

Name of Municipality: **TOWN OF ORANGETOWN** Date Submitted: \_\_\_\_\_

### 2021 LAND USE BOARD APPLICATION

Please check all that apply:

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

**PERMIT#:** \_\_\_\_\_  
**ASSIGNED** \_\_\_\_\_  
**INSPECTOR:** \_\_\_\_\_

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

Project Name: Meyer Chipman Rd Generator

Street Address: 7 Chipman Rd  
Palisades, NY 10964

Tax Map Designation:  
Section: 80.05 Block: 1 Lot(s): 26  
Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_

Directional Location:  
On the right side of Chipman Rd, approximately 20 feet from house of the intersection of W/A private Rd, in the Town of Orangetown in the hamlet/village of PALISADES.

Acreage of Parcel _____	Zoning District _____
School District <u>South Orangetown</u>	Postal District _____
Ambulance District _____	Fire District _____
Water District _____	Sewer District _____

Project Description: (If additional space required, please attach a narrative summary.)  
Generator

The undersigned agrees to an extension of the statutory time limit for scheduling a public hearing.  
Date: 4/9/21 Applicant's Signature: [Signature]

Meyer Generator  
Chipman Rd. , Palisades  
Private Road  
To right of composte container  
Bushes will be in full bloom 9 months of year  
20 feet from house



**APPLICATION REVIEW FORM**

**Applicant:** Barbara Meyer Phone # 845 359 8321  
**Address:** 7 Chipman Rd <sup>PO BOX</sup> 152 Palisades N.Y. 10964  
Street Name & Number (Post Office) City State Zip Code

**Property Owner:** Barbara Meyer Phone # 845 359 8321  
**Address:** 7 Chipman Rd PO Box 152 Palisades N.Y. 10964  
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

*N/A*

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.

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

**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? NO

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.

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

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

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

## Historical Areas Board of Review (HABR)

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

PROPERTY ADDRESS: 7 Chipmunk Fallside Section/Block/Lot: 80.5 / 1 / 26

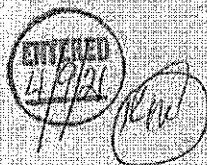
1. Provide a narrative summary explaining the project and including any facts pertaining to this project which applicant feels would be of interest to the Board;
2. Architectural Plans;
3. It is preferable to the HABR if the Architect would appear at the meeting with the Applicant.
4. Please bring SAMPLES of building materials to the meeting.
5. Materials checklist: (please provide the brand name, type, style, model and color numbers):

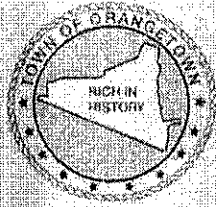
	COLOR	MATERIAL	MANUFACTURER
Roof:			
Siding:			
Decorative Siding:			
Soffits & Fascia:			
Gutters & Leaders:			
Windows:			
Trim:			
Shutters:			
Front Door:			
Back Door:			
Garage Door(s):			
Other Door(s):			
Lighting:			
Lighting:			
Stone or Rock being used on Structure:			
Stone or Rock being used on walkway(s):			
Other:	Breeze	metal generator	generac 22 kw
		picture submitted	

7 Chipman Road.

PAGE # 1

SWIS	PRINT KEY	NAME	ADDRESS
392489	80.05-1-23	John Ferro	4 Chipman Rd, Palisades, NY 10964
392489	80.05-1-24	John Ferro	4 Chipman Rd, Palisades, NY 10964
392489	80.05-1-25	Enterprises Demento	2 Justin Ct, Palisades, NY 10964
392489	80.05-1-26	Barbara Meyer	P.O. Box 152, Palisades, NY 10964
392489	80.05-1-27	Barbara Meyer	P.O. Box 152, Palisades, NY 10964
392489	80.05-1-29	Peter Feller	62 Closter Rd, Palisades, NY 10964
392489	80.05-1-31	John T White	1 Abbey Rd, Orangeburg, NY 10962
392489	80.06-1-9	Matthew Baranek	8 Chipman Rd, Palisades, NY 10964





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: April 9, 2021

Applicant: Meyer

Address: 7 Chipman Rd, Palisades, NY

RE: Application Made at: same

Subject Referral for: Chapter 12 Section 12-4 Paragraph A requires HABR Approval

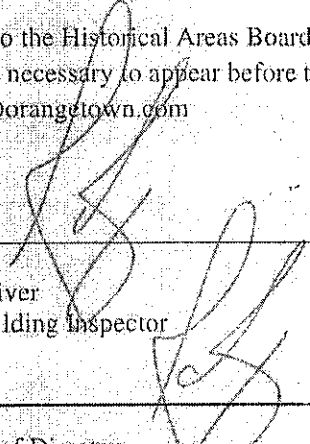
Section: 80.05 Block: 1 Lot: 26

Dear Meyer:

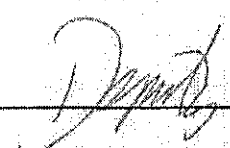
Please be advised that the Building Permit Application, which you submitted on April 8, 2021, has been referred to appear before the H.A.B.R. I have enclosed a copy of your application, where you will find at the bottom the reason for denial.

