PIERMONT PLANNING BOARD

THE FOLLOWING ITEMS ARE REQUIRED IN ORDER TO ACCEPT AN APPLICATION:

1. A COPY OF THE DEED TO THE PRESENT OWNER.

2. ANY AGENT WORKING FOR THE APPLICANT MUST HAVE WRITTEN AUTHORIZATION FROM THE OWNER TO APPEAR IN FRONT OF THE BOARD.

3. #10 ENVELOPES ADDRESSED TO ABUTTING PROPERTY OWNERS AND THOSE ACROSS THE STREET. (LIST OF ABUTTING PROPERTY OWNERS AVAILABLE FROM CLERK)

4. 20 COPIES OF ALL PLANS; HOWEVER IF THE BOARD FINDS A NEED TO INCREASE DISTRIBUTIONS, APPLICANT MUST SUPPLY MORE PLANS.

5. SUBDIVISION AND SITE PLANS MUST CONFORM TO THE VILLAGE OF PIERMONT LAND DEVELOPMENT REGULATIONS. PLANS MUST BE SIGNED AND SEALED BY A NEW YORK STATE PROFESSIONAL ENGINEER AND/OR LAND SURVEYOR.

6. ALL SITE PLANS SUBMISSIONS MUST HAVE A BUILDING PERMIT DENIAL, ISSUED BY THE BUILDING INSPECTOR.

7. THE SITE PLAN MUST INCLUDE ON IT: BULK TABLE, EXISTING AND PROPOSED GRADES IN 2'0 INTERVALS, TREES, DRAINAGE, EROSION CONTROL UTILITIES AND OTHER DESIGN FEATURES.

Please be aware that the application process takes approximately 35 days from date of submission to a scheduled Board meeting. For additional information call the Planning Board Office. 914-398-3022 or 914-359-1258. Thank-you.

FEE SCHEDULE: Consultation: $100 Site Plan Review: $250.00
APPLICATION REVIEW FORM

CONTACT PERSON

Name: ________________________________

Address: ________________________________

Tel. #: ________________________________

Fax #: ________________________________
APPLICATION REVIEW FORM

PART I

Name of Municipality: VILLAGE OF PIERMONT Date

Please check all that apply:

- Planning Board
- Zoning Board of Appeals*
  *(Fill out Part II of this form.)
- Town Board
- Historical Board
- Architectural Board
- Subdivision
- Number of Lots
- Site Plan
- Pre-preliminary/Sketch
- Preliminary
- Final
- Special Permit
- Zoning Code Amendment
- Conditional Use
- Zone Change
- Variance

Applicant Name: 

Project Name: 

Tax Map Designation:

Section Block Lot(s)
Section Block Lot(s)

Location: On the side of

feet of the intersection of

in the town of hamlet/village of

Acreage of Parcel Zoning District
School District Postal District
Fire District Ambulance District
Water District Sewer District

Project Description: (If additional space required, please attach a narrative summary.)

The undersigned agrees to an extension of the statutory time limit for scheduling of a public hearing.
APPLICATION REVIEW FORM

If subdivision:
1) Is any variance from the subdivision regulations required? ______________________
2) Is any open space being offered? ___ If so, what amount? ______________________
3) Is this a standard or average density subdivision? ______________________
4) The Number of Lots ______________________________________________________

If site plan:
1) Total size of building(s) in square feet ________________________________
2) Proposed addition ________________________________________________
3) Number of dwelling units _____________________

If special permit, list special permit use and what the property will be used for.
________________________________________________________________________

Are there slopes greater than 25%? If yes, please indicate the amount and show the gross and net area.
________________________________________________________________________
Are there streams on the site? If yes, please provide the names.
________________________________________________________________________
Are there wetlands on the site? If yes, please provide the names and type.
________________________________________________________________________

Project History: Has this project ever been reviewed before? ______________
If so, provide a narrative, including the list case number, name, date, and the board you appeared before.
________________________________________________________________________

List tax map section, block & lot numbers for all other abutting properties in the same ownership as this project.
________________________________________________________________________

Applicant: ___________________________ Phone # ______________
Address ___________________________ Street Name & Number (Post Office) State Zip code

Property Owner: ______________________ Phone # ______________
Address ___________________________ Street Name & Number (Post Office) State Zip code

Engineer/Architect/Surveyor: ______________________ Phone # ______________
Address ___________________________
APPLICATION REVIEW FORM

Attorney: ______________________________________________________________________ Phone # __________
Address ________________________________________________________________________

Street Name & Number (Post Office) State Zip code

Contact Person: __________________________________________________________________ Phone # __________
Address ________________________________________________________________________

Street Name & Number (Post Office) State Zip code

This property is within 500 feet of:
(Check all that apply)

_____ State or County Road  _____ State or County Park
_____ Long Path  _____ County Stream
_____ Municipal Boundary  _____ County Facility

List name(s) of facility checked above. ________________________________________________

Referral Agencies: (Please make sure that the appropriate agencies as needed received copies
of your application and plans for their review.)

