Part 753) requires all contractors to call for a utility locate (NY 811) prior to performing any ground excavation or regrade activity. The call to the 811 Call Center must be done at least 2 business days prior to the start of the work and confirmation of utility marks having been identified must be received from all the facility owners prior to any site work.

You must also contact National Grid at 631-348-6150 to procure a letter of demolition associated with natural gas service, whether or not your home or business uses natural gas.

If you have any questions regarding the above, please contact Building & Renovation Services at 1-844-341-6378 or via email at BRSLI@PSEG.com.

Very truly yours,

Katherine Gianelli

A handwritten signature in cursive script that reads "Katherine Gianelli".

Building & Renovation Services
PSEG-LI

Evan T. Steffens
Senior Supervisor
Gas Customer Connections, NY

Nationalgrid

April 2, 2025

Zimmer, LLC
C/o Mark Breen
24405 Main Road
Orient, NY 11957

E-Mail: 247SUNNY247@GMAIL.COM ;
JASMINE@CEDARKNOLLSHOMES.COM

National Grid WO#: T102667245

Service Address:

29525 Main Road
Orient, NY 11957

To Whom it may concern,

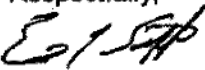
This Letter is to advise you that National Grid investigated your request and confirmed that the subject property does not have an active gas service line.

By Law, excavators and contractors working in New York City and Nassau and Suffolk Counties must contact New York "811" at least 2 full business days, not including the day of contact, prior to digging by calling "811" or by using the website <https://newyork-811.com/>.

This confirmation letter of no active gas service line to the subject property does not relieve the excavator of contacting NY "811".

If you have any further questions, kindly contact me at 833-359-0645.

Respectfully,



Evan T. Steffens
Senior Supervisor
Gas Customer Connections NY

Albert J. Krupski, Jr.

SUPERVISOR

SOUTHOLD TOWN HALL - P. O. Box 1179
53095 Main Road - SOUTHOLD, NEW YORK 11971



**STORMWATER
MANAGEMENT**

Town of Southold

CHAPTER 236 - STORMWATER MANAGEMENT REFERRAL FORM

(APPLICANT INFORMATION TO BE COMPLETED BY THE APPLICANT
ONLY FOR PROPERTIES ONE ACRE IN AREA OR LARGER.)

APPLICANT: (Property Owner, Design Professional, Agent, Contractor, Other)

NAME: Laura Fleming

Date: 1/31/2025

(Print)
Laura Fleming
(Signature)

Contact Information: laura@cedarknollshomes.com

(E-Mail & Telephone Number)

631-231-1518

Property Address / Location of Construction Site:

29525 Route 25

Orient, NY 11957

S.C.T.M. #: 1000
District

<u>13</u>	<u>2</u>	<u>7.12/13/14</u>
Section	Block	Lot

TO BE COMPLETED BY SOUTHOLD TOWN ENGINEERING DEPARTMENT

- ☒ - Area of Disturbance is less than 1 Acre. No S.P.D.E.S. Permit is Required!
- ☐ - Project does Not Discharge to Waters of the State. No S.P.D.E.S. Permit is Required!
- ☐ - Area of Disturbance is Greater than 1 Acre & Storm-water Runoff Discharges Directly to Waters of the State of New York. THE APPLICANT MUST OBTAIN a S.P.D.E.S. Permit DIRECTLY From N.Y.S. D.E.C. Prior to Issuance of a Building Permit.
- ☐ - Area of Disturbance is Greater than 1 Acre & Storm-water Runoff Flows Through Southold Town's MS4 Systems to Waters of the State of New York. THE APPLICANT MUST OBTAIN a S.P.D.E.S. Permit through the Southold Town Engineering Department Prior to Issuance of a Building Permit.

Reviewed By:

Michael Allin

Date:

2/3/25

Received 2/3/25

Town Hall Annex
54375 Main Road
P. O. Box 1179
Southold, NY 11971-0959



Telephone (631) 765-1802
Fax (631) 765-9502

BUILDING DEPARTMENT

NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION, PRE-ENGINEERED WOOD CONSTRUCTION AND/OR TIMBER CONSTRUCTION

Date: 1/22/05

Owner: Mark Breen

Location of Property: 29525 Main Rd Orient Ny

Please take notice that the (check applicable line):

- ☒ New commercial or residential structure
☐ Addition to existing commercial or residential structure
☐ Rehabilitation to an existing commercial or residential structure

to be constructed or performed at the subject property reference above will utilize
(check applicable line):

- ☒ Truss type construction (TT)
☐ Pre-engineered wood construction (PW)
☐ Timber construction (TC)

in the following location(s) (check applicable line):

- ☐ Floor framing, including girders and beams (F)
☒ Roof framing (R)
☐ Floor and roof framing (FR)

Signature: [Signature]

Name (person submitting this form): Jasmine Okeefe

Capacity (check applicable line):

- ☐ Owner
☒ Owner representative



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/23/2025

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
Borg & Borg Inc.
148 East Main Street
Huntington NY 11743

CONTACT NAME: Mary Lou Miner

PHONE (A/C, No, Ext): 631-673-7600

FAX (A/C, No): 631-351-1700

E-MAIL ADDRESS: certificates@borgins.com

License#: PC-648965

CEDAKNO-02

INSURED
Cedar Knolls Inc.
900 Marconi Avenue
Ronkonkoma NY 11779

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Southwest Marine and General

12294

INSURER B: Merchants Mutual Insurance

23329

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER: 913565695

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	ADUL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☒ LOC OTHER:		GL2024LHB00326	10/12/2024	10/12/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY		CAPI071165	5/7/2024	5/7/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 ☐ OTH-ER 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

Town of Southold
53095 Route 25
PO Box 1179
Southold NY 11971

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

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New York State Insurance Fund

PO Box 66699, Albany, NY 12206

| [nysif.com](https://www.nysif.com)

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 113120755
BORG & BORG INC
148 E MAIN ST
HUNTINGTON NY 11743



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER CEDAR KNOLLS INC. 900 MARCONI AVE RONKONKOMA NY 11779		CERTIFICATE HOLDER TOWN OF SOUTHOLD 53095 ROUTE 25 PO BOX 1179 SOUTHOLD NY 11971	
POLICY NUMBER 12190 763-9	CERTIFICATE NUMBER 669554	POLICY PERIOD 02/12/2024 TO 02/12/2025	DATE 1/23/2025

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2190 763-9, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

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

THIS POLICY DOES NOT COVER THE SOLE PROPRIETOR, PARTNERS AND/OR MEMBERS OF A LIMITED LIABILITY COMPANY.

THE POLICY INCLUDES A WAIVER OF SUBROGATION ENDORSEMENT UNDER WHICH NYSIF AGREES TO WAIVE ITS RIGHT OF SUBROGATION TO BRING AN ACTION AGAINST THE CERTIFICATE HOLDER TO RECOVER AMOUNTS WE PAID IN WORKERS' COMPENSATION AND/OR MEDICAL BENEFITS TO OR ON BEHALF OF AN EMPLOYEE OF OUR INSURED IN THE EVENT THAT, PRIOR TO THE DATE OF THE ACCIDENT, THE CERTIFICATE HOLDER HAS ENTERED INTO A WRITTEN CONTRACT WITH OUR INSURED THAT REQUIRES THAT SUCH RIGHT OF SUBROGATION BE WAIVED.

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

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 1062095156



**Workers'
Compensation
Board**

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 or that Carrier

1a. Legal Name and Address of Insured (Use street address only)

**Cedar Knolls Inc.
900 Marconi Avenue
Ronkonkoma, NY 11779**

Work Location of Insured (Only required if specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)

1b. Business Telephone Number of Insured

(631) 231-1518

1c. Federal Employer Identification Number or Social Security Number

20-3896901

2. Name and Address of Entity Requesting Proof of Coverage
(Entity Being Listed as Certificate Holder)

**Town of Southold
53095 Route 25
P.O. Box 1179
Southold, NY 11971**

3a. Name of Insurance Carrier

Hartford Life And Accident Insurance Company

3b. Policy Number of entity listed in box "1a": **LNy641833**

3c. Policy effective period: **12/31/2024 to 12/31/2025**

4. Policy provides the following benefits:

- ☒ A. All for the employer's employees eligible under the New York Disability Law
☐ B. Only the following class or classes of employer's employees:
☐ 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 Benefits insurance coverage as described above.

Date Signed January 23, 2025

By: David M Borg

(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone No. 631 673 7600

Name and Title: President

IMPORTANT: If box 4a is 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" is checked, this certificate is **NOT COMPLETE** for the purposes of Section 220, Sub. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 328 State Street, Schenectady, New York 12305

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-insured employer has complied with the NYS Disability Benefits Law with respect to all or his/her employees.

Date Signed _____ By _____

(Signature of NYS Workers' Compensation Board Employee)

Telephone No. _____ Title: _____

Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS license insurance agents of those insurance carriers are authorized to issue Form DB-120.1. **Insurance Brokers are not authorized to issue this form.**

DB-120.1 (10-17)

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 has been secured as provided by this article.

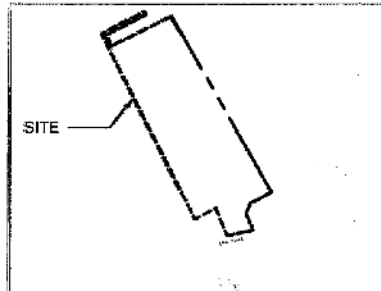
PROPERTY INFORMATION

SITE: 29525 MAIN ROAD
ORIENT, NY 11957
SCTM #: 1000-13-2-7.12, 13 & 14.
GROSS LOT AREA: 764,261± SQ. FT. (17.545± ACRES)
SCDHS REFERENCE NO.: C10-17-0008

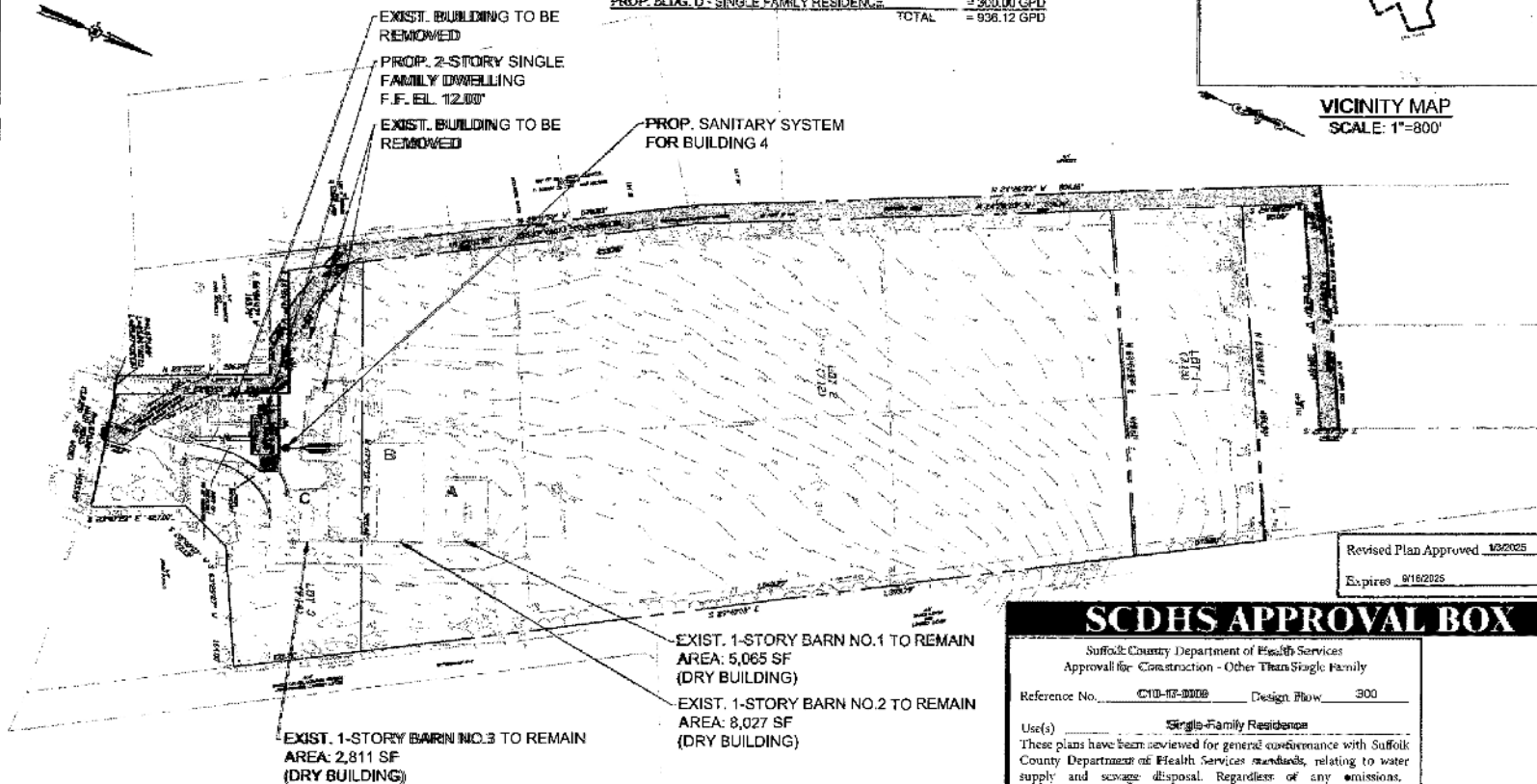
DENSITY CALCULATIONS

GROUNDWATER MANAGEMENT ZONE IV: 600 GPD / ACRE
SITE SERVED BY PRIVATE WELL: 300 GPD / ACRE
AREA TO BE DEVELOPED WITHIN 2 LOTS - S.C.I.M. TAX LOT 1000-13-2-7.12 & 14
LOT 7.12: 12 ACRES + LOT 7.14: 2.499 ACRES = 14.499 ACRES
ADJUSTED ALLOWABLE SANITARY FLOW: 14.499 ACRES X 300 GPD / ACRE = 4,349.70 GPD

