

Name of Municipality: TOWN OF ORANGETOWN Date Submitted: _____

2021 LAND USE BOARD APPLICATION

Please check all that apply:

<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential
<input type="checkbox"/> Planning Board	<input type="checkbox"/> Historical Board
<input checked="" 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 checked="" type="checkbox"/> Variance	
<input type="checkbox"/> Performance Standards Review	
<input type="checkbox"/> Use Variance	
<input type="checkbox"/> Other (specify): _____	

PERMIT#: 51507
ASSIGNED
INSPECTOR: Glenn
Referred from Planning Board: YES / NO
If yes provide date of Planning Board meeting: _____

Project Name: Santilli shed

Street Address: 140 Mochring Drive
Blauvelt, NY 10913

Tax Map Designation:
Section: 70.17 Block: 3 Lot(s): 57
Section: _____ Block: _____ Lot(s): _____

Directional Location:
On the right side of Mochring Dr, approximately 4th horse angle feet of the intersection of Parkway Dr. North, in the Town of ORANGETOWN in the hamlet/village of Blauvelt.

Acreage of Parcel <u>1/3</u>	Zoning District <u>R-15</u>
School District <u>S. Orangetown</u>	Postal District <u>Blauvelt</u>
Ambulance District <u>"</u>	Fire District <u>"</u>
Water District <u>Suez</u>	Sewer District <u>Orangetown</u>

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

The undersigned agrees to an extension of the statutory time limit for scheduling a public hearing.
Date: _____ Applicant's Signature: _____

APPLICATION REVIEW FORM

Applicant: Susanna Santilli Phone # 201-522-8390

Address: 140 Moehning Dr Blauvelt, NY 10913

Property Owner: Susanna Santilli Phone # 201-522-8390

Address: 140 Moehning Drive Blauvelt, NY 10913

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: Susanna Santilli Phone # 201-522-8390

Address: 140 Moehning Dr Blauvelt NY 10913

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

GENERAL INFORMATION

1. Name of the patient: _____

2. Date of birth: _____

3. Sex: _____

4. Address: _____

5. Telephone: _____

6. Occupation: _____

7. Present illness: _____

8. History of present illness: _____

9. Past medical history: _____

10. Family history: _____

PHYSICAL EXAMINATION

General appearance: _____

11. Vital signs: _____

12. Head and neck: _____

13. Chest: _____

14. Abdomen: _____

15. Genitourinary: _____

16. Musculoskeletal: _____

17. Neurological: _____

18. Skin: _____

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.



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

DENIAL TO THE ZONING BOARD OF APPEALS

Date: May 21, 21
Applicant: Santilli
Address: 140 Moehring Dr. Blauvelt, NY
RE: Application Made at: same

Chapter 43, Section 5.227 Accessory structures required minimum 5' setback from side and rear property lines with 1.0' side and 3.5' rear proposed
Two variances required

Section: 70.17 Block: 3 Lot: 57

Dear Santilli:

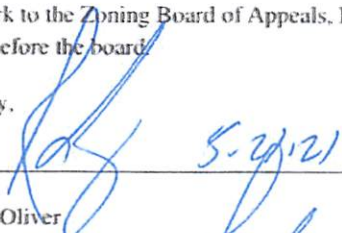
Please be advised that the Building Permit Application, which you submitted on

May 17, 2021, has been denied. I have enclosed a Xerox copy of your application, where you will find at the bottom the reason for denial.

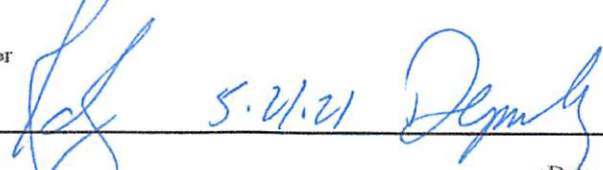
In Accordance with Zoning, Chapter 43 Section 10.322 the time to appeal a determination of a Building Inspector or Similar administrative office is thirty (30) days from the filing of such a determination with the Town Clerk.

The Clerk to the Zoning Board of Appeals, Debbie Arbolino, will assist you in the preparation necessary to appear before the board.

Sincerely,


Richard Oliver
Deputy Building Inspector

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


5.21.21
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

ZONE: R-15 (GMD) OFFICIAL USE ONLY ACREAGE: .421
 Inspector: alman Date App Received: 5-17-21 Received By: [Signature]
 Permit No. 51507 Date Issued: _____
 CO No. _____ Date Issued: _____
 Permit Fee: 204.00 Ck# 3157 Paid By Santilli
 GIS Fee: 20.00 Ck# 3156 Paid By " "
 Stream Maintenance Fee Ck # _____ 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.