_____ RC Highway Department  _____ RC Park Commission
_____ RC Drainage Agency  _____ RC Environmental Management Council
_____ RC Planning  _____ RC Dept. of Environmental Health
_____ RC Sewer District #1  _____ Palisades Interstate Park Comm
_____ NYS Dept. of Transportation  _____ NYS Dept. of Environmental Conservation
_____ NYS Thruway Authority  _____ Adjacent Municipality ____________________________

TO ALL APPLICANTS - YOU MUST SEND COPIES OF APPLICATIONS AND PLANS TO:

Mr. William Speckenbach
Regional Manager
Orange and Rockland
75 West Route 59
Spring Valley, NY 10977

I have informed the above checked agencies and Orange and Rockland on

__________________________
Signature
APPLICATION REVIEW FORM

Affidavit of Ownership/Owner's Consent

State of New York)  
County of Rockland) SS.:  
Town/Village of ____________________________________

I, ______________________________________, being duly sworn, hereby  
depose and say that I reside at: ______________________________________

in the county of ____________________________________ in the state of __________

I am the (*) __________________ owner in fee simple of premises located at:  
________________________________________________ described in a  
certain deed of said premises recorded in the Rockland County Clerk's Office in Liber _____  
of conveyances, page ____________:

Said premises have been in my/its possession since 19 ________. Said premises are  
also known and designated on the Town of ____________________________________ Tax Map as:  
section __________ block __________ lot(s) __________________

I hereby authorize the within application on my behalf, and that the statements of fact  
contained in said application are true, and agree to be bound by the determination of the  
board.

Owner ____________________________________

Mailing Address ____________________________________

STATE OF NEW YORK 

) s.s.)

COUNTY OF ROCKLAND 

)                 

On the ______ day of ______ in the year ______, before me, the undersigned, personally appeared ____________

Personally known to me or proved to me on the basis of satisfactory  
Evidence to be the individual(s) whose name(s) is (are) subscribed to the  
within instrument and acknowledged to me that he/she/they executed  
the same in his/her/their capacity(ies), and that by his/her/their signature(s)  
on the instrument, the individual(s), or the person upon behalf of which the  
individual(s) acted, executed the instrument.

______________________________________________________________________________

Notary Public
APPLICATION REVIEW FORM

Affidavit Pursuant to Section 809 of the General Municipal Law

State of New York
County of Rockland) SS.
Town/Village of ___________________________

I, ______________________________________, being duly sworn, hereby depose and say that all the following statements and the statements contained in the papers submitted herewith are true and that the nature and extent of any interests set forth are disclosed to the extent that they are known to the applicant.

1. Print or type full name and post office address

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

certifies that he is owner or agent of all that certain lot, piece or parcel of land and/or building described in this application and if not the owner that he has been duly and properly authorized to make this application and to assume responsibility for the owner in connection with this application for the relief below set forth:

2. To the ___________________________ of the Town/Village of

________________________________________, Rockland County, New York:

Application, petition or request is hereby submitted for:

( ) Variance or modification from the requirement of Section ____________;
( ) Special permit per the requirements of Section ____________;
( ) Review and approval of proposed subdivision plat;
( ) Exemption from a plat or official map;
( ) An order to issue a certificate, permit or license;
( ) An amendment to the Zoning Ordinance or Official Map or change thereof;
( ) Other (explain) ____________________________