SANITARY SYSTEM DENSITY LOAD CALCULATIONS:
EXIST. BLDG. A - 5,065 SF BARN NO.1 @ 0.04 GPD/SF = 202.60 GPD
EXIST. BLDG. B - 8,027 SF BARN NO.2 @ 0.04 GPD/SF = 321.08 GPD
EXIST. BLDG. C - 2,811 SF BARN NO.3 @ 0.04 GPD/SF = 112.44 GPD
PROP. BLDG. D - SINGLE FAMILY RESIDENCE = 300.00 GPD
TOTAL = 936.12 GPD



VICINITY MAP
SCALE: 1"=800'



OVERALL SITE PLAN

SCALE: 1"=150'

SCALE: 1"=150'

NOTE:

SURVEY INFORMATION OBTAINED FROM L.K. MCLEAN ASSOCIATES ENGINEERING & SURVEYING, DPC DATED DECEMBER 13, 2024.

Water lines must be installed by the Suffolk County Dept. of Health Services. Call (631) 652-5754, 48 hours in advance, to schedule inspection(s).

SCDHS APPROVAL BOX

Suffolk County Department of Health Services
Approval for Construction - Other Than Single Family

Reference No. C10-17-0008 Design Flow 300

Use(s) Single-Family Residence

These plans have been reviewed for general conformance with Suffolk County Department of Health Services standards, relating to water supply and sewage disposal. Regardless of any omissions, inconsistencies or lack of detail, construction is required to be in accordance with the attached permit conditions and applicable standards, unless specifically waived by the Department. This approval expires 3 years from the approval date, unless extended or renewed.

12/29/2018

Approval Date

Adrian Corralles

Revised Plan Approved 1/3/2025

Expires 9/18/2025



CONSULTANTS



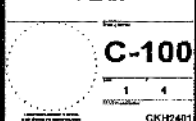
NAME	TYPE	DATE	REMARKS
WATER	ML	12/29/18	RECEIVED
WSE	ML	12/29/18	RECEIVED
WGL	ML	12/29/18	RECEIVED
WGL	ML	12/29/18	RECEIVED

ZIMMER LLC
29525 MAIN ROAD
ORIENT, NY 11957

29525 MAIN ROAD PROPOSED SANITARY SYSTEM

29525 MAIN ROAD
ORIENT, TOWN OF SOUTHDOWN
SUFFOLK COUNTY, NEW YORK
11957
1000-13-2-7.12, 13 & 14
1000-13-2-7.12, 13 & 14

OVERALL SITE PLAN



CK12401

13-2-7.14

WMH DRAWING LIST	
PAGE #	
1	ELEVATIONS
2	FOUNDATION PLAN
3A,3B	FLOOR PLANS
3C	GARAGE PLANS
3WA,3WB	BRACED WALL PLAN
4.1,4.2	CROSS SECTIONS
5A,5B	PLUMBING PLAN
6A,6B	ELECTRICAL PLAN
8	STD. NOTES & DETAILS

TOTAL AREA	= 3267 SQ. FT.
OCCUPANCY CLASS	= DETACHED SINGLE FAMILY DWELLING
CONSTRUCTION TYPE	= WOOD FRAME UNPROTECTED
GROUND SNOW LOAD	= 40 LB/SF
SEISMIC DESIGN CAT.	= B
SOIL SITE CLASS	= D
WIND SPEED (Vult)	= 136 MPH
EXPOSURE CATEGORY	= C
FLOOD ZONE:	= X
PER FEMA MAP #	36103C0068H
NUMBER OF STORIES	= 2
FLOOR LIVE LOAD	=
	= 40 LB/SF
	= 30 LB/SF
	4 (5572 HDD)
CLIMATE ZONE	

REVISION	DATE	04/24/24
RC		
CHECK	DATE	
RS	01/29/2021	

PRODUCT ON NO. 24050

SERIAL NO.

Westchester Modular Homes Inc
3 Reagan's Mill Road, Wingdale, New York, 12594
Tel (845) 832-9400 Fax (845) 832-6698

NEW YORK 2 STORY
COVER SHEET

USE GROUP:	OUTDOOR:	DETACHED SINGLE FAMILY DWELLING	CEDAR KNOLLS 900 MARCONI AVE RONKONKOMA, NY 11779
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P.F.S. CORPORATION
3RD PARTY INSPECTION AGENCY
421 CENTRAL ROAD SUITE 2
BLOOMSBURG, PA 17815
(570) 784-8396

ANTHONY S. PISARRI, P.E.
DESIGN PROFESSIONAL
3 ROSALIND DRIVE
CORTLANDT MANOR, NY 10567
(914) 739-6580

DESIGNED TO THE FOLLOWING:

- 2020 NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODE (WHICH INCORPORATES BY REFERENCE)
- 2020 RESIDENTIAL CODE OF NYS
- 2020 ENERGY CONSERVATION CONSTRUCTION CODE OF NYS
- 2017 NATIONAL ELECTRICAL CODE

NOTES

UNAUTHORIZED ALTERATION OR ADDITION TO
THIS DRAWING IS A VIOLATION OF SECTION 7209,
ARTICLE 145 OF THE NYS EDUCATION LAW.

PROJECT ADDRESS

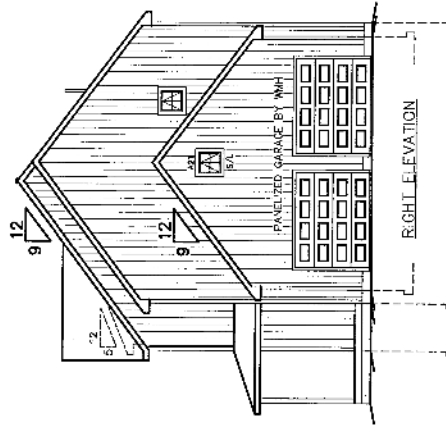
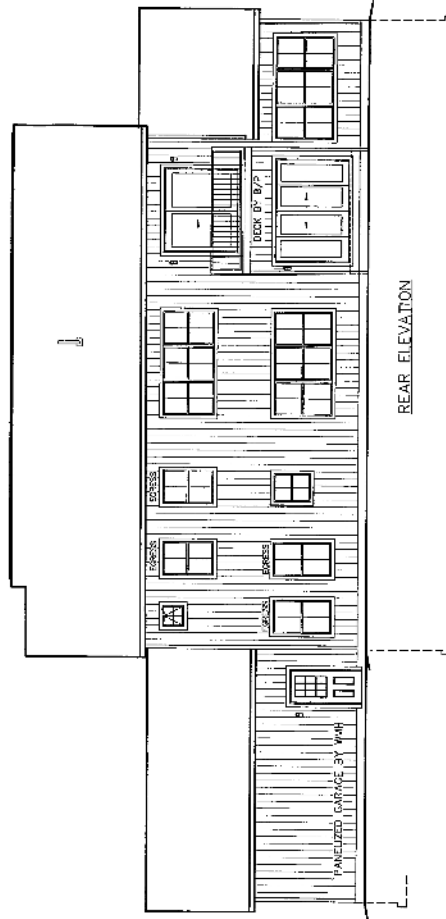
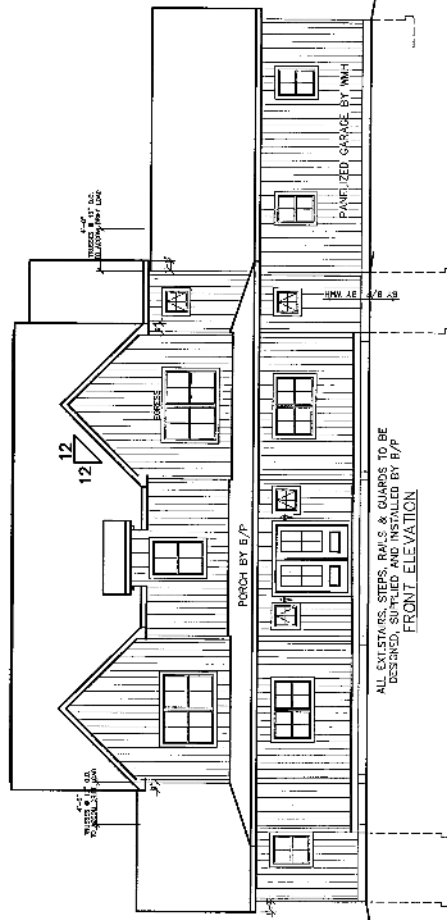
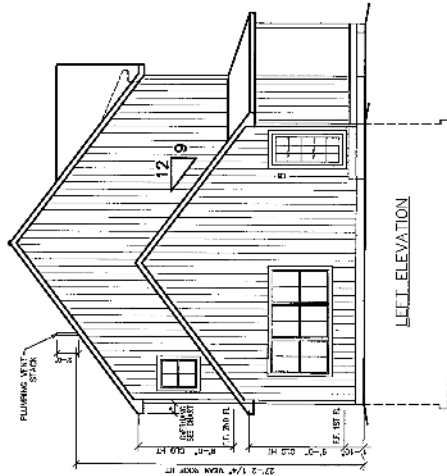
29275 MAIN RD
ORIENT, NY 11957
SUFFOLK COUNTY

1. THE PLANS AND SPECIFICATIONS OF THIS PERMIT PLAN SET ARE DERIVED FROM AND CONSISTENT WITH THE SYSTEMS SET OF PLANS AND SPECIFICATIONS ON FILE WITH THE DEPARTMENT OF STATE, UNDER SYSTEM'S NUMBER M0659-2022-104.
2. ENERGY COMPLIANCE IS SHOWN THROUGH THE USE OF RESCHECK SOFTWARE AND IS IN COMPLIANCE WITH CHAPTER 11 OR THE CODE.
3. BLOWER DOOR TESTING SHALL BE PERFORMED ON SITE BY A QUALIFIED HERS RATER IN ACCORDANCE WITH N1102.4.1.2.RATING COMPANY TO BE USED IS RESIDENTIAL ENERGY CONSERVATION, PO BOX 1013 SMITH TOWN, NY 11787.
4. WHOLE HOUSE VENTILATION SYSTEM TO BE DESIGNED, SUPPLIED, AND INSTALLED ON SITE BY B/P WITH A MINIMUM CONTINUOUS FLOW RATE OF PER TABLE M1505.4.3(1). WITH A MINIMUM CONTINUOUS FLOW RATE OF 90cfm.
5. THERE ARE NO LOT LINE SEPARATION REQUIREMENTS FOR THIS DWELLING AS LOCATED ON THIS LOT.
6. EXISTING HOUSE TO BE REMOVED AND REPLACED.

