

# **Architecture and Community Appearance Board of Review** **(ACABOR)**

Town of Orangetown Building Department  
20 Greenbush Road  
Orangetown, New York 10962  
(845) 359-8410, ex 4330, orangetown.com

## **2017 APPLICATION:**

### **THE FOLLOWING ITEMS ARE REQUIRED IN ORDER TO ACCEPT AN APPLICATION**

1. Signed, notarized and dated attached Board application.

2. All ACABOR submissions must have a Town of Orangetown Building Permit Referral, signed by the Director of the Buildings Department.

3. **Ten copies** of all Plans signed and sealed by the appropriate New York State Professional and must conform to Town of Orangetown Land Development Regulations, see Chapters 21 and/or 21A of the Town of Orangetown Town Code.  
(All plans must be folded to 8½ x11 with title box showing).  
Site Plan: \_\_\_\_; Building Plan: \_\_\_\_; Landscaping Plan: \_\_\_\_.

4. Copy of Deed to present owner of property.  
Written authorization from owner to appear, if agent.

5. List of Names/Addresses of all owners of properties within 200 feet of perimeter of Site, obtained from the Land Use Boards 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.**

6. **2017 Plan Review Fees, Checks payable to "Town of Orangetown"**  
**Project Fees:**

- Subdivision Plan: \$300.00
- Residential Site Plan: \$125.00
- Other/Signs \$100.00
- Commercial Site Plan: \$300.00

<sup>1</sup>**Legal Notice Advertisement Fee: \$150.00**

*(For each time an advertisement or re-advertisement has to be published)*

<sup>1</sup>Effective February 4<sup>th</sup>, 2015 as per *Town Board Resolution No. 45 January 28, 2015*

**Once scheduled for a meeting date, all applicants are required to erect signs containing information regarding the public hearing on every lot corner and once every 100 feet facing each public street on which the property abuts, see Chapters 21 and 21A of the Town of Orangetown Town Code. Such signs shall be obtained from the Architecture and Community Appearance Board of Review Office.**

### **APPLICATION REQUIREMENT:**

Applicants are required to submit **ONE** additional set of plans (size 11"x17" or a PDF VERSION) for filing purposes.

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## **2017 APPLICATION**

**ACABOR requires the submission of the following information:**

**1. Site Plan and Landscape Plan Requirements Include:**

- Minimum scale of 1 inch = 30 feet
- Proposed Landscaping Plan (where you plan to plant trees and bushes)
- Vicinity map minimum scale of 1inch =1000 feet and a
- North Arrow
- All existing trees over 8 inches in diameter, indication those trees to remain, those trees to be removed shall have an "x" on the tree
- In addition to proposed landscaping plan, plan shall indicate location of (2) trees to be planted in accordance with the Town Code Regulation 21-25, Shade Tree Ordinance
- Existing and proposed contours at 2 foot intervals and first floor elevations
- Existing and new structures
- Access roads, off street parking, sidewalks and curbs, streams and grading
- Parking schedule, number of spaces required, location and number provided location of handicapped parking spaces (non residential plans only)
- Photographs of the existing conditions and neighboring properties, if available.

**2. Architectural Plan Requirements Include:**

- Floor Plans, Elevations, Exterior Mechanical Equipment, Building Materials, lighting details Samples, or replicas, paint chips, etc, of all building materials need to be presented at the meeting for the Board's review.

**3. Signs Requirements Include:**

- Copies of elevations, drawn to scale, depicting type face and all lettering and design characteristics. Site Plans shall be submitted, noting the location of the proposed sign to be erected. Color samples of exterior finishes need to be presented at the meeting for Board review.

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**2017 Meeting Dates**

The Board meets every 1<sup>st</sup> and 3<sup>rd</sup> Thursday of every month, unless otherwise noted. Meetings are held in the Greenbush Auditorium, 20 South Greenbush Road, Orangeburg, New York. All meetings begin at 7:30 p.m.

**January 5**

**January 19**

**February 2**

**February 16**

**March 2**

**March 16**

**April 6**

**April 20**

**May 4**

**May 18**

**June 8**

**June 22**

**July 6**

**July 20**

**No meetings in August**

**September 7**

**September 19 (3<sup>rd</sup> Tuesday)**

**October 5**

**October 19**

**November 2**

**November 16**

**December 7**

**(one meeting in December)**

# 2017 - TOWN OF ORANGETOWN ARCHITECTURE AND COMMUNITY APPEARANCE BOARD OF REVIEW

**Project Name:** \_\_\_\_\_

Questions to be answered and returned to ACABOR with your completed application. Please state the Brand Name, Type, Style, Model and color numbers, etc. Actual material samples will need to be produced at the hearing.