To permit construction, maintenance and use of ____________________________

________________________________________________________________________

3. Premises affected are in a ___________________________ zone and from the town of

__________________________________________ tax map, the property is known as Section ________;

Block, _________, Lot(s) __________________________
APPLICATION REVIEW FORM

4. There is no state officer, Rockland County Officer or employee or town/village officer or employee nor his or her spouse, brother, sister, parent, child or grandchild, or a spouse of any of these relatives who is the applicant or who has an interest in the person, partnership or association making this application, petition or request, or is an officer, director, partner or employee of the applicant, or that such officer or employee, if this applicant is a corporation, legally or beneficially owns or controls any stock of the applicant in excess of 5% of the total of the corporation if its stock is listed on the New York or American Stock Exchanges; or is a member or partner of the applicant, if the applicant is an association or a partnership, nor that such town/village officer or employee nor any member of his family in any of the foregoing classes is a party to an agreement with the applicant, express or implied, whereby such officer or employee may receive any payment or other benefit, whether or not for service rendered, which is dependent or contingent upon the favorable approval of this application, petition or request.

5. That to the extent that the same is known to your applicant, and to the owner of the subject premises there is disclosed herewith the interest of the following officer or employee of the State of New York or the County of Rockland or of the Town/Village of ________________ in the petition, request or application or in the property or subject matter to which it relates:
   (if none, so state)
   a. Name and address of officer or employee ______________________________
   b. Nature of interest ______________________________
   c. If stockholder, number of shares ______________________________
   d. If officer or partner, nature of office and name of partnership ______________________________
   e. If a spouse or brother, sister, parent, child, grandchild or the spouse of any of these blood relatives of such state, county or town/village officer or employee, state name and address of such relative and nature of relationship to officer and employee and nature and extent of office, interest or participation or association having an interest in such ownership or in any business entity sharing in such ownership.
   f. In the event of corporate ownership: A list of all directors, officers and stockholders of each corporation owning more than five (5%) percent of any class of stock, must be attached, if any of these are officers or employees of the State of New York, or of the County of Rockland, or of the Town/Village of ________________

I, do hereby depose and say that all the above statements and statements contained in the papers submitted herewith are true, knowing that a person who knowingly and intentionally violates this section is guilty of a misdemeanor.

Mailing Address ______________________________

STATE OF NEW YORK )
COUNTY OF ROCKLAND )

On the day of ___________ in the year ___________, in the presence of me, the undersigned, personally appeared

Personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and execution thereof by them in their respective capacities.

__________________
[Signature]

Evidence to be the individual(s) whose name(s) is (are) subscribed to the Within instrument and execution thereof by them in their respective capacities.
AFFIDAVIT

State of New York)
County of Rockland) SS:
Town/Village of ____________________________

I, __________________________________________ being duly sworn deposes and says
that I am the applicant, agent or attorney for applicant, in the matter of the petition before
the ____________________ (Board) in the town/village
of ____________________ affecting property located at
_________________________, Rockland County, New York.

That the following are all of the owners of property ____________________ (distance)
from the premises as to which this application is being taken.

SECTION/BLOCK/LOT NAME ADDRESS

__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________

__________________________________________
__________________________________________
Reimbursement for Professional Consulting Services

The Town/Village Board, Planning Board and Zoning Board of Appeals in the review of any application described above, may refer any such application presented to it to such engineering, planning, environmental or other technical consultant as such Board shall deem reasonably necessary to enable it to review such application as required by law. The charges made by such consultants shall be in accord with charges usually made for such services in the metropolitan New York region or pursuant to an existing contractual agreement between the town/village for the cost of such consultant services upon receipt of the bill. Such reimbursement shall be made prior to final action on the application.

Permits will not be issued and site plan or subdivision will not be signed until bill is paid in full.

Applicant ____________________________

STATE OF NEW YORK ________________________
COUNTY OF ROCKLAND ________________________

On the ___ day of __________ in the year ______
Before me, the undersigned, personally appeared

Personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.
Application, petition or request is hereby submitted for:

( ) Variance from the requirement of Section ________________________

( ) Special permit per the requirements of Section ________________________

( ) Review of an administrative decision of the Building Inspector;

( ) An order to issue a Certificate of Occupancy;

( ) An order to issue a Building Permit;

( ) An interpretation of the Zoning Ordinance or Map;

( ) Certification of an existing non-conforming structure or use;

( ) Other (explain) ________________________________________________

To permit construction, maintenance and use of ________________________

__________________________________________________________________

If an area variance is required, please fill out below:

This application seeks a variance from the provisions of Article ________________________

Section(s) ____________________________________ Specifically, the applicant seeks a

__________________________ ________________________ (side yard, lot area, height, etc.) of

__________________________________________________________________ (feet, height, f.a.r., etc.).