NOTES:
 --DELETE SIDING
 --DELETE CORNERS
 --DELETE SOFFIT AND FASCA MATERIALS

NOTES:
1. ALL EXTERIOR STAIRS, LANDINGS, RAILS, & GUARDS TO BE DESIGNED, SUPPLIED, AND INSTALLED ON SITE BY S/P PER R311.7, 312.1, & R303.8
2. ALL STAIRWAY ILLUMINATION AT EXTERIOR DOORS TO BE PROVIDED BY TWIN PER R303.8

NOTE: VENT FLASHING SHALL BE INSTALLED AT VENT PIPE PENETRATION PER R3103.3



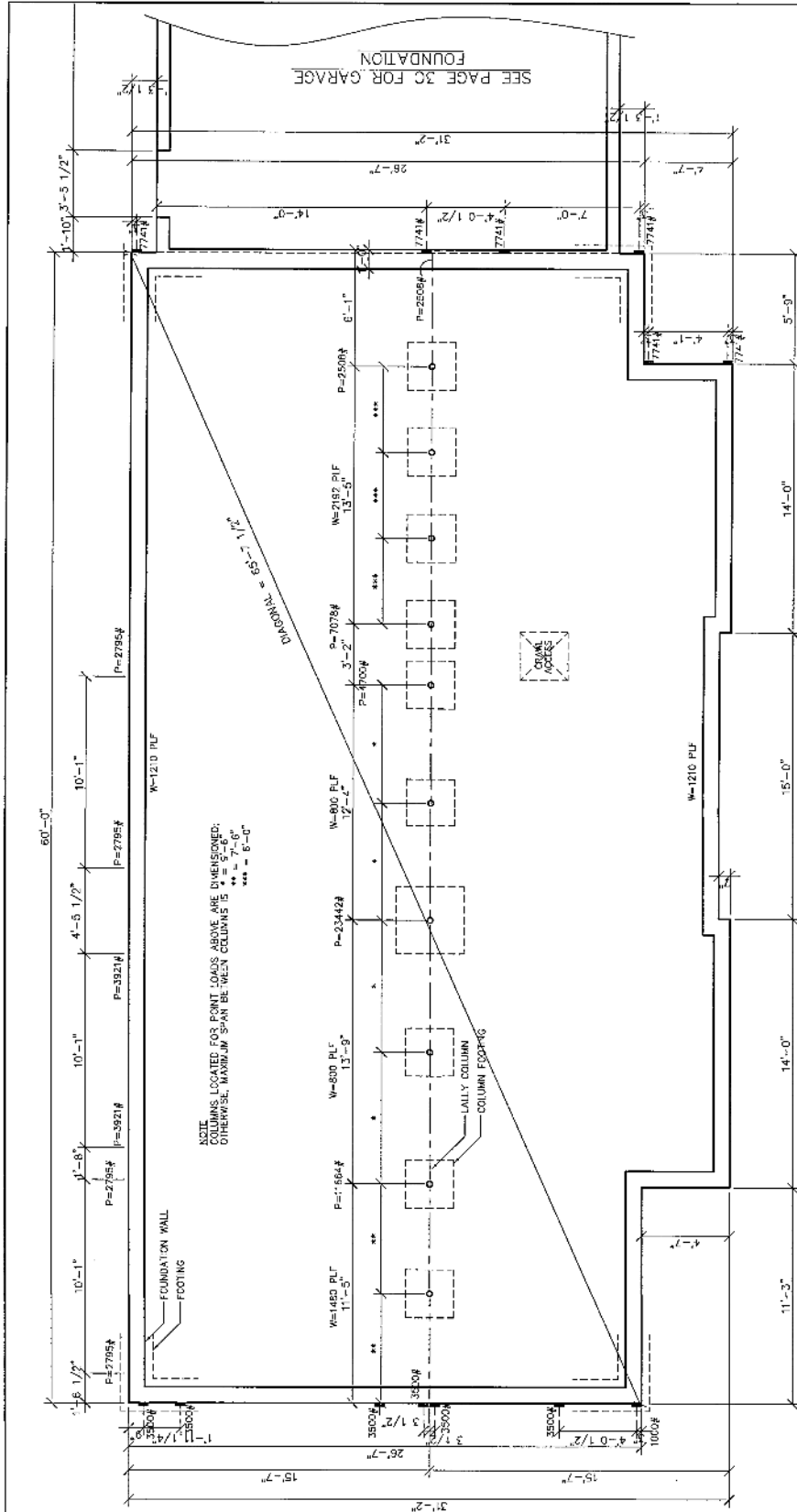
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AVE NY 11779 LONGMEADOW 29275 MAIN RD. GREEN, NY 11957	ONIA, CTM-L WESTCHESTER MODULAR HOMES INC 350 REAGANS MILL ROAD, WINGDALE, NEW YORK, 12594 TEL (845)832-9400 FAX (845)832-6698
--	---

	
	
CEDAR KNOLLS 900 MARCONI RGNKXNKOMA,	D-SIGNER 04/02/24 1/8 = 1.0"
BUILT GROUP DETACHED STAIR PLAN 1 DMLTNG	1/8 = 1.0"

SEE STANDARD NOTES & DETAILS DWG #8

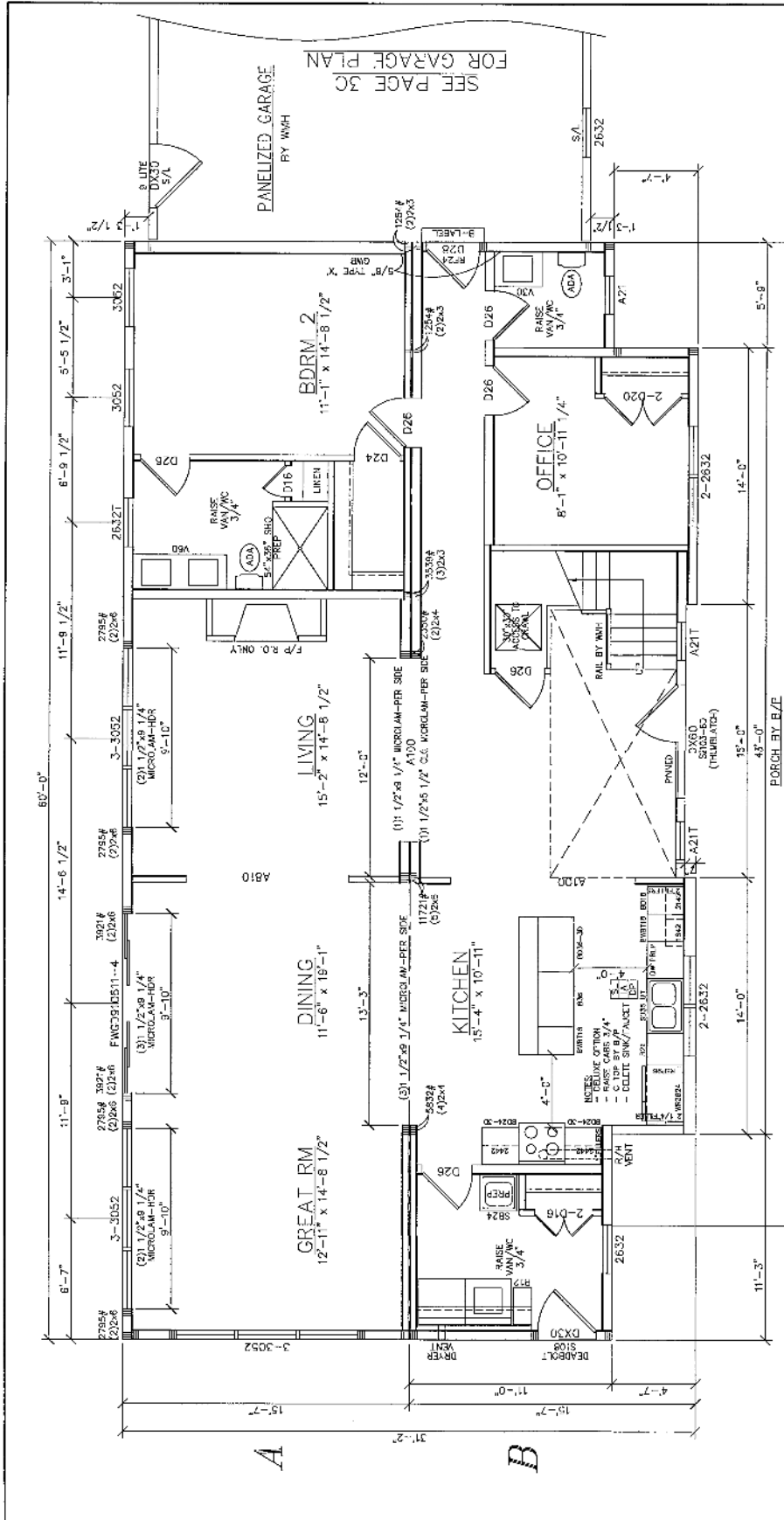
PE / RA	THIRD PARTY INSPECTION AGENCY
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- FOUNDATION NOTES:**
- 1) THE FOUNDATION PLAN IS PROVIDED FOR FOUNDATION DESIGN PARAMETERS ONLY. THE BUILDING SHALL BE CONSIDERED A RESIDENTIAL BUILDING. THE DESIGNER SHALL BE RESPONSIBLE FOR OBTAINING ALL APPLICABLE LOCAL AND STATE CODES TO BE REVIEWED AND APPROVED BY A REGISTERED ARCHITECT OR ENGINEER IN THE STATE OF ILLINOIS DESIGNATION.
 - 2) THE BUILDING PURCHASER SHALL BE RESPONSIBLE FOR DESIGN, CONSTRUCTION AND CODE COMPLIANCE OF ALL FOUNDATION ELEMENTS INCLUDING BUT NOT LIMITED TO: STRUCTURAL, PLUMBING, ELECTRICAL, HEATING, ENERGY CONSERVATION AND FIRE SEPARATION.
 - 3) LALLY COLUMN SHALL BE MINIMUM 3 1/2" STEEL PIPE WITH 8"x8" TOP PLATE. THICKNESS OF THE TOP PLATE SHALL BE DESIGNED BY PE/RA TO SUPPORT LOADS GIVEN.
 - 4) MINIMUM COLUMN FOOTING SIZE SHALL BE 2'-6" x 2'-6" x 10" DEEP.
 - 5) CONCRETE STRENGTH TO BE A MINIMUM 3000 PSI.
 - 6) FOUNDATION SHALL BE PRESERVATIVE TREATED LUMBER (SUPPLIED AND INSTALLED BY THE BUILDING PURCHASER AND SET). THERE SHALL BE NO PROTRUSION ABOVE TOP OF SLT PLATE.
 - 7) FOUNDATION ANCHOR BOLTS TO BE 1/2" MINIMUM AND SHALL BE EMBEDDED A MINIMUM 12" INTO CONCRETE FOUNDATION. CONCRETE FOUNDATION LOCATED WITHIN 8" TO 12" OF THE SLT PLATE AND SPACED @ 72" O.C. (OR ANCHOR STRAP EQUIVALENT) PER R403.1.5.
 - 8) THE BUILDING PURCHASER SHALL BE RESPONSIBLE FOR ENCLOSING THE BASEMENT WALLS WITHIN 8" TO 12" OF THE SLT WALLS IN ACCORDANCE WITH ALL APPLICABLE ENERGY CODE REQUIREMENTS.

