Name of Municipality: <u>TOWN OF ORANGETOWN</u> Date Submitted:____ 2020 LAND USE BOARD APPLICATION Please check all that apply: Commercial ___Residential Planning Board Historical Board Zoning Board of Appeals ___ Architectural Board Subdivision Consultation Number of Lots Pre-Preliminary/Sketch Site Plan Preliminary __ Conditional Use Final Interpretation Special Permit Variance PERMIT#: Performance Standards Review ASSIGNED Use Variance INSPECTOR: Other (specify): Referred from Planning Board: YES / NO If yes provide date of Planning Board meeting: Front Comn Sigh Tappan, Dental Project Name: Street Address: 165 Tax Map Designation: 77.11 Block: 3 Lot(s): 6 Section: Section: _____ Block: _____ **Directional Location:** On the _____side of _____, approximately _____, in the Town of ORANGETOWN in the hamlet/village of _____ Acreage of Parcel Zoning District School District Postal District Ambulance District Fire District ____ Water District Sue 2 Sewer District orangeton 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: ______

Historical Areas Board of Review (HABR)

Town of Orangetown Building Department
20 Greenbush Road, Orangeburg, New York 10962

PERTY ADDRESS: 16	5 Washinet	ON STOUPPER	N NY 10583 77,11 /3	
 Provide a narrative sun 	nmary explaining th	e project and includi	ng any facts pertaining to this projec	
applicant feels would be . Architectural Plans;	e of interest to the I	∃oard;	l	
. It is preferable to the H.	ABR if the Architec	t would appear at the	meeting with the Applicant.	
. Please bring SAMPLES	of building materia	als to the meeting		
,	list: (please provide the brand name, type, style, COLOR MATERIAL		MANUFACTURER	
		·		
Roof:				
Siding:				
Decorative Siding:				
D - 65% D FF				
Soffits & Fascia:				
Gutters & Leaders:				
Windows:				
Tuine				
Trim:				
Shutters:	`			
Front Door:				
Back Door:				
Dack Door.				
Garage Door(s):				
Other Door(s):				
Lighting:				
Lighting.				
Lighting:				
stone or Rock being				
sed on Structure:				
Stone or Rock being				
Rgrit Lown	·			
Other Sign	GREEN	PVC	EZSIGNS ONLINE	

Replacement

APPLICATION REVIEW FORM

Applicant: OLGA Vyshn	evsky Phone # 2025092259
Address: 165 Washing	ton Street Tappan My 10983
Property Owner: OLGA Vyshne Address: 165 Washington	evsky Phone # 202 509 2259 w Street Toppan my 10983
Engineer/Architect/Surveyor:	
Address:	Phone #
Street Name & Number (Post Office)	City State Zip Code
Attorney:	Phone #
Address: Street Name & Number (Post Office)	City State Zip Code
Address: 1 + 6 74 STREES Street Name & Number (Post Office) GENERAL MUI	DIN Phone # 9173624447 Explewed Cliffs NT07632 NICIPAL LAW REVIEW:
I his proper (Checker) A REVIEW MUST BE	rty is within 500 feet of: ock all that apply) Done by the Rockland County Commissioner of Municipal Law, Sections 239 L, M, N, and NN.
State or County Road Long Path Municipal Boundary ist name(s) of facility checked above:	State or County Park County Stream County Facility
eferral Agencies:	
NYS Dept. of Transportation	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:					
Is any variance from the subdivision regulations required?					
Is any open space being offered? If so, what amount?					
3) Is this a standard or average density subdivision?					
If site plan:					
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.					
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:					
Project History:					
Has this project ever been reviewed before?					
f so, provide a narrative, including the list case number, name, date, and the board(s) you appeared					
pefore, and the status of any previous approvals.					
ist tax map section, block & lot numbers for all other abutting properties in the same ownership as his project.					

Thomas J Kilgannon Tax Map #: 77.11-3-6 165 Washington St Tappan, NY 10983

Brian Clarke 12 Washington Ln 15 Envelopes

John O Olson

Tax Map #: 77.11-3-7 175 Washington Ln Tappan, NY 10983



Michael Darretta Tax Map #: 77.11-3-57 11 Washington La Tappan, NY 10983



John O Olson Tax Map #: 77.11-3-56 175 Washington Ln Tappan, NY 10983



Paul Mesibov Tax Map #: 77.11-1-50 168 Washington St Tappan, NY 10983

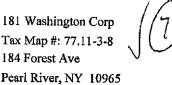


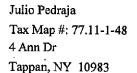
Yellam Llc Tax Map #: 77.11-3-5 155 Washington St Tappan, NY 10983



Tax Map #: 77.11-1-49 180 Washington St Tappan, NY 10983

Lauren Carr

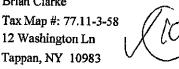






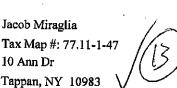
Loreta Jara Tax Map #: 77,11-3-55 52 Oak Tree Rd Tappan, NY 10983





Ralph Spano-Tax Map #: 77.11-1-51 11 Conklin Ave Tappan, NY 10983

Tappan Ventures LLC Tax Map #: 77.11-1-56.1 154 Washington St Tappan, NY 10983



Lihua Ding Tax Map #: 77:11-3-59 22 Washington Ln Tappan, NY-10983

Thano A Schoppel Tax Map #: 77.11-3-9 193 Washington St Tappan, NY 10983

Richard B Riker Tax Map #: 77.11-1-52 17 Conklin Ave Tappan, NY 10983

Volunteer Fire Assoc of Tappan Tax Map #: 77.11-3-4 123 Washington St Tappan, NY 10983

