

Architectural & Community Appearance Board of Review

(ACABOR)

Town of Orangetown Building Department
20 Greenbush Road, Orangeburg, New York 10962
(845) 359-8410, ex 4331, www.orangetown.com

APPLICATION CHECKLIST

THE FOLLOWING ITEMS MUST BE SUPPLIED IN ORDER TO ACCEPT AN APPLICATION:

Date: _____ Section: _____ Block: _____ Lot: _____

Project Name: _____

Project Address _____

1. A signed and dated completed Board Application.
2. A copy of the Building Permit Denial Application, signed by the Director of the Department.
3. Copy of Deed to present owner of property.
4. Agents must have written authorization from the owner to appear in front of the Board. Contract Purchaser may file a copy of the contract.
5. **If the Owner and/or Applicant is listed as an Entity, A completed Entity Disclosure Statement Form MUST be submitted with this Application.**
Entity: A limited liability company, limited liability partnership, general or limited partnership, professional Corporation, joint venture, doing business as name or venture, association, business trust, or non-publicly-traded corporation
6. List of Names/Addresses of all property owners within 200 feet of perimeter of site, obtained from the Land Use Board Office. *Application must include a map of tax lots noting 200 foot radius line as applicable, measuring from all points on property line, not from center of 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.*
7. **A Descriptive Project Narrative MUST** be provided on a separate sheet of paper.
8. **TWO copies of ARCHITECTURAL PLANS** showing dimensions and height of existing and proposed construction. 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, signed and sealed by the appropriate New York State Professional.

A PDF COPY OF PLANS MUST BE SUBMITTED

Drawing Name _____ Date: _____

Prepared by: _____

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2022 Information Sheet

ACABOR requires the submission of the following information:

Site Plan Minimum scale of 1 inch = 30 feet **A PDF COPY OF PLANS MUST BE SUBMITTED**

Proposed Landscaping Plan (where you plan to plant trees and bushes) **A PDF COPY OF PLANS MUST BE SUBMITTED**

Vicinity map minimum scale of 1 inch = 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.

For more information, please contact the Architectural Board of Review office, at (845) 359-8410 ext 4330 or ccoopersmith@orangetown.com

SUBMITTED BY: _____ **DATE RECEIVED BY BOARD CLERK:** _____

By signing below, the applicant/agent agrees that they have completed and supplied all items listed above as applicable.

Print Name: _____ **Signature:** _____

Email Address: _____

Architectural & Community Appearance Board of Review

Date: _____ **Section:** _____ **Block:** _____ **Lot:** _____

Project Name: _____

Project Address _____

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:

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2022 Meeting Dates

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

January 6

January 20

February 3

February 17

March 3

March 17

April 7

April 21

May 5

May 19

June 2

June 16

July 7

July 21

No meetings in August

September 1

September 15

October 6

October 20

November 3

November 17

December 1

(one meeting in December)

CONTACT PERSON INFORMATION SHEET:

NAME: _____

MAILING ADDRESS:

_____	_____	_____
Street number	(PO Box)	Street Name

City	State	Zip Code

TELEPHONE #: _____

CELL PHONE #: _____

FAX #: _____

E-MAIL ADDRESS: _____

Relation to project: _____

Name of Municipality: TOWN OF ORANGETOWN

Date Submitted: _____

2022 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 ORANGETOWN 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.

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? _____

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.

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 _____.
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

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

Clerk of Boards Review:
Date: _____ Initials: _____

Building Dept. (Accepted By):
Date: _____ Initials: _____

ENTITY DISCLOSURE FORM

TOWN OF ORANGETOWN
Office of Building, Zoning, Planning Administration and Enforcement (OBZPAE)
20 Greenbush Road
Orangeburg, New York 10962
Tel: (845) 359-8410
Website: www.orangetown.com

THIS FORM MUST ACCOMPANY ALL LAND USE APPLICATIONS SUBMITTED BY AN ENTITY AS DEFINED IN CHAPTER 43, ARTICLE 16 OF THE TOWN CODE OF THE TOWN OF ORANGETOWN.