Property Location: 140 Moehring Drive Blauvelt, NY 10913
 Section: 70.17 Block: 3 Lot: 57

Property Owner: Susanna and Frank Santilli
 Mailing Address: 140 Moehring Drive Blauvelt, NY 10913
 Email: santilliteaches@yahoo.com Phone #: 201-522-8390

Lessee (Business Name): _____
 Mailing Address: _____
 Email: _____ Phone #: _____

Type of Business /Use: _____
 Contact Person: Susanna Santilli Relation to Project: home owner
 Email: santilliteaches@yahoo.com Phone#: 201-522-8390

Architect/Engineer: _____ NYS Lic # _____
 Address: _____ Phone#: _____

Builder/General Contractor: _____ RC Lic # _____
 Address: _____ Phone#: _____

Plumber: _____ RC Lic # _____
 Address: _____ Phone#: _____

Electrician: _____ RC Lic # _____
 Address: _____ Phone#: _____

Heat/Cooling: _____ RC Lic#: _____
 Address: _____ Phone#: _____

Existing use of structure or land: single family residence
 Proposed Project Description: legalize existing 8'x22' shed
wood, 4 windows, shutters, shingled A frame roof, double doors
(8x27)

Proposed Square Footage: 176 sq ft. Estimated Construction Value (\$): 4,000

BUILDING DEPARTMENT COMPLETES BELOW

PLANS REVIEWED: _____

PERMIT REFERRED / DENIED FOR:
Chapter 43 accessory structures minimum required setback 5'
with 1.0' Side Yard and 3.5' Rear Yard proposed.
Two variances required.

[Signature] 5.21.21

FOR OFFICE USE ONLY SECTION BLOCK LOT NAME PERMIT#

APPLICATION FOR BUILDING/DEMOLITION PERMIT

APPLICANT MUST COMPLETE OR APPLICATION WILL NOT BE ACCEPTED

ZONING BULK REQUIREMENTS			
Zone:	Group:	Use:	
	Required	Existing	Proposed
Floor area ratio			
Lot area			
Lot width			
Street frontage			
Front yard setback			
Side yard setback			
Total side yard setback			
Rear yard setback			
Maximum building height			

Number of stories: _____ Construction Type: _____ Occupancy Class: _____

Zoning Chart Information Completed by: _____

1. Sewage: (circle one) Town County Private
2. How many kitchens on the property? _____
3. Are there any renters, tenants, lessees or boarders at this property? YES / NO
4. Are there any other building permits on this property? YES / NO
5. Is the property in a flood plain? YES / NO

AFFIDAVIT

State of New York)

County of Rockland) SS.:

Town / Village of Orangetown)

I, Susanna Santilli being duly sworn, deposes and says that he/she is the (circle one) owner, lessee, engineer, surveyor, architect, builder, or agent of the owner) in fee of the premises to which this application applies; that he/she (the applicant) is duly authorized to make this application and that the statements contained in the papers submitted herein are true to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith, and in accordance with the State Uniform Building Code and all other applicable laws, ordinances and regulations of the municipality. I also declare that the structure or area described in this application will not be occupied or used until I have obtained a Certificate of Occupancy or Certificate of Compliance.

Signature and Mailing Address

S Santilli

140 Meehan Drive
Blauvelt, NY 10913

SWORN to before me this 14 day of May, 2008

Witness: [Signature]
 (If not witnessed by Building Department personnel, Notary signature is required.) _____, Notary Public

OFFICIAL USE ONLY:	
Checked by: _____	Date: _____
Permit Granted for: _____	

Signature: _____	Date: _____
Director, OBZPAE	

SWIS	PRINT KEY	NAME	ADDRESS
392489	70.17-3-48	Nora Polansky	49 Birchwood Rd,Blauvelt, NY 10913
392489	70.17-3-49	Thomas G Carley	45 Birchwood Rd,Blauvelt, NY 10913
392489	70.17-3-50	James Walsh	41 Birchwood Rd,Blauvelt, NY 10913
392489	70.17-3-55	Norbert Merck	126 Moehring Dr,Blauvelt, NY 10913
392489	70.17-3-56	Mark A Sullivan	132 Moehring Dr,Blauvelt, NY 10913
392489	70.17-3-57	Susanna J Santilli	140 Moehring Dr,Blauvelt, NY 10913
392489	70.17-3-58	Maureen Gaine	148 Moehring Dr,Blauvelt, NY 10913
392489	70.17-3-59	Robert Valdes	36 Hoffman Ln,Blauvelt, NY 10913
392489	70.17-3-60	Hugh O'Gorman	28 Hoffman Ln,Blauvelt, NY 10913

8 letters

SANTILLI
140 MOEHRING DR.

