

TOWN OF ORANGETOWN PLANNING BOARD

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Town of Orangetown Planning Board, 20 Greenbush Road, Orangeburg, New York

845-359-8410, ex 611 or 615. orangetown.com

APPLICATION REQUIREMENTS FOR SUBMISSION TO THE BOARD:

1. Signed and dated attached Board application and Part I and Part II of Environmental Assessment Form. Project Description on Page 1 in Board application must be provided.
2. Copy of Deed to present owner of property.
3. Written authorization from owner to appear in front of Board, if Agent.
4. A list of Names/Addresses of all owners of properties within 200 feet of perimeter of site, obtained from the Tax Assessor's Office. Application must include a map of lots noting 200 foot radius line as applicable, measuring from all points on property line, not from the center of the site, (excluding public roadways, right of ways, public utility or public entity). Names and addresses must be placed on stamped #10 envelopes, without return address. Do not use a postage meter.
5. Submit **26 copies** of the plans (subdivision or site plans). (All plans must be folded to 8½ x11 with title box showing). Minimum scale of 1 inch = 30 feet, a Vicinity Map minimum scale of 1inch =1000 feet and a North arrow must be included on plan.
6. Plans must conform to Town of Orangetown Land Development Regulations, see Chapters 21 and 21A of the Town of Orangetown Town Code. Plans must be signed and sealed by a New York State Professional Engineer and/or Land Surveyor.
7. All Site Plan submissions must have a Building Permit Referral, signed by the Director of the Buildings Department.

8. Appropriate Fees: Plan Review Fees and Other Fees

- **GIS Database Fee: \$65.00 is Paid upon initial submission to Board.**

- **SUBDIVISION REVIEW**

Prepreliminary/Preliminary/Final: Minor/Major: \$200.00 + \$150.00 per new lot

- **SITE PLAN REVIEW**

Prepreliminary/Preliminary/Final Residential (Critical Environmental Area)

\$250.00 + \$50.00 for each dwelling

Prepreliminary/Preliminary/Final Non Residential

\$300.00 + \$150.00 for every 1000 square feet of floor space

Application requirements are continued on page 2

TOWN OF ORANGETOWN PLANNING BOARD – Application Requirements

Appropriate Fees: Plan Review Fees and Other Fees

- **OTHER /CONSULTATION /CONTINUATION OF APPLICATION:** \$200.00
- **ESCROW AMOUNT FOR DRAINAGE REVIEW:**

Minor Subdivision: \$2,400.00

Major Subdivision: \$3,500.00 plus \$100.00 per lot over 10 lots

Commercial Site Plan: \$3,500.00 plus \$200.00/acre over 2 acres

Residential Site Plan in the Critical Environmental Area: \$750.00

Commercial Subdivision involving exterior changes that may affect drainage: \$1,000.00

2010 MEETING DATES ORANGETOWN PLANNING BOARD

2nd & 4th Wednesday of every month in the Greenbush Auditorium, Town of Orangetown, 20 Greenbush Road, Orangeburg, New York. All meetings start at 7:30 p.m.

January 13, 2010 January 27, 2010

February 10, 2010 February 24, 2010

March 10, 2010 March 24, 2010

April 14, 2010 April 28, 2010

May 12, 2010 May 26, 2010

June 9, 2010 June 23, 2010

July 14, 2010 July 28, 2010

September 15, 2010 September 29, 2010
*(3rd Wednesday) *(5th Wednesday)

October 13, 2010 October 27, 2010

November 10, 2010 *one meeting this month*

December 8, 2010 ****(One meeting this month)*

The application process takes approximately 40 business days to schedule a meeting.

APPLICATION REVIEW FORM

CONTACT PERSON

Name: _____

Address: _____

Tel. #: _____

Fax #: _____

Name of Municipality: TOWN OF ORANGETOWN Date _____

Please check all that apply:

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

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

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

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 Commission

_____ 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:

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

SWORN to before this
_____ day of _____, 20____

Notary Public

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

SWORN to before this
_____ day of _____, 20____

Notary Public

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 _____

SWORN to before this
_____ day of _____, 20_____

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

Four horizontal lines for mailing address input.

SWORN to before this

_____ day of _____, 20_____

Notary Public

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 _____

SWORN to before this

_____ day of _____, 20_____

Notary Public

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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, floor area ratio, etc.*).

APPLICATION REVIEW FORM

617.20

Appendix C 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. PROPOSED ACTION IS: New Expansion Modification/alteration <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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) name and permit/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? Yes No If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? Yes No	

APPLICATION REVIEW FORM

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

OVER 1

PART II -IMPACT ASSESSMENT (To be completed by Lead Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF. Yes No

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency. Yes No

C. COULD ACTION RESULT IN **ANY** ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible) C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly: C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly: C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly: C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly: C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly: C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly: C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:

D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? Yes No If Yes, explain briefly:

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? Yes No If Yes, explain briefly:

PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency) INSTRUCTIONS: For each

APPLICATION REVIEW FORM

adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

Check this box if you have identified one or more potentially large or significant adverse impacts which **MAY** occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.

Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action **WILL NOT** result in any significant adverse environmental impacts **AND** provide, on attachments as necessary, the reasons supporting this determination.

Name of Lead Agency

Print or Type Name of Responsible Officer in Lead Agency

Signature of Responsible Officer in Lead Agency

Date Title of Responsible

Officer Signature of

Preparer (If different from

responsible officer)

APPLICATION REVIEW FORM