LOAD (lbs) HOLDOWN LOCATION AND REQUIRED LOAD (BY B/P-LOCK)

THIRD PARTY INSPECTION AGENCY		PE / RA		SERIAL NO. 24050	BUILDER: CEDAR KNOLLS 900 MARCONI AVE RONKONOMA, NY 11779	HOMEOWNER: GREEN SITE: 20275 MAIN RD ORIENT, NY 11857	USE: GROUND ATTACHED SINGLE FAMILY DWELLING COAST: FREE UNPROTECTED UNPROTECTED	
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9'-0" 1ST FLOOR CLG HI

NOTES:

- 2x10 12"O.C. FLOOR JOIST
- 2" P. EXT. AND OSB MARRIAGE WALL SHEATHING
- ANDERSEN 400 SERIES WINDOWS - 2/2 GRILLE
- BLACK EXTERIOR AND INTERIOR
- 2 PANEL LOGAN SMOOTH SOLID INT. DOORS
- 1x5 FLAT BASE
- 1x4 FLAT CASING

NOTE:

ALL WINDOWS WITH A SILL HEIGHT LESS THAN 24" ABOVE FINISHED FLOOR AND WITH A EXT. HEIGHT OF GREATER THAN 6'-0" TO GRADE SHALL BE EQUIPPED WITH FALL PROTECTION SUPPLIED AND INSTALLED ON SITE BY B/P IN ACCORDANCE W/ R312.2

- NOTES
- 1- ALL LUMBER ARE SPF#2 UNLESS OTHERWISE NOTED
 - 2- ALL WINDOWS AND DOOR - HEADER ARE (2)2x10 UNLESS OTHERWISE NOTED

WINDBORNE DEBRIS NOTE:

- 1) WINDOWS SHALL BE PROTECTED FROM WIND BORNE DEBRIS IN ACCORDANCE WITH THE INTERNATIONAL RESIDENTIAL CODE SECTION 503.2.2. EXCEPT FROM THE 1/2" O.D. 2x4 RICHDOCK SECTION 503.2.2. EXCEPT FROM THE 1/2" O.D. 2x4 RICHDOCK EXTERIOR PROTECTION, INCLUDING THE FASTENING.
- 2) WINDOW AND EXTERIOR DOOR DESIGN PERFORMANCE RATING SHALL CONFORM TO IRC SECTION R301.2.1

LIGHT & VENTILATION SCHEDULE (SF)

ROOM	AREA	LIGHT	VENT
		REQUIRED	SUPPLIED
LIVING	223	17.8	30.9
GREAT RM	190	15.2	61.5
DINING	219	17.5	38.1
KITCHEN	167	13.4	11.1
BDRM 2	163	13.0	20.6
OFFICE	85	6.8	11.1
		3.4	6.34

THIRD PARTY INSPECTION AGENCY

PE / RA

24050

EXAMINATION NO.

BLDG.:

CEDAR KNOLLS

HOMEOWNER:

28275 MAIN RD.

USE GROUP:

RETAINED SINGLE

DATE:

04/02/24

SCALE:

1/4" = 1'-0"

PAGE:

3A

DESIGNER:

WESTCHESTER MODULAR HOMES INC.

DATE:

04/02/24

SCALE:

1/4" = 1'-0"

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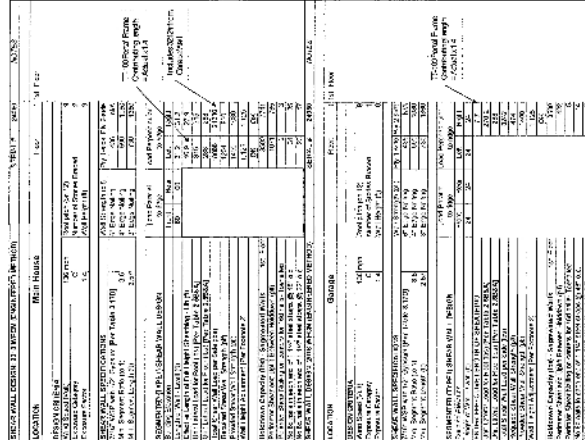
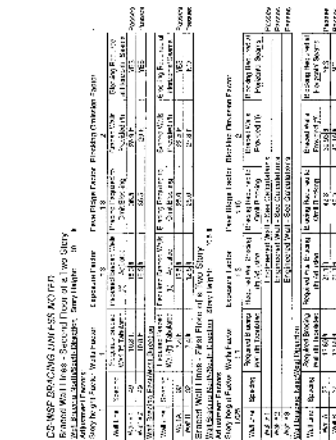
04/02/24

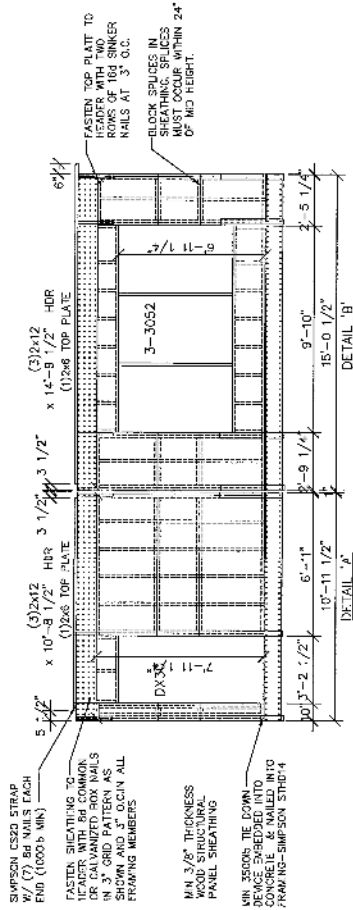
SCALE:

1/4" = 1'-0"

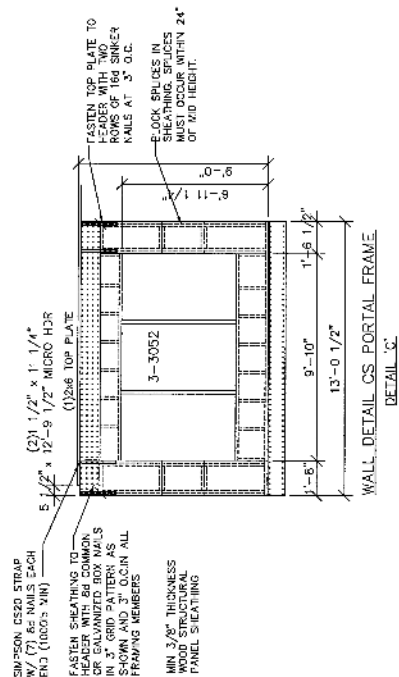
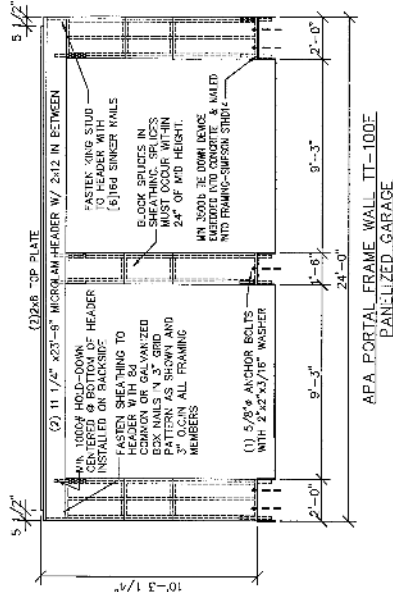
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THIRD PARTY INSPECTION AGENCY	PE / RA	 
SERIAL No. 24050 PRODUCTION No. _____		BUILDERS: CEDAR KNOILLS 900 MARCONI AVE. RONKONKOMA, NY 11773
REMS ON _____ RC _____ DATE _____ 04/23/24 11/18/24		HOMEOWNER: BRENN SITE: 28275 MAIN RD. 11773 GREENT, NY 11967
COLONIAL CTM-L GARAGE PLAN		USE GROUP: UNFINISHED SINGLE FLOOR CROWN MOULDING CROWN LINING WOOD FRAME UNPROFIT CTD DESIGNER: DATE: 04/202/24 SCALE: 1/4" = 1'-0" LABEL:
		 Westchester Modular Homes Inc 30 Reagans Mill Road, Wingdale, New York, 12594 Tel (845)832-9400 Fax (845)832-6698

[illegible]



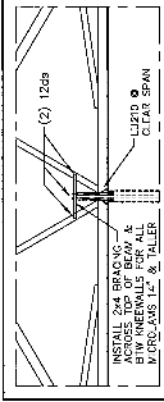
WALL DETAIL APA PORTAL FRAME
WALL II-100



WALL DETAIL CS PORTAL FRAME
DETAIL 'C'

THIRD PARTY INSPECTION AGENCY		PE / RA		SERIAL No. 24050		BUILDING		HOMEOWNER		LIFE CYCLE	
				PRODUCTION No. REVISION DATE 07/24/21		CEDAR KNOLLS 900 MARCONI AVE RONKONKOMA, NY 11779		GREEN SITE 20275 MAIN RD. CREDIT, NY 11957		DETACHED SINGLE FAMILY DWELLING CONSTRUCTION UNINSURATED	
						COLONIAL CTM-L BRACED WALLS		Westchester Modular Homes Inc 30 Rengans Mill Road, Wingdale, New York, 12594 Tel (845)832-9400 Fax (845)832-6698		DATE 04/07/24 SCALE NOT TO SCALE PAGE 3WB	

THIRD PARTY INSPECTION AGENCY	
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PERIMETER BEAM DETAIL

PERIMETER BEAM (2)
2x10 SPT #2 w/ 1/2"
PLY. EACH MODULE

1/2" BOLT & NUT
& WASHER @ 32" O.C.
FLOOR, 48" O.C. JOIST

1/8" STEEL PLATE & LAG BOLTS
37 B/C PLATE THICKNESS
DESIGNED BY OTHERS.

LALLY COLUMN

4.2



Westchester Modular Homes Inc
30 Redegans Mill Road, Wingdale, New York, 12594
Tel (845)832-9400 Fax (845)832-6698

DESIGN: 3-
DATE: 04/02/24
SCALE: 1/4" = 1'-0"
CROSS SECTION

PROJECT: CEDAR KNOLLS
FAMILY DWELLING
900 MARCONI AVE
RONKONKOMA, NY 11779
SIT: 29275 MAIN RD.
ORIENT: NY 11957
HOMEOWNER: GREEN

