APPLICATION INSTRUCTIONS

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

1. A signed and dated completed Part I and Part II of the Board Application and a copy of the Building Permit Denial Application, signed by the Director of the Department. Zoning Board applications that are referred from the Planning Board or consultations do not require a Building Permit Denial.

2. A Copy of the Deed to the present owner of the property.

3. Agents must have written authorization from the owner to appear in front of the Board. Contract Purchaser may file a copy of the contract.

4. Complete Environmental Assessment form if needed.

5. A list, obtained from the Town Assessor’s Office, of abutting property owners and those across the street, together with stamped addressed #10 envelopes without return address.

NOTE THE FOLLOWING:

APPLY EARLY IN THE YEAR IF YOU WANT TO HAVE YOUR POOL OR DECK FOR THE SPRING AND SUMMER MONTHS.

6. A minimum of Fifteen of the survey plan scale, (1 inch = 30 feet) showing all zoning bulk and lot dimensions, size and use of all existing and proposed structures, north arrow and vicinity map.

7. A minimum of Fifteen architectural plans showing dimensions and height of existing and proposed construction. Floor plans may be needed for clarification. Plans must be signed and sealed by a NYS Professional Engineer and/or Land Surveyor.

FEE SCHEDULE:

VARIANCE: $250.00 Village of Piermont

PLEASE BE AWARE THAT THE APPLICATION PROCESS TAKES APPROXIMATELY 40 DAYS FROM THE TIME OF SUBMISSION TO YOUR BOARD MEETING.

Important Information

A building permit denial must be included with your application.

Please ask about the process to obtain abutting property owners.
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
- 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.

Date: 

Applicant’s Signature
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 _____________________________ Street Name & Number (Post Office) State Zip code
APPLICATION REVIEW FORM

Attorney: __________________________________________ Phone # __________________________
Address __________________________________________ Phone # __________________________

Street Name & Number (Post Office) State Zip code
________________________ ____________________________
Contact Person: _____________________________________ Phone # __________________________
Address __________________________________________ Phone # __________________________

Street Name & Number (Post Office) State Zip code
________________________ ____________________________

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

_ State or County Road
_ Long Path
_ Municipal Boundary
_ State or County Park
_ County Stream
_ 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 Drainage Agency
_ RC Planning
_ RC Sewer District #1
_ NYS Dept. of Transportation
_ NYS Thruway Authority
_ RC Park Commission
_ RC Environmental Management Council
_ RC Dept. of Environmental Health
_ Palisades Interstate Park Comm
_ NYS Dept. of Environmental Conservation
_ 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

________________________________________
Date
Applicant's Signature and Certification

State of New York
County of Rockland SS:
Town/Village of __________________________

I, __________________________, hereby depose and say that all the 
above statements contained in the papers submitted herewith are true.

Mailing Address __________________________________________________________

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.

Owner/Applicant's Consent Form to Visit Property

I, __________________________, owner/applicant of the property 
described in application submitted to the town/village board, planning board, zoning board of 
appeals, and/or supporting staff, do hereby give permission to members of said boards and/or 
supporting staff to visit the property in question at a reasonable time during the day.

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.

Owner/Applicant __________________________________________________________

____________________________
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 (a) __________________________ 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 __________________________

* If owner is a corporation, fill in the office held by deponent and name of corporation, and provide a list of all directors, officers and stockholders owning more than 5% of any class of stock.
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) __________________________
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
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 REVIEW FORM

AFFIDAVIT

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

I, ____________________________________________________________________________, being duly sworn deposes and says that he is 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.

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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 before the Zoning Board of Appeals

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.).
# SHORT ENVIRONMENTAL ASSESSMENT FORM

## PART I—PROJECT INFORMATION
(To be completed by Applicant or Project sponsor)

1. **APPLICANT/SPONSOR**

2. **PROJECT NAME**

3. **PROJECT LOCATION:**
   - Municipality
   - County

4. **PRECISE LOCATION** (Street address and road intersections, prominent landmarks, etc., or provide map)

5. **IS PROPOSED ACTION:**
   - [ ] New
   - [ ] Expansion
   - [ ] Modification/Alteration

6. **DESCRIBE PROJECT BRIEFLY:**

7. **AMOUNT OF LAND AFFECTED:**
   - Initially __________ acres
   - Ultimately __________ acres

8. **WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS?**
   - [ ] Yes
   - [ ] No
   - If No, describe briefly

9. **WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT?**
   - [ ] Residential
   - [ ] Industrial
   - [ ] Commercial
   - [ ] Agriculture
   - [ ] Park/Forest/Open space
   - [ ] Other
   - Describe:

10. **DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)?**
    - [ ] Yes
    - [ ] No
    - If yes, list agency(s) and permit/approvals

11. **DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?**
    - [ ] Yes
    - [ ] No
    - If yes, list agency name and permit/approval

12. **AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?**
    - [ ] Yes
    - [ ] No

    I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

**Applicant/sponsor name:** __________________________  **Date:** __________________________

**Signature:** __________________________

---

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment.