

# **Historical Areas Board of Review (HABR)**

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

## **2022 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 Part I and Part II of the Board Application.
2.  A copy of the Building Permit Denial Application, signed by the Director of the Department. (*Historic Board applications that are referred from the Planning Board or consultations do not require a Building Permit Denial.*)
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.  Completed List of Questions in the application package to be answered and returned with the package.
8.  One (1) copy of **architectural plans** showing dimensions and height of existing and Proposed construction. (see item 7 for required information). **Plans must be signed and sealed by a New York State Licensed Architect or Professional Engineer.** (*Since the review is concerned with exterior design, it is preferable to have your architect present.*)

Drawing Name \_\_\_\_\_ Date: \_\_\_\_\_

Prepared by: \_\_\_\_\_

- 8. All plans shall include the following:** All plans shall be for construction purposes (ie. Building Department submission) and must include the following information on the plan:
- A vicinity map;
  - Floor Plans and Sections;
  - Elevations with exterior materials and color schemes. (Samples must be furnished).
  - All exterior mechanical equipment and signs, if incorporated in the proposal. (i.e. air conditioning)
  - Dimensions and elevations to scale of existing building showing relationships to proposed alterations/additions and dimensions. Label windows, doors and all distinguishing features. (Please provide the same information for buildings within one hundred (100') feet of new structure).
  - Provide photographs of the building and surrounding area at the meeting.
  - Gutters and leaders and disposition of runoff must be indicated on all plans.

**9. Provide One Check, for all applicable fees, made payable to "Town of Orangetown" Please calculate the total amount based on the list provided below:**

All Reviews Standards Fee: Residential District:	\$125.00
Legal Notice Advertisement Fee:	\$150.00

*(For each time an advertisement or re-advertisement has to be published):*  
 Effective February 4th, 2015 as per **Town Board Resolution No. 45, January 28, 2015**

For HABR Consultation only One Check in the amount of \$100.00

- 10.** Submit completed application and fees to the Board Clerk to be processed.

**SUBMITTED BY:** \_\_\_\_\_ **DATE RECEIVED BY BOARD CLERK:** \_\_\_\_\_.

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

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

ONCE DEEMED COMPLETE BY BUILDING INSPECTOR  
APPLICANT SHALL SUBMIT THE FOLLOWING:

- 10 copies** of all Plans signed and sealed by the appropriate New York State Professional. (Same plans submitted and reviewed by the Building Inspector). List type of plans submitted.
- All drawings** shall be submitted in **PDF format** via email to [DArbolino@orangetown.com](mailto:DArbolino@orangetown.com)

**Once all items are received, project will then be assigned to the appropriate hearing date by the Board Clerk and the applicant will be notified.**

*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 Historic Areas Board of Review Office. The Board Clerk will notify the applicant when signs are ready to be picked up from the HABR office.*

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## **2022 Information Sheet**

### **NOTE THE FOLLOWING:**

**PLEASE BE AWARE THAT THE APPLICATION PROCESS TAKES APPROXIMATELY TWENTY ONE (21) DAYS FROM THE TIME OF SUBMISSION TO YOUR BOARD MEETING.**

1. A Building Permit Denial (if any) must be included with your application.
2. Bring Building Material Samples to the meeting.
3. Consultation: It is advisable to have your architect and yourself consult with the Historical Board before the preparation of final drawings for approval.

In the Historic Areas of the Town, Historical Areas Board of Review (HABR) approval is required for all construction:

- A. Requiring a building permit, or
- B. Any exterior changes to buildings constructed prior to 1918.

For more information, please call the Clerk to the Historical Areas Board of Review at (845) 359-8410. Town Code Chapter 12 entitled "Historic Areas", (adopted by the Town Board on 7/28/1997), governs the historic areas in Palisades and Tappan, and is available for inspection and/or purchase by contacting the Clerk to the HABR at Town of Orangetown, 20 Greenbush Road, Orangeburg, New York 10962; [www.orangetown.com](http://www.orangetown.com); (845) 359-8410.

### **2022 – HISTORICAL AREAS BOARD OF REVIEW MEETING DATES**

The Board meets the second Tuesday of every month (unless otherwise noted) at the Greenbush Road Auditorium, 20 Greenbush Road, Orangeburg, New York.

### **ALL MEETINGS START AT 7:00PM**

**January 11<sup>TH</sup>**

**February 8<sup>TH</sup>**

**March 8<sup>TH</sup>**

**April 12<sup>TH</sup>**

**May 10<sup>TH</sup>**

**June 14<sup>TH</sup>**

**July 12<sup>TH</sup>**

**August (NO MEETING)**

**September 13<sup>TH</sup>**

**October 11<sup>TH</sup>**

**November 8<sup>TH</sup>**

**December 13<sup>TH</sup>**

# Historical Areas Board of Review(HABR)

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

PROPERTY ADDRESS: \_\_\_\_\_ Section/Block/Lot: \_\_\_\_\_

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:			

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

Date: July 18, 2007

To: Deputy Building Inspector  
Assistant Building Inspectors

From: John Giardiello, P.E. & Director

Subject: H.A.B.R. Board Submissions

CC: Douglas Schmidt, Building Plans Examiner  
Cheryl Coopersmith, Chief Clerk  
Deborah Arbolino, Adm. Aide  
Rima DelVecchio, Clerk  
H.A.B.R. Members  
William Reddy, Deputy Town Attorney

Yesterday I met with H.A.B.R. Chairperson Margaret Rasso to discuss a recent issue that confronted the Board. As you know the purpose and intent of the H.A.B.R. local law is to protect the places, buildings and other objects and thereby preserve the overall historic look and character within the Tappan and Palisades Historic areas. In order for the Board to review and approve (or disapprove) an application, they must have a proper submission.

A proper submission consists of the following:

1. A vicinity map.
2. Floor plans and sections.
3. All elevation views with exterior materials and color schemes
4. All exterior mechanical equipment and signs if incorporated in the proposal.
5. Dimension and elevations, to scale, shall be labeled on the plans of the proposed building, the existing building showing relationships to proposed alterations/additions (if applicable) and all distinguishing features. The same information shall be provided for buildings within 100 feet of the new structure. The applicant shall provide photographs of the building and the surrounding area at the H.A.B.R. meeting.
6. As with all other building permit applications, the disposition of Stormwater runoff, rain gutters and leaders shall be indicated on all applicable plans such as the site plan or plot plan and elevation views of the building of structure being proposed.

Please assure the applicant has complied with the above items before referring the application to the Board. Also, tell the applicant to bring building material samples and photographs of the property, existing buildings and surrounding areas to the H.A.B.R. meeting. You can furnish the applicant with a copy of this memorandum so they have the minimum plan submission requirements.

Thank you for your cooperation in this matter.

JG:jcf

**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"/> <b>Planning Board</b> <input type="checkbox"/> <b>Zoning Board of Appeals</b>  <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 ( <i>specify</i> ): _____	<input type="checkbox"/> Residential <input type="checkbox"/> <b>Historical Board</b> <input type="checkbox"/> <b>Architectural Board</b>  <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** \_\_\_\_\_  
**School District** \_\_\_\_\_  
**Ambulance District** \_\_\_\_\_  
**Water District** \_\_\_\_\_

**Zoning District** \_\_\_\_\_  
**Postal District** \_\_\_\_\_  
**Fire 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 \_\_\_\_\_.  
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

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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 \_\_\_\_\_

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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.

<u>SECTION-BLOCK-LOT</u>	<u>NAME</u>	<u>ADDRESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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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