REVISION	DATE
NO	04/24/24
NO	11/19/24
NO	04/21/2023
CHECK	DATE
HS	04/21/2023

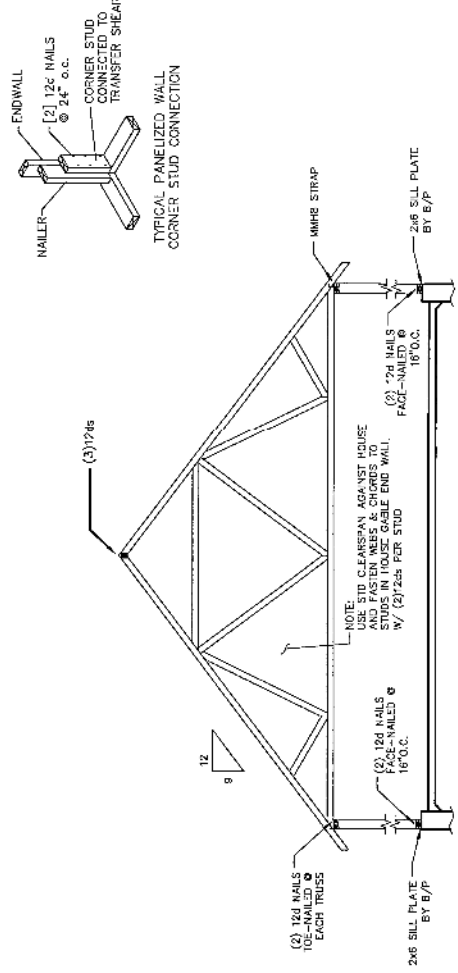


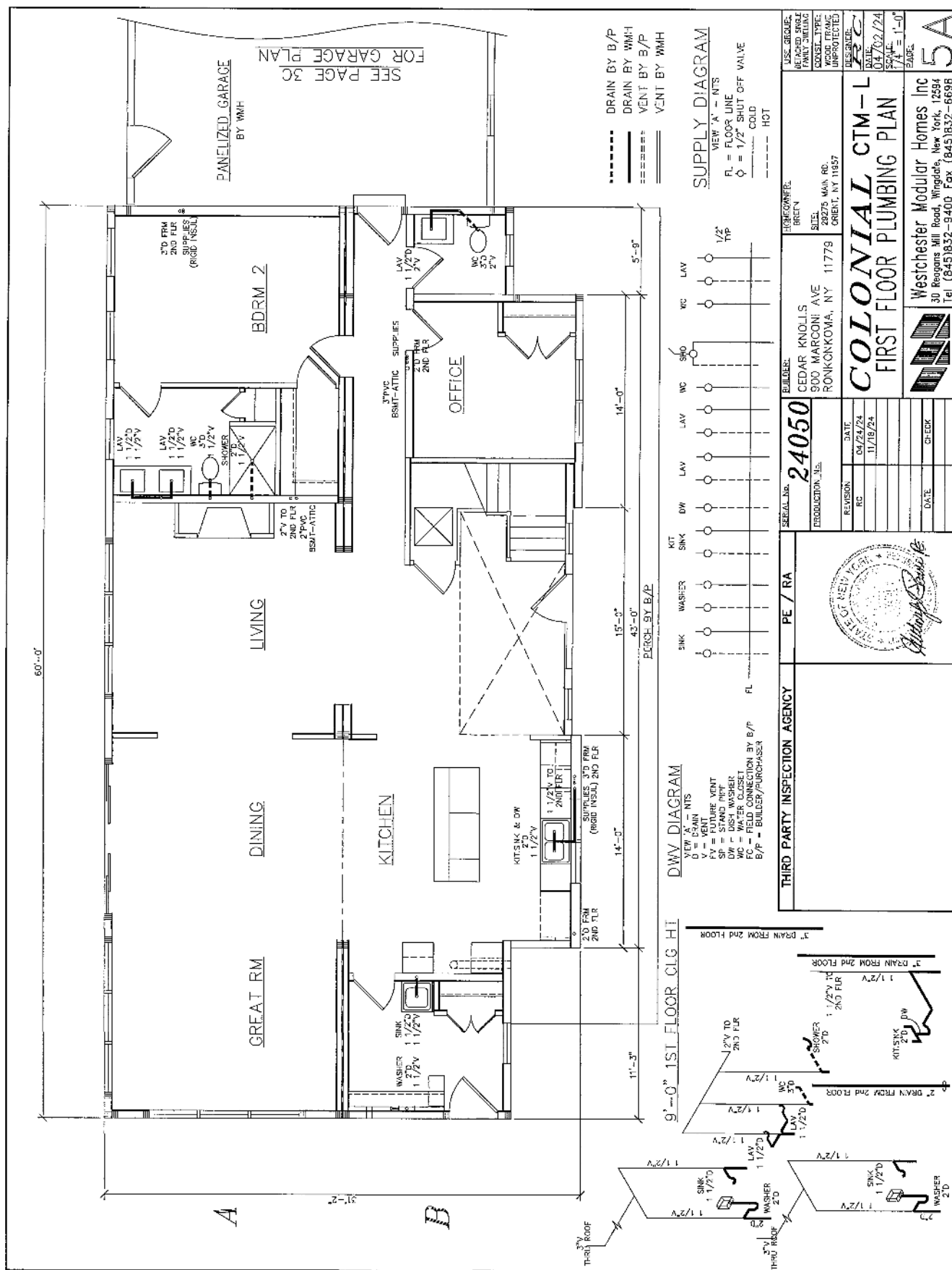
THIRD PARTY INSPECTION AGENCY

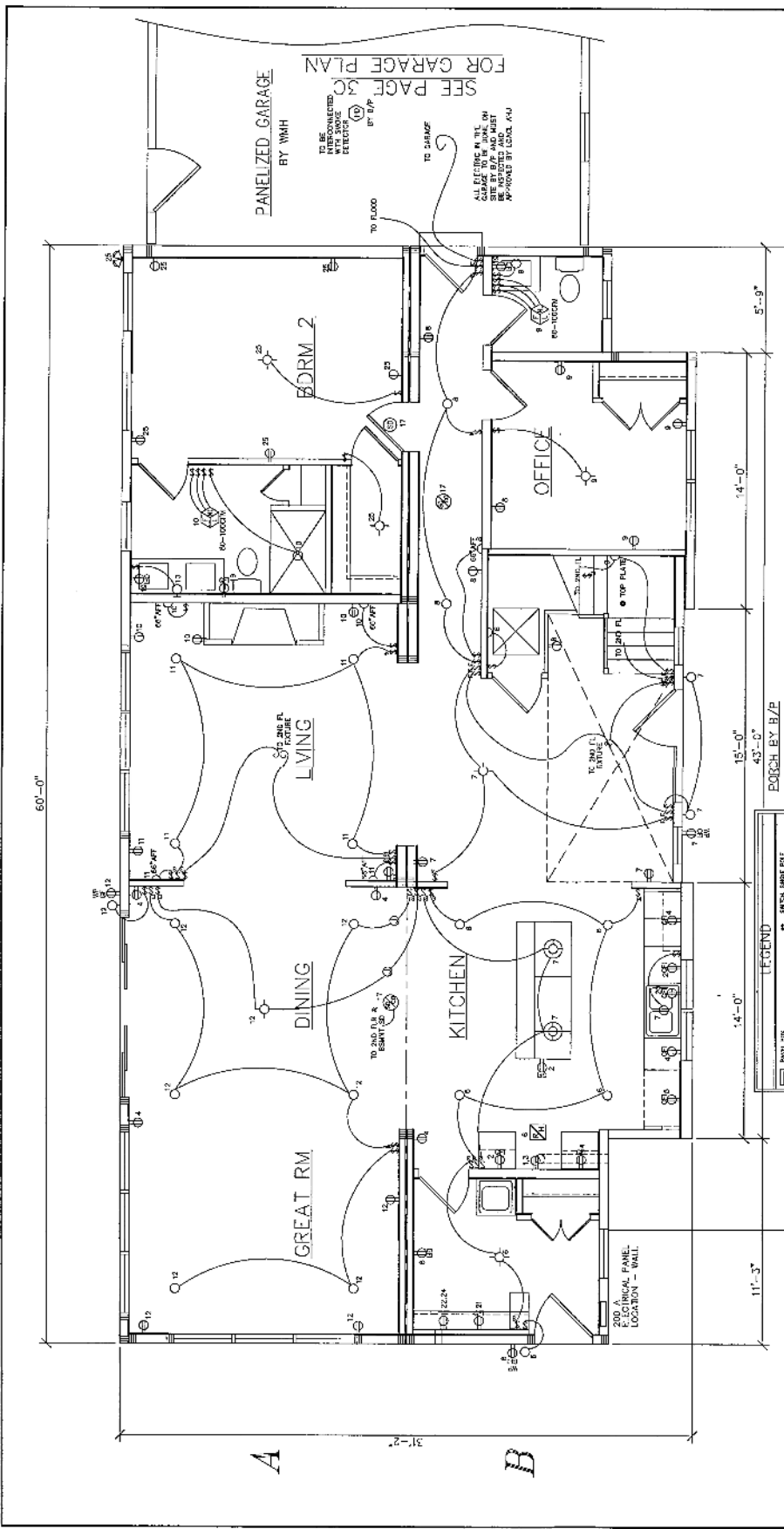
PE / RA

24050

GARAGE CROSS SECTION & DETAILS

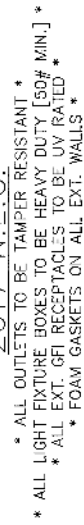






2017 N.E.C.
 * ALL OUTLETS TO BE TAMPER RESISTANT *
 * ALL LIGHT FIXTURE BOXES TO BE HEAVY DUTY [50# MIN.] *
 * ALL EXT. GFI RECEPTACLES TO BE UV RATED *
 * FOAM CASSETS ON ALL EXT. WALLS *

THIRD PARTY INSPECTION AGENCY 		PE / RA William J. Sarno	24050 SERIAL NO. PRODUCTION NO.	CEGAR KNOLLS 900 MARCONI AVE RONKONKOMA, NY 11779	BUILDING GREEN 20275 MAIN RD. ORIENT, NY 11957	USE GROUP: DETACHED SINGLE FAMILY DWELLING FOREST, LT. 22 UNOCCUPIED
LEGEND PANEL USE: 1. SWITCH, 2. OUTLET, 3. RECEPTACLE, 4. LIGHT, 5. FAN, 6. MOTOR, 7. TRANSFORMER, 8. ANTENNA, 9. TELEPHONE, 10. CLOSET, 11. BATH, 12. KITCHEN, 13. LIVING, 14. DINING, 15. BED, 16. BATH, 17. CLOSET, 18. GARAGE, 19. PORCH, 20. DRIVE, 21. WALKWAY, 22. TERRACE, 23. PATIO, 24. DECK, 25. FENCE, 26. GATE, 27. WINDY, 28. FLOOD, 29. HAIL, 30. SNOW, 31. ICE, 32. RAIN, 33. WIND, 34. FLOOD, 35. HAIL, 36. SNOW, 37. ICE, 38. RAIN, 39. WIND, 40. FLOOD, 41. HAIL, 42. SNOW, 43. ICE, 44. RAIN, 45. WIND, 46. FLOOD, 47. HAIL, 48. SNOW, 49. ICE, 50. RAIN, 51. WIND, 52. FLOOD, 53. HAIL, 54. SNOW, 55. ICE, 56. RAIN, 57. WIND, 58. FLOOD, 59. HAIL, 60. SNOW, 61. ICE, 62. RAIN, 63. WIND, 64. FLOOD, 65. HAIL, 66. SNOW, 67. ICE, 68. RAIN, 69. WIND, 70. FLOOD, 71. HAIL, 72. SNOW, 73. ICE, 74. RAIN, 75. WIND, 76. FLOOD, 77. HAIL, 78. SNOW, 79. ICE, 80. RAIN, 81. WIND, 82. FLOOD, 83. HAIL, 84. SNOW, 85. ICE, 86. RAIN, 87. WIND, 88. FLOOD, 89. HAIL, 90. SNOW, 91. ICE, 92. RAIN, 93. WIND, 94. 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THIRD PARTY INSPECTION AGENCY	PE / RA		SERIAL NO. 24050	BUILDER: CEDAR KNOLLS 900 MARCONI AVE RONKONKOMA, NY 11779	HOUSENUMBER: GREEN SITE: 28275 MAIN RD. ORIENT, NY 11927	U.S.S. - BUILT: DETACHED SINGLE FAMILY DWELLING 200511 - 11/22 UNPROTECTED LEAKAGE: RA - L 34702/24 TALK - 11-11 FLARE:	6B
			PRODUCTION RUN	REVISION RC DATE 04/24/24 11/18/24	COLONIAL CTM-L 2nd.FL ELECTRICAL PLAN	 Westchester Modular Homes Inc 30 Regens Mill Road, Wingdale, New York, 12594 Tel (845)852-9400 Fax (845)852-6698	

[illegible]

1) THE BUILDER/PURCHASER IS NOTED AS B/P.
2) SEE FLOOR PLANS FOR LABEL LOCATIONS. ABBREVIATIONS ARE AS FOLLOWS:
☒ STATE LABELS ☒ INDUSTRIALIZED BUILDINGS COMMISSION
☒ THIRD PARTY INSPECTION AGENCY ☒ WARRANTY LABEL
☒ DATA PLATE ☒ CONNECTICUT LABEL/THIRD PARTY INSPECTION AGENCY
3) MAXIMUM HEIGHT OF EGRESS WINDOW SPECIFIED IS 3'-6" ABOVE FINISHED FLOOR.
4) REFER TO OTHER SPECIFICATION FORM FOR SPECIFIC APPLIANCES SUPPLIED WITH THIS HOUSE.
5) BATHROOM FANS ARE RATED AT MIN. 70 CFM UNLESS OTHERWISE NOTED ON PLANS & VENTED TO THE EXTERIOR. ALL FAN CONNECTIONS ARE TO BE DONE ON SITE BY B/P.
6) ATTIC ACCESS(ES) ON CEILING MODELS ARE TO BE DONE ON SITE BY THE B/P.

- 7) ALL AREAS TO BE FINISHED OR BUILT BY B/P ON SITE TO BE IN COMPLIANCE WITH ALL APPLICABLE CODE REQUIREMENTS INCLUDING (BUT NOT LIMITED TO) GARAGE, ADDITIONS, PORCHES & FENCE SEPARATIONS, TO BE INSPECTED AND APPROVED BY LOCAL BUILDING OFFICIALS
- 8) ALL INTERIOR AND EXTERIOR HANDRAILS OR GUARDRAILS ARE INSTALLED BY B/P HAVING SPINDLES SPACED 4" APART. HANDRAILS FOR STAIRWAYS SHALL BE CONTINUOUS FOR THE FULL LENGTH OF THE FLIGHT, FROM A POINT DIRECTLY ABOVE THE TOP RISER OF THE FLIGHT TO A POINT DIRECTLY ABOVE THE LOWEST RISER OF THE FLIGHT.
- 9) ALL FACTORY INSTALLED/SUPPLIED FIREPLACES ARE TO BE COMPLETED ON SITE BY B/P INCLUDING FLUE PIPES AND FIRE STOPS. NOTE: NO COMBUSTION AIR TO BE DRAWN FROM ROOMS.

