

# ZONING BOARD OF APPEALS

## 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:**

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**Address:**

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**Tel. #:**

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**Fax #:**

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APPLICATION REVIEW FORM  
PART I

Name of Municipality: VILLAGE OF PIERMONT Date \_\_\_\_\_

*Please check all that apply:*

<input type="checkbox"/> Planning Board	<input type="checkbox"/> Town Board
<input type="checkbox"/> Zoning Board of Appeals* <i>*(Fill out Part II of this form.)</i>	<input type="checkbox"/> Historical Board
	<input type="checkbox"/> Architectural Board
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Pre-preliminary/Sketch
<input type="checkbox"/> Number of Lots	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Final
<input type="checkbox"/> Special Permit	<input type="checkbox"/> Conditional Use
<input type="checkbox"/> Zoning Code Amendment	<input type="checkbox"/> Zone Change
<input type="checkbox"/> 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 \_\_\_\_\_  
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)*

IF ANY ITEM IS CHECKED, A REVIEW MUST BE DONE BY THE ROCKLAND COUNTY COMMISSIONER OF PLANNING UNDER THE STATE GENERAL MUNICIPAL LAW, SECTIONS 239 K, L, M, AND N.

- |                            |                            |
|----------------------------|----------------------------|
| _____ 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

\_\_\_\_\_  
Date

APPLICATION REVIEW FORM

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:

Owner/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 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

\* 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 \_\_\_\_\_  
(Board, Commission or Agency)  
\_\_\_\_\_, 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 know 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 \_\_\_\_\_  
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.

Table with 3 columns: SECTION/BLOCK/LOT, NAME, ADDRESS. Multiple empty rows for data entry.

APPLICATION REVIEW FORM

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 )

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.

\_\_\_\_\_

# APPLICATION REVIEW FORM

## PART II

### 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.*)

PROJECT I.D. NUMBER

617.20  
Appendix C

SEQR

State Environmental Quality Review  
**SHORT ENVIRONMENTAL ASSESSMENT FORM**  
For UNLISTED ACTIONS Only

**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: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open space <input type="checkbox"/> Other Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, list agency(s) and permit/approvals	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, list agency name and permit/approval	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> 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.