The Clerk to the Historical Areas Board of Review, Debbie Arbolino, can assist you in the preparation necessary to appear before the board. Please contact her at 845-359-8410 ext. 4331 or [darbolino@orangetown.com](mailto:darbolino@orangetown.com)

Sincerely,

  
Richard Oliver  
Deputy Building Inspector

Signature of Director  
NOTE: PLEASE KEEP FOR YOUR RECORDS  
12-31-18-CCC

  
Date  
CC: Rosanna Sfraga  
Liz Decort  
Debbie Arbolino

PERMIT EXPIRES TWO (2) YEARS FROM DATE OF ISSUANCE  
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

312 ✓

ZONE: R-40 COMM OFFICIAL USE ONLY ACREAGE: .4111  
 Inspector: John Date App Received: 4-8-21 Received By: [Signature]  
 Permit No. 51324 Date Issued: \_\_\_\_\_  
 CO No. \_\_\_\_\_ Date Issued: \_\_\_\_\_  
 Permit Fee: 312.1 Ck# 126 Paid By: Meyer  
 GIS Fee: 20 Ck# 125 Paid By: Meyer  
 Stream Maintenance Fee Ck# \_\_\_\_\_ Paid By: \_\_\_\_\_  
 Additional Fee: \_\_\_\_\_ Ck# \_\_\_\_\_ Date Paid: \_\_\_\_\_ Paid By: \_\_\_\_\_  
 1<sup>st</sup> 6 mo. Ext.: \_\_\_\_\_ Ck# \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Paid By: \_\_\_\_\_  
 2<sup>nd</sup> 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.

Property Location: 7 Chipman Rd, Palisades NY 10964  
 Section: 90.05 Block: 1 Lot: 26  
 Property Owner: Barbara Meyer  
 Mailing Address: 7 Chipman Road Palisades NY  
 Email: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Lessee (Business Name): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Type of Business / Use: Single Family Residential  
 Contact Person: Barbara Meyer Relation to Project: Owner  
 Email: admincent@gmail.com Phone #: 845 359 8321  
 Architect/Engineer: \_\_\_\_\_ NYS Lic # \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Builder/General Contractor: \_\_\_\_\_ RC Lic # \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Plumber: Gabeo Plumbing & Heating RC Lic # 690  
 Address: 506 W. Pond Rd, Upper Nyack, NY Phone #: 845-358-3869  
 Electrician: LIGHTNING ELECTRIC RC Lic # 414  
 Address: P.O. Box 216, Blauvelt, NY, 10913 Phone #: 845 365 2285  
 Heat/Cooling: \_\_\_\_\_ RC Lic #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Existing use of structure or land: \_\_\_\_\_  
 Proposed Project Description: 22 KW GAS GENERATOR

Proposed Square Footage: \_\_\_\_\_ Estimated Construction Value (\$): \$10,000

**BUILDING DEPARTMENT COMPLETES BELOW**

PLANS REVIEWED: \_\_\_\_\_

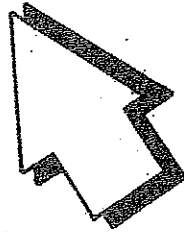
PERMIT REFERRED / DENIED FOR:

Chapter 12-4, Paragraph B, requires NABR approval

[Signature] Deputy of 9/2021

FOR OFFICE USE ONLY SECTION BLOCK LOT NAME PERMIT #





TOP = 169.12  
INV. = 162.50

N. OR F.  
WILLIAMS

PRIVATE ROAD  
(GRAVEL SURFACE)

N. OR F.  
WILLIAMS  
L 1032 P 299

N. OR F.  
WILLIAMS  
L 47 P 1547

# CHIPMAN ROAD

CLOSTER RD.

SMN T=165.5  
I=160.1

166.4

U.P.

+169.8    +173.1    +177.9    +180.9    182.6    182.8    184    186    188

EXIST. SAN. SEWER

TOP = 163.25  
INV. = 156.22

N. OR F.  
VEZETTI  
L 1005 P 1024

N. OR F.  
ANDERSON  
L. 96 P. 827

BROOK

S 58° 31' 00" E

X-CUT

30.2

25.7

77'0"

WALK PORCH

28.5'

38'

EXISTING DWELLING

GAR. FL. ELEV. = 185.2

41.1'

TO (184.5)

17'

PROPOSED 1STORY ADDITION

AREA = 17,780 SQ FT

N 32° 36' 00" E

106.20'

PIN SET

180

182

184

186

188

190

180

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184

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184

186

188

190

PIN SET

178.74'

33'

SMN T=184.5  
I=179.7

90'

93.71'

S 33° 28' 20" W

PIN SET

190

188

186

184

182

180

180

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190

180

182

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186

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188

190

LP FND.

STOCKADE FENCE CLEAR

PALISADES SWIM CLUB

PROPOSED ADDITION  
PLOT PLAN FOR BUILDING PERMIT  
FOR

## THOMAS & NIGEL COPPINI

PALISADES

TOWN OF ORANGETOWN  
SCALE: 1" = 50'

SEPT. 20, 1988

ROCKLAND COUNTY, N.Y.  
AREA = 0.408 AC.

TAX LOT DESIG. 58-526-10

### RO 83200

# RE

ZON  
TOW

THIS IS A PLOT PLAN BASED ON A

*Survey*

DONE BY

*Robert E. Sorace, P.L.S.*

DATED *Sept. 21, 1988*

#### PLAN INFORMATION

Owner Name: *Meyl*  
Address: *2 Chipman Rd*

*80.05-1-26*  
Prepared by:  
*Lightning Electric*  
Date:

#### OWNER INFORMATION

Owner Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Sec: \_\_\_\_\_  
Date: \_\_\_\_\_

## RECEIVED

APR 8 2021

TOWN OF ORANGETOWN  
BUILDING DEPARTMENT

*E. M. ...*