1" = 50'

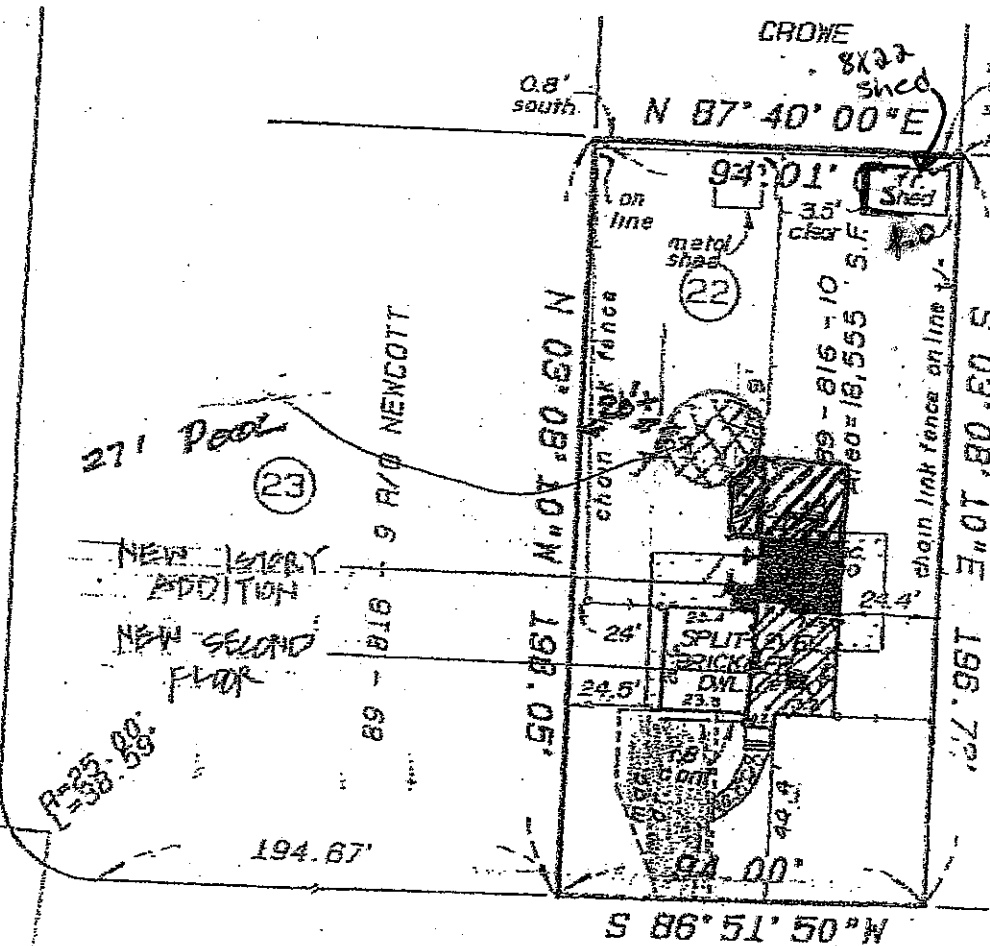
BUILDING
INSPECTOR'S
COPY

TOWN OF ORANGETOWN
BUILDING DEPARTMENT
APPROVED
BUILDING INSPECTOR:
B.V.W.
DATE: *12/14/13*

PLAN INFORMATION
Owner Name: *Susanna Santilli*
Address: *140 Moehring Dr*
Blauvelt, NY 10913
Sec-Blk-Lot: *10.17-3-57*
Prepared By:
Susanna Santilli
Date: *5/14/21*

SURVEY NUMBER

HOFFMANN 50' WIDE LAN



RECEIVED
NOV 7 2011
BUILDING DEPT.
TOWN OF ORANGETOWN

10-17-3-57

MOEHRING 50' WIDE DRIVE

ZONING BOARD OF APPEALS
Meeting Of:
JUL 21 2021
Town Of Orangetown

RECEIVED
MAY 17 2021