PROJECT NAME: _____

PROPERTY ADDRESS: _____

TAX LOT ID: _____

NAME OF APPLICANT: _____

OWNER OF PROPERTY: _____

Land Use Application/Brief Description of Project: _____

PART ONE:

1. Pursuant to Section Chapter 43, Article 16 of the Town Code, the disclosure of the names and address of all persons or entities owning any interest or controlling position of any limited liability company, limited liability partnership, general or limited partnership, professional corporation, joint venture, doing business as name or venture, association, business trust, or non-publically traded corporation, (hereinafter referred to as the "Entity") is required when filing a land-use application.
2. Set forth the names of all members, officers, shareholders, directors, partners or other authorized persons of the Entity for the past year from the date of filing of any land-use board application.
3. Attach a copy of all Entity documents filed with the NYS Secretary of State, or in any other State of formation, including:
 - a. All records regarding membership interests in the Entity;
 - b. Records regarding the transfer of membership interests since the date of formation.
4. If a member of the Entity is not a natural person, please provide the name(s) and address(es) for the of the non-natural person member of that Entity, and provide the formation filing documents for such Entity.
5. Provide supplemental sheets if the information does not fit below; (kindly label the supplemental sheets).

Name of Entity:	
Address:	
Telephone Number:	
E-Mail Address:	
State/Date of Formation:	
Contact Person:	

PART TWO:

6. Please list all persons, officers, limited or general partners, directors, members, shareholders, managers, authorized persons, beneficial owners, and any others with any interest in or with the above referenced entity.
7. Please NOTE that an "authorized person" means an individual or entity, whether or not a shareholder, member, officer or director, or person identified by any other title, who is authorized to act, solely or in conjunction with others, on behalf of or for the Entity.
8. List all persons with a membership or voting interest or controlling position in the Entity. Please provide that parties' business or personal address and telephone number, email address and other contact information.
9. Provide supplemental sheets if the information does not fit below; (kindly label the supplemental sheets).

<u>Name of Individual</u>	<u>Address</u>	<u>Telephone</u>	<u>Email</u>	<u>Interest or Role in Entity</u>
1.				
2.				
3.				
4.				
5.				
6.				

PART THREE:

- 10. Is any person identified in Part TWO currently employed by or hold a paid or unpaid position with a department, agency or land use board of the Town of Orangetown? *Please circle:* YES NO
- 11. Is any person identified in PART TWO the spouse, sibling, parent, child, or grandchild of any individual who is employed by or holds a paid or unpaid position with a department, agency or land use board of the Town of Orangetown? *Please circle:* YES NO
- 12. Does any person identified in PART TWO perform services for or have a contract, or employed by an entity that has a contract to perform services for the Town of Orangetown? Please circle: YES NO
- 13. If the answer is "YES" to any of the above, please provide a supplement sheet and list every Board, Department, Office, agency or other position with the Town of Orangetown in which the party has a position, paid or unpaid, or provides services for, and identify the agency, title and date of hire.

PART FOUR:

- 14. The information contained herein shall be updated with the Clerk of the Boards no later than THIRTY (30) DAYS after any change in information.
- 15. **NOTE: Any person who (a) provides false or fraudulent beneficial ownership information; (b) willfully fails to provide complete or updated information; or (c) during the application process, fails to obtain or maintain credible, legible and updated beneficial ownership information shall be subject to suspension of any pending application by the applicant entity, or a "stop work" order on any work relating to the application, or both, in addition to any other applicable penalties under the Town Code, or State and Federal Statute, or both.**

STATE OF NEW YORK)
) ss.:
 COUNTY OF ROCKLAND)

I, _____, being duly sworn, deposes and says that I am (Title) _____, an active or qualified member of the _____, a business duly authorized by law to do business in the State of New York, and that the statements made in the foregoing Affidavit are true, accurate and complete. I further understand that Land Use Applications may have a significant impact upon the health, safety and general welfare of the Town of Orangetown and its inhabitants and visitors; and that the Town Board is required to be certain that anyone with an interest or controlling position of an Entity, who applies for any land use approval or permission must have no conflict of interest as that term is described in NYS Town Law, as well as NYS General Municipal Law, and that the disclosure of any officers, directors, members, shareholders, managers, authorized persons, beneficial owners, any other controlling parties with the above entity, and all persons with a membership or voting interest in the entity is required to be made in any land use application or request for any approval from the Town, to be certain no conflict of interest exists and without the disclosure, a full review of any conflict cannot take place.

 Signature

Sworn to and subscribed in my presence

This _____ day of _____, 20____

 NOTARY PUBLIC