Susan B Loiacond Tax Map #: 77.11-3-53 62 Oak Tree Rd Tappan, NY 10983

Nanci Banninger Tax Map #: 77.11-1-46 18 Ann Dr Tappan, NY 10983

Mary T Burke Tak Map #: 77.11/3-51 12 Jane St Tappan, NY 10983

Barbara Tessel Tax Map #: 77.11-1-43 200 Washington St Tappan, NY/10983

Walter Lucas Tax Map #: 77.11-3-60 30 Washington Ln Tappan, NY 10983

Stephen Mc Ghee Tax Map #: 77.11-1-57 14 Conklin Ave Tappan, NY 10983

Steven G Bryant Tax Map\#! 77.11-3-54 56 Oak Tice Rd Tappan, NY 10983

Raymond Slavin Tax Map #:\77.11-3-52 20 Jane St Tappan NY 10983

Thomas Kilrdy Tax Map #: 77.11-3-61 34 Oak Tree Rd Tappan, NY 10983

Patrick J Mc Grath Tax Map #: 77.11-1-53 23 Conklin Av Tappan, NY 10983

Frederick Berberich Tax Map #: 77.11-1-44 11 Ann Dr Tappan, NY 10983

Town Of Orangetown Tax Map #: 77.11-3\62 26 Okangeburg Rd Orangeburg, NY 10962



OFFICE OF BUILDING, ZONING, PLANNING, ADMINISTRATION AND ENFORCEMENT TOWN OF ORANGETOWN

20 Greenbush Road Orangeburg, N.Y. 10962

Jane Slavin, R.A. Director

(845)359-8410

Fax: (845) 359-8526

HISTORICAL AREAS	BOARD OF REVIEW	REFERRAL LETTER

Date:_	January 22, 2021			
Applic	Vyshnevsky ant:	A		
Addres	165 Washington St, Tap	opan, NY		
	plication Made at:			
Subject	Referral for: Chapter 12	2 Section 12-4 Paragrap	h A requires HAI	BR Approval
	Section: 77.11	Block: 3	Lot: 6	
Dear _V	'yshnevsky	_;		
anuary 2	oe advised that the Build 20, 2021 has been refetion, where you will find	rred to appear before th	e H.A.B.R. I hav	itted on e enclosed a copy of your
prepara darbolir Sincere Richard	no@orangelown/com			n assist you in the 45-359-8410 ext. 4331 or
NOTE:	ure of Director PLEASE KEEP FOR YO 8-CCC	UR RECORDS	//	Date CC: Rosanna Sfraga Liz Decort Debbie Arbolino

PERMIT EXPIRES TWO (2) YEARS FROM DATE OF ISSUANCE.

OFFICE TWO SIX (6) MONTH EXTENSIONS MAY BE GRANTED PRIOR TO EXPIRATION DATE. APPLICATION FOR BUILDING / DEMOLITION PERMIT **TOWN OF ORANGETOWN** 20 Greenbush Road, Orangeburg, NY 10962 Phone: (845) 359-8410 Fax: (845) 359-8526 ACREAGE: OFFICIAL USE ONLY ZONE: __*とふ* Date App Received: 1-00-00 Received By: Inspector: 6lex Permit No. Date Issued: Date Issued: CO No. Permit Fee: Paid By Paid By DWN Stream Maintenance Fee 130Ck # Lash Paid By___ Additional Fee: Ck#_____ Date Paid____ Paid By 1st 6 mo. Ext.:_____ Ck #_____ Exp. Date: ____ Paid By 2nd 6 mo. Ext.:_____ Ck #____ Exp. Date: ____ Paid By___ APPLICANT COMPLETES: Note: See inside for instructions for completing this application, PAGES 2, 3 and PAGE 4 must be reviewed and PAGES 3 & 4 must signed by the applicant. Washinpton Street Property Location: Section: 77.11 Olpa Vych Nevsky Property Owner: 17 6th Street Epplewood Mailing Address: ___ O VYShnevska a Gmail. Com Phone #: 202 509 2259 OLGA VYSHNEVSKY DMD PC. Lessee (Business Name): Malling Address: 165 Washington Street Email: OVYShnevskad Gmail , com Phone #: 2025092 Dental practice Contact Person: OLGA VYSh nevsky Relation to Project: Ow ne 2 Email: Ovyshnevskad gmail.com Phone#: 202 503 22 59 NYS Lic # 202509-22 Architect/Engineer: Address: Phone#: Builder/General Contractor: Dermacage Medical PC RC Lic #_ Address: 422 MADISON AVE BREFL
NY NY 10017 Phone#: 212 22 3 22 3 5 RC Lic# Address: Phone#: Electrician: RC Lic #: Address: Phone#: Heat/Cooling: RC Lic#: Address: Phone#: Existing use of structure or land: Proposed Project Description: 🔌 Proposed Square Footage: _____ __ Estimated Construction Value (\$):___ BUILDING DEPARTMENT COMPLETES BELOW PLANS REVIEWED: PERMIT REFERRED SOENIED FOR:

Page 1