1. Roof Shingles: \_\_\_\_\_

2. Siding/Type: \_\_\_\_\_

3. Windows/Trim/Rail/etc: \_\_\_\_\_

4. Any stone or rock being used on the structure and/or walkway(s):  
\_\_\_\_\_

5. Facade color schemes: \_\_\_\_\_

6. Any other specific materials being used in the construction and/or renovation: \_\_\_\_\_  
\_\_\_\_\_

7. Do you have a landscape drawing attached? If not, please explain. (An explanation could be that the applicant is not changing the existing landscape.)  
\_\_\_\_\_  
\_\_\_\_\_

8. Where will any exterior air conditioning units be placed?  
\_\_\_\_\_  
\_\_\_\_\_

9. What type of lighting will be used in this project? And where will the lighting be placed on the property? Please provide a description.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Other Important Site and/or Architectural Features:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ (sign/date)

Name of Municipality: TOWN OF ORANGETOWN

Date Submitted: \_\_\_\_\_

### 2017 LAND USE BOARD APPLICATION

*Please check all that apply:*

<input type="checkbox"/> Commercial <input type="checkbox"/> Planning Board <input type="checkbox"/> Zoning Board of Appeals  <input type="checkbox"/> Subdivision <input type="checkbox"/> Number of Lots <input type="checkbox"/> Site Plan <input type="checkbox"/> Conditional Use  <input type="checkbox"/> Special Permit <input type="checkbox"/> Variance <input type="checkbox"/> Performance Standards Review <input type="checkbox"/> Use Variance <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Residential <input type="checkbox"/> Historical Board <input type="checkbox"/> Architectural Board  <input type="checkbox"/> Consultation <input type="checkbox"/> Pre-Preliminary/Sketch <input type="checkbox"/> Preliminary <input type="checkbox"/> Final <input type="checkbox"/> Interpretation
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**PERMIT#:** \_\_\_\_\_

**ASSIGNED**

**INSPECTOR:** \_\_\_\_\_

Referred from Planning Board: YES / NO  
 If yes provide date of Planning Board meeting: \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_  
\_\_\_\_\_

**Tax Map Designation:**  
 Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_  
 Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_

**Directional Location:**  
 On the \_\_\_\_\_ side of \_\_\_\_\_, approximately \_\_\_\_\_ feet \_\_\_\_\_ of the intersection of \_\_\_\_\_, in the Town of \_\_\_\_\_ in the hamlet/village of \_\_\_\_\_.

Acreage of Parcel _____	Zoning District _____
School District _____	Postal District _____
Ambulance District _____	Fire 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 a public hearing.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

# APPLICATION REVIEW FORM

**Applicant:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Name & Number (Post Office) City State Zip Code

**Property Owner:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Name & Number (Post Office) City State Zip Code

**Engineer/Architect/Surveyor:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Name & Number (Post Office) City State Zip Code

**Attorney:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Name & Number (Post Office) City State Zip Code

**Contact Person:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Name & Number (Post Office) City State Zip Code

## GENERAL MUNICIPAL LAW REVIEW:

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 L, M, N, AND NN.**

\_\_\_\_\_ 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:

\_\_\_\_\_ RC Highway Department  
\_\_\_\_\_ RC Drainage Agency  
\_\_\_\_\_ NYS Dept. of Transportation  
\_\_\_\_\_ NYS Thruway Authority  
\_\_\_\_\_ Adjacent Municipality \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ RC Division of Environmental Resources  
\_\_\_\_\_ RC Dept. of Health  
\_\_\_\_\_ NYS Dept. of Environmental Conservation  
\_\_\_\_\_ Palisades Interstate Park Commission

# APPLICATION REVIEW FORM

## FILL IN WHERE APPLICABLE.

( IF THE FOLLOWING DOES NOT APPLY PLEASE MOVE ON TO THE NEXT PAGE )

### 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? \_\_\_\_\_

### If site plan:

- 1) Existing square footage \_\_\_\_\_
- 2) Total square footage \_\_\_\_\_
- 3) Number of dwelling units \_\_\_\_\_

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

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### Environmental Constraints:

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:

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### Project History:

Has this project ever been reviewed before? \_\_\_\_\_

If so, provide a narrative, including the list case number, name, date, and the board(s) you appeared before, and the status of any previous approvals.

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

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# 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.

Signature: \_\_\_\_\_

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 the 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 Signature

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 in the county of \_\_\_\_\_ in the state of  
\_\_\_\_\_.

I am the (\* \_\_\_\_\_) owner in the 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 statement of fact contained in said  
application are true, and agree to be bound by the determination of the board.

Owner Signature: \_\_\_\_\_

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 that 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/she 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/she 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 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 of 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. 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 ORANGETOWN 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 or limited liability company ownership: A list of all directors, officers and stockholders of each corporation or members of each limited liability company owning more than five (5%) percent of any class of stock or more than five (5%) percent beneficial interest, 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 of Orangetown.

6. 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.

Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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.

SECTION-BLOCK-LOT                                 NAME   ADDRESS

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# 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 such 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's Signature: \_\_\_\_\_

SWORN to before this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public