- 1) MATERIALS ARE TYPE A PEX.
- 2) WATER SUPPLY SHALL BE SECURELY ATTACHED TO THE BUILDING AT NOT GREATER DISTANCES BETWEEN SUPPLY INTERVALS THAN SPECIFIED:
HORIZONTAL PIPE @ 32'
VERTICAL PIPE AT MID-STORY (10' MAX)
- 3) WATER HEATER SHALL BE SUPPLIED AND INSTALLED BY B/P.
- 4) ALL SUPPLY LINES ARE STUBBED THROUGH THE FIRST FLOOR. SUPPLY LINES BELOW FIRST FLOOR SUPPLIED AND INSTALLED BY B/P.
- 5) ALL HOT WATER LINES IN UNHEATED SPACES SHALL BE INSULATED BY B/P.
- 6) ALL TUBS AND/OR SHOWERS SHALL BE SUPPLIED WITH ANTI-SCALD VALVES.]
- 7) ALL DEVICES INSTALLED WITH SELF CLOSING VALVES (E.G. WASHER, DISHWASHER) SHALL HAVE A WATER HAMMER ARRESTING DEVICE ON THE SUPPLY LINE SUPPLIED AND INSTALLED BY B/P ON SITE, IN ACCORDANCE WITH ALL STATE AND LOCAL APPLICABLE CODES.
- 8) ALL FIXTURE SUPPLY LINES 1/2" SHALL HAVE INDIVIDUAL SHUT OFF VALVES.

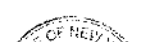
- 1) MATERIALS ARE PVC SCHEDULE 40.
- 2) DRAINAGE AND VENT PIPING SHALL BE SECURELY ATTACHED TO THE BUILDING AT NO GREATER SUPPORT INTERVALS THAN SPECIFIED.
HORIZONTAL PIPE @ 4'-0" FOR 2" OR LARGER
HORIZONTAL PIPE @ 3'-0" FOR 1 1/2" OR SMALLER
VERTICAL PIPE @ 4'-0"
- 3) ALL DRAINAGE CONNECTIONS HORIZONTAL TO HORIZONTAL AND VERTICAL TO HORIZONTAL ARE LONG SWEEP OR DOUBLE 45° FITTINGS
- 4) HORIZONTAL VENT PIPE CONNECTIONS TO VERTICAL VENT BRANCH OR STACK SHALL OCCUR AT LEAST 6" ABOVE THE FLOOR RIM OF THE HIGHEST FIXTURE SERVED BY THE HORIZONTAL VENT.
- 5) STACK PIPES SHALL EXTEND NOT LESS THAN 18 INCHES AND NOT GREATER THAN 42 INCHES ABOVE THE TRAP WEIR

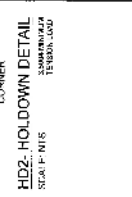
- 1) ELECTRICAL PANEL IS RATED 200 AMPS (UNLESS OTHERWISE NOTED) AND LOCATED PER PLAN.
- 2) NON-METALLIC SHEATHED CABLE IS TYPE NM-B.
- 3) WIRES ARE INSTALLED WITH INSULATED STRAPS.
- 4) LIGHTING SERVICE SHALL BE GROUNDED BY B/P IN COMPLIANCE WITH NEC, STATE AND LOCAL CODES.
- 5) ALL ELECTRICAL COMPONENTS SHALL BE LISTED AND/OR LABELED BY A NATIONALLY RECOGNIZED TESTING LAB AND SHALL BE INSTALLED IN ACCORDANCE WITH MANUFACTURER INSTRUCTIONS AND LOCATIONS/USE INSTRUCTIONS.
- 6) ELECTRICAL PANEL SHALL BE LOCATED AND MOUNTED IN BASEMENT BY B/P, UNLESS NOTED OTHERWISE.
- 7) A SERVICE DISCONNECT SHALL BE INSTALLED AT A READILY ACCESSIBLE LOCATION NEAREST THE POINT OF ENTRANCE OF THE SERVICE CONDUCTORS.
- 8) TELEPHONE, AND TELEVISION CABLES TO BE RUN TO THE ELECTRICAL PANEL LOCATION, UNLESS OTHERWISE REQUESTED/NOTED.

- 9) WIRELESS DOOR BELL TO BE SHIPPED LOOSE (INCLUDES 2 BUTTONS)
- 10) ONE GFI CIRCUIT SHALL BE INSTALLED IN BASEMENT BY 3/P
- 11) WATER HEATER, FURNACE, BASEMENT GFI, BASEMENT LIGHTS, ETC. ARE THE SITE RESPONSIBILITY OF THE B/P
- 12) A CLOTHES WASHER CIRCUIT SHALL BE INSTALLED IN BASEMENT BY B/P IF WASHER LOCATION IS NOT INCORPORATED IN HOUSE.
- 13) RECEPTACLES SHALL NOT BE INSTALLED DIRECTLY OVER ELECTRIC BASEBOARD HEATERS.
- 14) CIRCUIT BREAKERS FOR ELECTRIC BASEBOARD HEATERS ARE ONLY INSTALLED IN PANELS OF HOUSES WITH ELECTRIC BASEBOARD SYSTEMS.
- 15) SMOKE DETECTORS ARE INTERCONNECTED AND INSTALLED ON A LIGHTING CIRCUIT WITH NO INTERVENING SWITCHES ON THAT CIRCUIT.
- 16) SMOKE DETECTORS SHALL HAVE A BATTERY BACK-UP POWER SOURCE.
- 17) BASEMENT SMOKE DETECTORS ARE SUPPLIED BY WMH AND INSTALLED BY B/P ON SITE.
- 18) ALL RECESSED LIGHTS SHALL BE IC RATED AND ALSO RATED FOR WET LOCATIONS.

- 1) BASEBOARD RATINGS ARE BASED ON 190°F WATER TEMPERATURE AT 1 GPM FLOW RATE WITH 65° ENTERING AIR.
- 2) FIRST FLOOR BASEBOARD UNITS ARE INSTALLED WITH HEATING PIPES STUBBED THRU FLOOR. SECOND FLOOR HEATING PIPES BETWEEN BASEBOARD UNITS ARE INSTALLED IN FLOOR AND/OR WALL PANELS. B/P IS RESPONSIBLE FOR INTERCONNECTION BETWEEN MODULES AND FLOORS. BALANCE OF HEATING SYSTEM IS TO BE DESIGNED, SUPPLIED AND INSTALLED BY B/P.
- 3) ALL HEATING PIPES IN UN-FINISHED SPACES SHALL BE INSULATED BY B/P.
- 4) MIN. HEATING TEMPS RANGE 45° - 145° 25°F.
- 5) ACCESS PANELS FOR THE B/P TO USE FOR THE INTERCONNECTION OF THE HEATING SYSTEM. THESE PANELS MAY BE PERMANENTLY ATTACHED AND FINISHED OVER BY B/P AFTER HEATING SYSTEM IS COMPLETED.

- 1) ELECTRIC BASEBOARD HEATING CIRCUITS ARE 20 AMP, 220 VOLTS WITH 12-2 NON-METALLIC SHEATHED CABLE TYPE NM-B.
- 2) MAXIMUM WATTAGE PER CIRCUIT SHALL BE 3750 WATTS
- 3) BASEBOARDS ARE RATED AT 250 WATTS PER LINEAR FOOT.
- 4) MINIMUM THERMOSTAT RANGE IS 45° TO 75°.
- 5) GENERAL LIGHTING RECEPTACLES SHALL NOT BE LOCATED ABOVE ELECTRIC BASEBOARD HEATING UNITS.

100% GROUP: DETACHED SINGLE FAMILY DWELLING		BUILDER: CEDAR KNOLLS 900 MARCONI AVE. RONKONKOMA, NY 11779		HOMEOWNER: BREEN 29275 MAIN RD. ORIENT, NY 11657		SERIAL No. 24050		PE / RA		THIRD PARTY INSPECTION AGENCY	
CONST. TYPE: WOOD FRAME UNPROTECTED		STANDARD NOTES, SCHEDULES & DETAILS		SITE: 29275 MAIN RD. ORIENT, NY 11657		PRODUCTION No.					
DESIGNER: RC				REVISION		DATE					
DATE: 04/02/24				RC		07/24/24					
SCALE: N/A											
PAGE: 8		 Westchester Modular Homes Inc 30 Reagans Mill Road, Wingdale, New York, 12594 Tel (845)832-9400 Fpx (845)832-6698		CHECK		DATE					



CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE CITY OF CHICAGO AND THE STATE OF ILLINOIS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE CITY OF CHICAGO AND THE STATE OF ILLINOIS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE CITY OF CHICAGO AND THE STATE OF ILLINOIS.

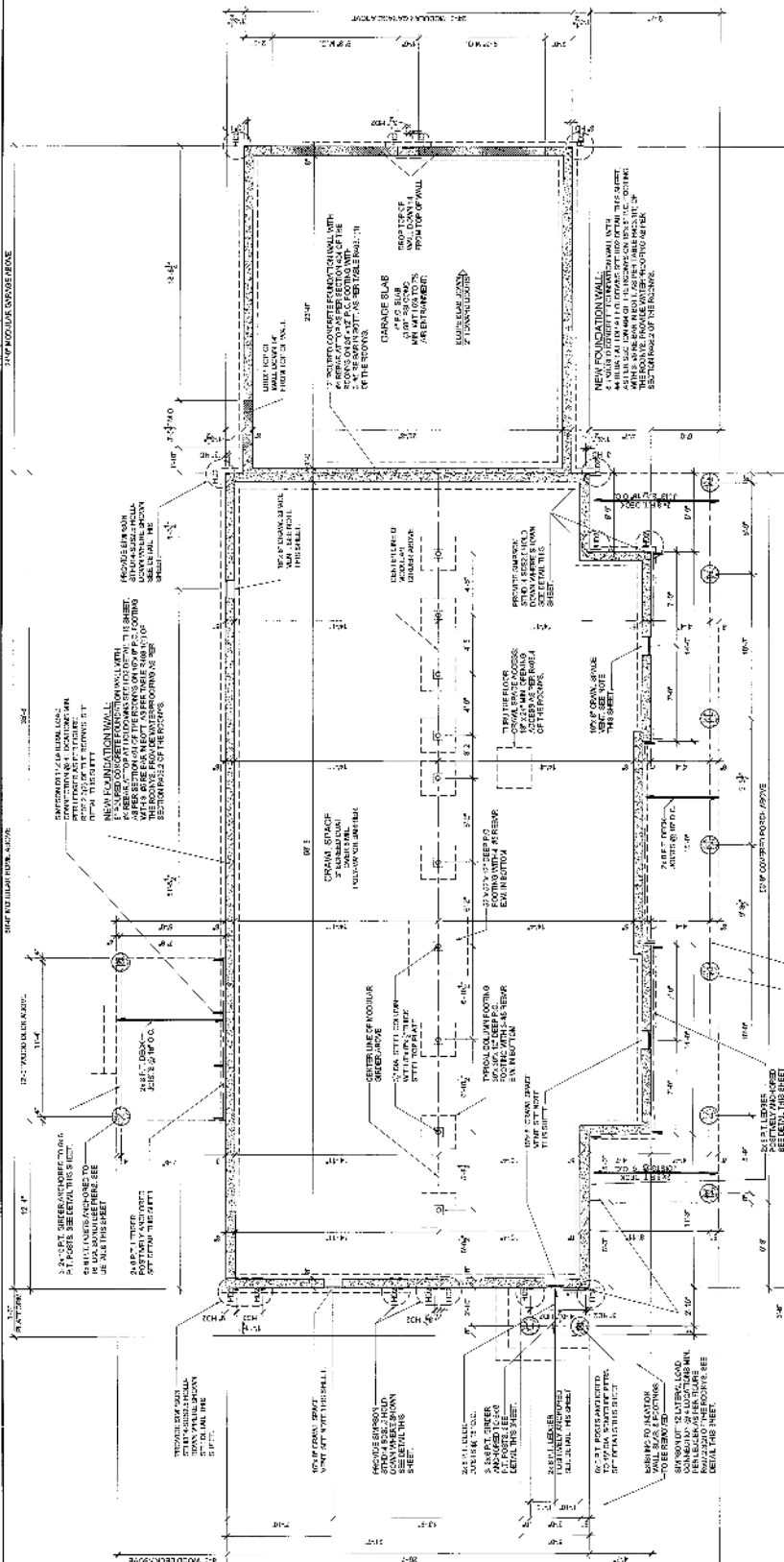


AZEL ARCHITECTURE
 Architects • Planners
 600 Westchester Court, P.O. Box 60, Yonkers, NY 10792
 Phone: 631-874-7975 Fax: 631-874-7377
kristin@azelarchitect.com

proposed Home for the:
Green Residence
1525 Main Road
Ancient, New York, 11957
Town of Southold
County of Suffolk

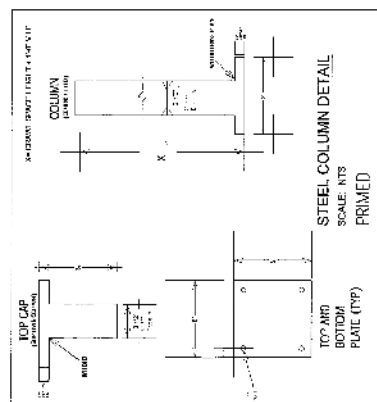
UTM #: 1000-13-2-7,14
Foundation Plan

Date: December 18, 2024 Date: June 25, 2024 Scale: As noted Sheet No.	A2
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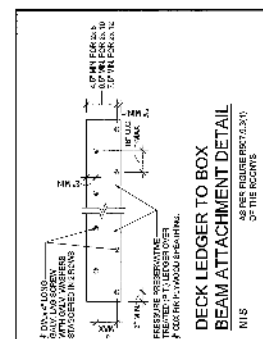


SCALE: 1/4"=1'-0"

CRANIAL SPAC. VENT. LATE.
HORN 12" VENT. STR. 100% EXHAUSTION, 100% TUFF ROCKS
CONCRETE FROM 0.035% OF VENT. ACTION
1,400 5.7, 1,220 5.7 - 1,215 5.7 REQUEST
1,400 5.7, 1,220 5.7 - 1,215 5.7 REQUEST

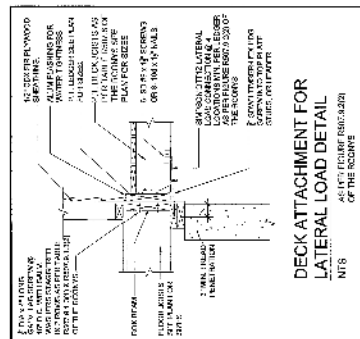
STEEL COLUMN DETAIL
SCALE: NTS
DRAWN: [illegible]

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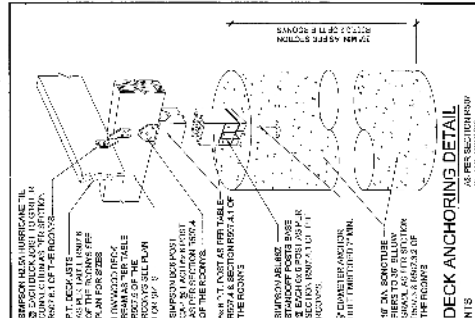
5 48 PER FIGURE PG 57.6 3415

OF THE RECEIPTS



DECK ATTACHMENT FOR
LATERAL LOAD DETAIL

OF THE RECONVE



DECK ANCHORING DETAIL

20 JUL 2005

NOTES:

SYMBOL LEGEND

	2x12 H
	POURED CONCRETE OR 4x4 PCHU BLOCK
	EXISTING STUD WALL TO REMAIN
	EXISTING STUD WALL TO REMAIN
	EXISTING STUD WALL TO REMAIN
	EXISTING STUD WALL TO REMAIN
	EXISTING STUD WALL TO REMAIN

SECTION / DETAIL

	POST DOWN
	WINDOW
	ELEMENTS ABOVE
	GROUND / HEADY ABOVE

POST DOWN

THE CONSTRUCTION OF THIS PROJECT SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL BUILDING CODE (IBC) AND THE INTERNATIONAL RESIDENTIAL CODE (IRC). THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL BUILDING DEPARTMENT. THE CONTRACTOR SHALL ALSO BE RESPONSIBLE FOR OBTAINING ALL NECESSARY EASEMENTS AND RIGHTS-OF-WAY FROM THE ADJACENT PROPERTY OWNERS. THE CONTRACTOR SHALL ALSO BE RESPONSIBLE FOR OBTAINING ALL NECESSARY EASEMENTS AND RIGHTS-OF-WAY FROM THE ADJACENT PROPERTY OWNERS.

GROUND / HEADY ABOVE

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WINDOW

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WINDOW

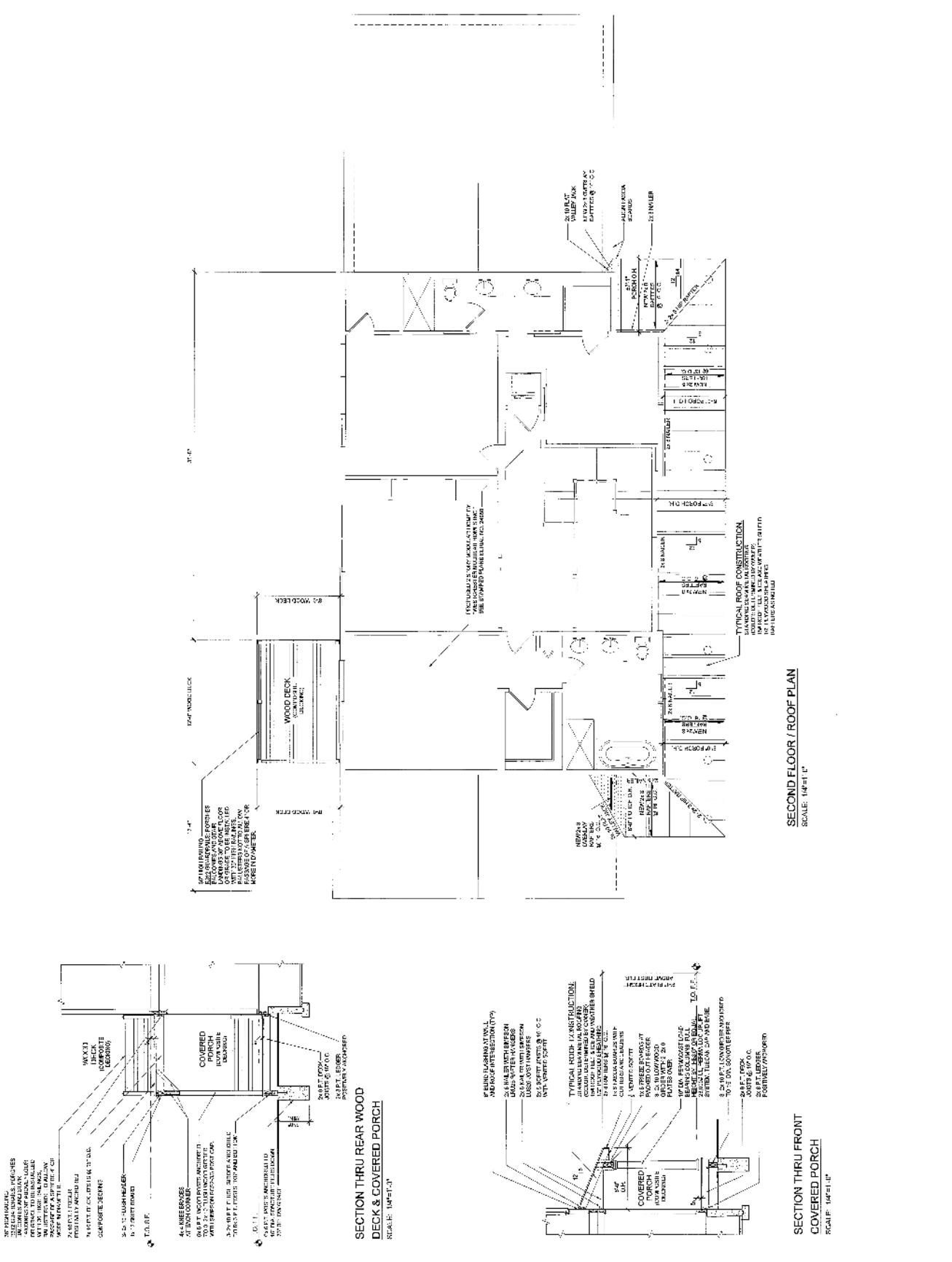
THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL BUILDING DEPARTMENT. THE CONTRACTOR SHALL ALSO BE RESPONSIBLE FOR OBTAINING ALL NECESSARY EASEMENTS AND RIGHTS-OF-WAY FROM THE ADJACENT PROPERTY OWNERS. THE CONTRACTOR SHALL ALSO BE RESPONSIBLE FOR OBTAINING ALL NECESSARY EASEMENTS AND RIGHTS-OF-WAY FROM THE ADJACENT PROPERTY OWNERS.

ELEMENTS ABOVE

THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL BUILDING DEPARTMENT. THE CONTRACTOR SHALL ALSO BE RESPONSIBLE FOR OBTAINING ALL NECESSARY EASEMENTS AND RIGHTS-OF-WAY FROM THE ADJACENT PROPERTY OWNERS. THE CONTRACTOR SHALL ALSO BE RESPONSIBLE FOR OBTAINING ALL NECESSARY EASEMENTS AND RIGHTS-OF-WAY FROM THE ADJACENT PROPERTY OWNERS.

GROUND / HEADY ABOVE

THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL BUILDING DEPARTMENT. THE CONTRACTOR SHALL ALSO BE RESPONSIBLE FOR OBTAINING ALL NECESSARY EASEMENTS AND RIGHTS-OF-WAY FROM THE ADJACENT PROPERTY OWNERS. THE CONTRACTOR SHALL ALSO BE RESPONSIBLE FOR OBTAINING ALL NECESSARY EASEMENTS AND RIGHTS-OF-WAY FROM THE ADJACENT PROPERTY OWNERS.



KAZEL ARCHITECTURE
2500 Main Road, Suite 100, Springfield, MA 01103
Phone: (413) 255-1234
Email: info@kazelarchitect.com

Project Name: Breen Residence
Address: 2025 Main Road, Springfield, MA 01103
Client: John & Jane Doe
County: Hampden County

Project No.: 1000-13-2-114
Second Floor Plan

Date: December 18, 2024
Scale: As noted

Project No.: A4

[illegible][illegible]

A6

Date: June 3, 2024
Scale: As noted
Project No.

[illegible][illegible]

KAZFL ARCHITECTURE
255 Atlantic Court, P.O. Box 166, Sayreville, NJ 07072
Phone: 631-874-2925 Fax: 631-874-3377
kaz@kazfl.com kazfl.com

Proposed Name for the:
Breen Residence
20525 Main Road
Orient, New York, 11957
Town of Southold
County of Suffolk

SCTM #: 1000 - 13 - 2 - 7.14

Building Elevations

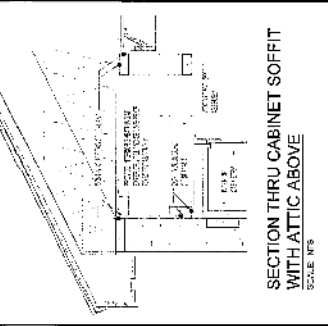
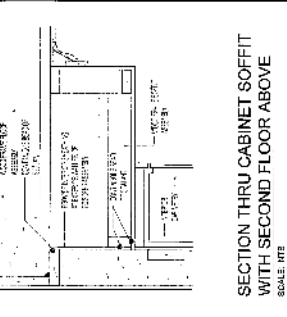
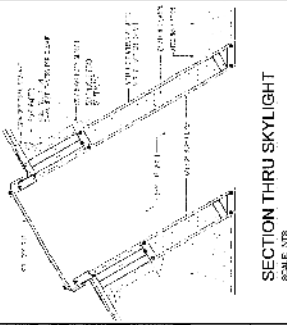
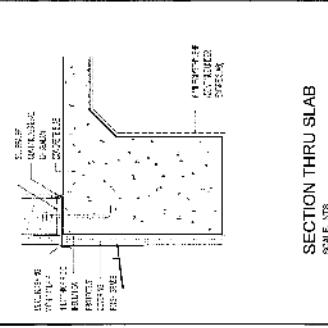
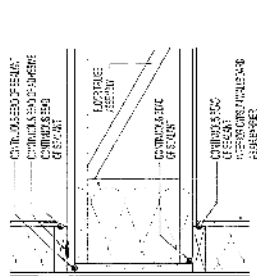
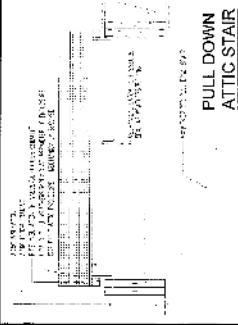
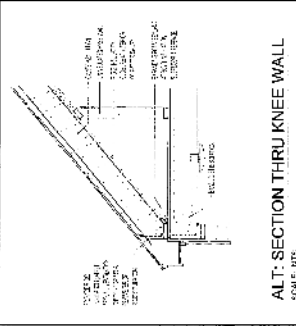
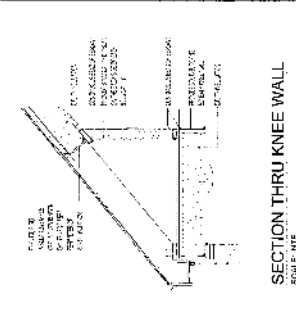
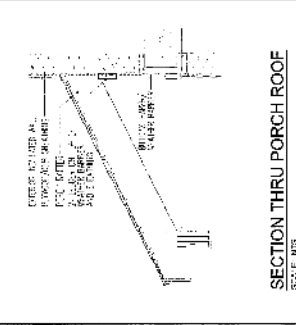
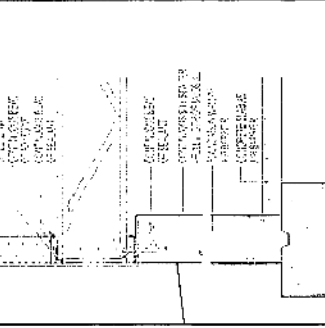
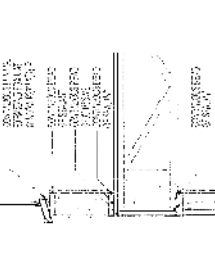
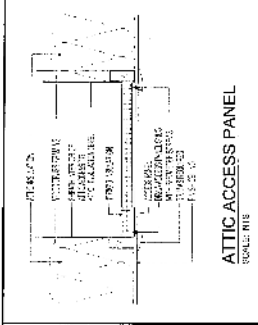
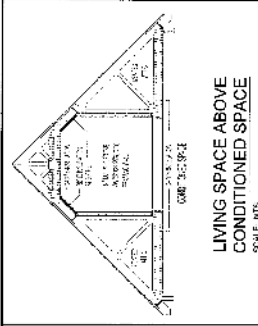
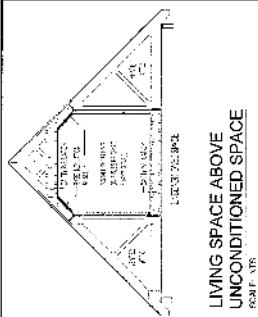
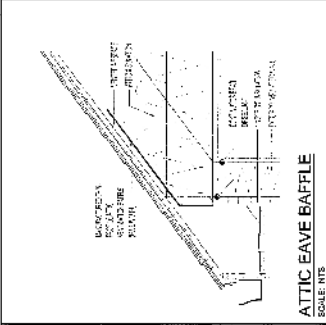
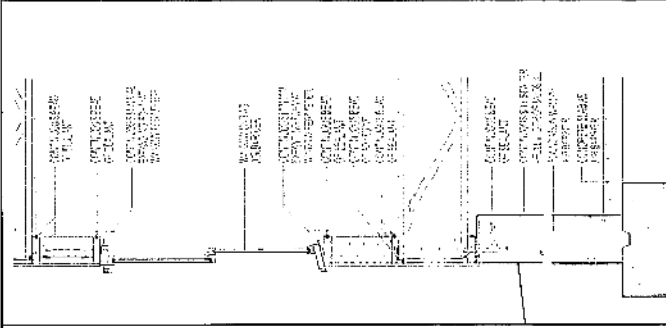
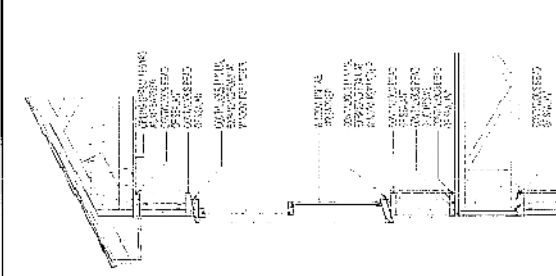
Date: December 18, 2024

A6

Date: June 3, 2024	Scale: As noted	Project No.
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[illegible]

CONTINUOUS LOAD PATH FOR
WALL BRACING DETAILS & NOTES
AS PER THE 2020 RESIDENTIAL CODE
OF NEW YORK STATE



FOR THE RECORD: ALL WORK SHOWN ON THESE PLANS IS TO BE DONE IN ACCORDANCE WITH THE PROFESSIONAL SEAL OF THE ARCHITECT. THE ARCHITECT'S SEAL IS REQUIRED FOR ALL WORK SHOWN ON THESE PLANS. THE ARCHITECT'S SEAL IS REQUIRED FOR ALL WORK SHOWN ON THESE PLANS. THE ARCHITECT'S SEAL IS REQUIRED FOR ALL WORK SHOWN ON THESE PLANS.



KAZEL ARCHITECTURE
3000 West 10th Street, Suite 100
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Phone: (918) 438-7377
kaz@kazarch.com

Air Sealing Details
Date: May 12, 2020
Scale: As noted

Project No. D1

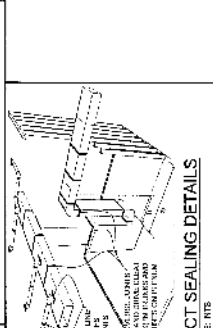
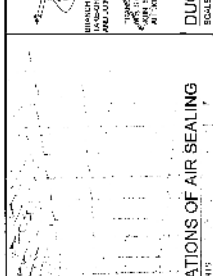


TABLE 600.4.1 AIR BARRIER AND INSULATION INSTALLATION	
COMPONENT	AIR BARRIER CRITERIA
GENERAL REQUIREMENTS	1. AIR BARRIER SHALL BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING CRITERIA: 2. AIR BARRIER SHALL BE CONTINUOUS AND UNINTERRUPTED. 3. AIR BARRIER SHALL BE INSTALLED OVER ALL SURFACES TO BE BARRIED, INCLUDING ROOF, FLOOR, WALL, AND CEILING. 4. AIR BARRIER SHALL BE INSTALLED OVER ALL JOINTS, PENETRATIONS, AND OTHER DISCONTINUITIES. 5. AIR BARRIER SHALL BE INSTALLED OVER ALL EXTERIOR WALLS, ROOF, FLOOR, AND CEILING. 6. AIR BARRIER SHALL BE INSTALLED OVER ALL INTERIOR WALLS, ROOF, FLOOR, AND CEILING. 7. AIR BARRIER SHALL BE INSTALLED OVER ALL EXTERIOR WALLS, ROOF, FLOOR, AND CEILING. 8. AIR BARRIER SHALL BE INSTALLED OVER ALL INTERIOR WALLS, ROOF, FLOOR, AND CEILING. 9. AIR BARRIER SHALL BE INSTALLED OVER ALL EXTERIOR WALLS, ROOF, FLOOR, AND CEILING. 10. AIR BARRIER SHALL BE INSTALLED OVER ALL INTERIOR WALLS, ROOF, FLOOR, AND CEILING.
CEILING	1. AIR BARRIER SHALL BE INSTALLED OVER ALL CEILING SURFACES. 2. AIR BARRIER SHALL BE INSTALLED OVER ALL JOINTS, PENETRATIONS, AND OTHER DISCONTINUITIES. 3. AIR BARRIER SHALL BE INSTALLED OVER ALL EXTERIOR WALLS, ROOF, FLOOR, AND CEILING. 4. AIR BARRIER SHALL BE INSTALLED OVER ALL INTERIOR WALLS, ROOF, FLOOR, AND CEILING. 5. AIR BARRIER SHALL BE INSTALLED OVER ALL EXTERIOR WALLS, ROOF, FLOOR, AND CEILING. 6. AIR BARRIER SHALL BE INSTALLED OVER ALL INTERIOR WALLS, ROOF, FLOOR, AND CEILING. 7. AIR BARRIER SHALL BE INSTALLED OVER ALL EXTERIOR WALLS, ROOF, FLOOR, AND CEILING. 8. AIR BARRIER SHALL BE INSTALLED OVER ALL INTERIOR WALLS, ROOF, FLOOR, AND CEILING. 9. AIR BARRIER SHALL BE INSTALLED OVER ALL EXTERIOR WALLS, ROOF, FLOOR, AND CEILING. 10. AIR BARRIER SHALL BE INSTALLED OVER ALL INTERIOR WALLS, ROOF, FLOOR, AND CEILING.
WALLS	1. AIR BARRIER SHALL BE INSTALLED OVER ALL WALL SURFACES. 2. AIR BARRIER SHALL BE INSTALLED OVER ALL JOINTS, PENETRATIONS, AND OTHER DISCONTINUITIES. 3. AIR BARRIER SHALL BE INSTALLED OVER ALL EXTERIOR WALLS, ROOF, FLOOR, AND CEILING. 4. AIR BARRIER SHALL BE INSTALLED OVER ALL INTERIOR WALLS, ROOF, FLOOR, AND CEILING. 5. AIR BARRIER SHALL BE INSTALLED OVER ALL EXTERIOR WALLS, ROOF, FLOOR, AND CEILING. 6. AIR BARRIER SHALL BE INSTALLED OVER ALL INTERIOR WALLS, ROOF, FLOOR, AND CEILING. 7. AIR BARRIER SHALL BE INSTALLED OVER ALL EXTERIOR WALLS, ROOF, FLOOR, AND CEILING. 8. AIR BARRIER SHALL BE INSTALLED OVER ALL INTERIOR WALLS, ROOF, FLOOR, AND CEILING. 9. AIR BARRIER SHALL BE INSTALLED OVER ALL EXTERIOR WALLS, ROOF, FLOOR, AND CEILING. 10. AIR BARRIER SHALL BE INSTALLED OVER ALL INTERIOR WALLS, ROOF, FLOOR, AND CEILING.
WINDOWS, DOORS, AND OTHER PENETRATIONS	1. AIR BARRIER SHALL BE INSTALLED OVER ALL WINDOW, DOOR, AND OTHER PENETRATIONS. 2. AIR BARRIER SHALL BE INSTALLED OVER ALL JOINTS, PENETRATIONS, AND OTHER DISCONTINUITIES. 3. AIR BARRIER SHALL BE INSTALLED OVER ALL EXTERIOR WALLS, ROOF, FLOOR, AND CEILING. 4. AIR BARRIER SHALL BE INSTALLED OVER ALL INTERIOR WALLS, ROOF, FLOOR, AND CEILING. 5. AIR BARRIER SHALL BE INSTALLED OVER ALL EXTERIOR WALLS, ROOF, FLOOR, AND CEILING. 6. AIR BARRIER SHALL BE INSTALLED OVER ALL INTERIOR WALLS, ROOF, FLOOR, AND CEILING. 7. AIR BARRIER SHALL BE INSTALLED OVER ALL EXTERIOR WALLS, ROOF, FLOOR, AND CEILING. 8. AIR BARRIER SHALL BE INSTALLED OVER ALL INTERIOR WALLS, ROOF, FLOOR, AND CEILING. 9. AIR BARRIER SHALL BE INSTALLED OVER ALL EXTERIOR WALLS, ROOF, FLOOR, AND CEILING. 10. AIR BARRIER SHALL BE INSTALLED OVER ALL INTERIOR WALLS, ROOF, FLOOR, AND CEILING.
FLOOR	1. AIR BARRIER SHALL BE INSTALLED OVER ALL FLOOR SURFACES. 2. AIR BARRIER SHALL BE INSTALLED OVER ALL JOINTS, PENETRATIONS, AND OTHER DISCONTINUITIES. 3. AIR BARRIER SHALL BE INSTALLED OVER ALL EXTERIOR WALLS, ROOF, FLOOR, AND CEILING. 4. AIR BARRIER SHALL BE INSTALLED OVER ALL INTERIOR WALLS, ROOF, FLOOR, AND CEILING. 5. AIR BARRIER SHALL BE INSTALLED OVER ALL EXTERIOR WALLS, ROOF, FLOOR, AND CEILING. 6. AIR BARRIER SHALL BE INSTALLED OVER ALL INTERIOR WALLS, ROOF, FLOOR, AND CEILING. 7. AIR BARRIER SHALL BE INSTALLED OVER ALL EXTERIOR WALLS, ROOF, FLOOR, AND CEILING. 8. AIR BARRIER SHALL BE INSTALLED OVER ALL INTERIOR WALLS, ROOF, FLOOR, AND CEILING. 9. AIR BARRIER SHALL BE INSTALLED OVER ALL EXTERIOR WALLS, ROOF, FLOOR, AND CEILING. 10. AIR BARRIER SHALL BE INSTALLED OVER ALL INTERIOR WALLS, ROOF, FLOOR, AND CEILING.



KANZI ARCHITECTURE
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 Minneapolis, MN 55412
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 kanzia@kanziarch.com

Air Sealing Details

Date: May 12, 2020

Scale: As noted

Project No. **D2**

