

Keyword

Historical Areas Board of Review(HABR)

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

PROPERTY ADDRESS: 159 RT 9W Palisades, NY 10964 Section/Block/Lot: 78.18/2/17

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:	Natural Stone Pillar bluestone top w/light post		
Stone or Rock being used on walkway(s):			
Other:			
Replace existing fence	natural/wood/stone		

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APR 18 2023

TOWN OF ORANGETOWN
LAND USE BOARDS

Name of Municipality: TOWN OF ORANGETOWN

Date Submitted: _____

2023 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 checked="" type="checkbox"/> Other (specify): _____	

PERMIT#: BDR-2992-23

ASSIGNED

INSPECTOR: Ken

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

Project Name: Keywork

Street Address: 159 RT 9W Palisades, NY 10964

Tax Map Designation:

Section: <u>78.18</u>	Block: <u>2</u>	Lot(s): <u>17</u>
Section: _____	Block: _____	Lot(s): _____

Directional Location:

On the East side of Route 9W, approximately 550 feet South of the intersection of Oak Tree Road, in the Town of Orangetown in the hamlet/village of Palisades.

Acreage of Parcel 1
School District SDCSD
Ambulance District SOAC
Water District VEIOLA

Zoning District R-40
Postal District Palisades
Fire District Sparkill/Palisades
Sewer District Orangetown

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

Replace existing fence & add stone pillars

The undersigned agrees to an extension of the statutory time limit for scheduling a public hearing.

Date: 4-12-23 Applicant's Signature: [Signature]



APPLICATION REVIEW FORM

Applicant: Deanna Keywork Phone # 845 653 2072
Address: 159 RT 9W Palisades NY 10964
Street Name & Number (Post Office) City State Zip Code

Property Owner: Deanna Keywork Phone # 845-359-5943
Address: 159 RT 9W Palisades NY 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: Deanna Keywork Phone # 845-653-2072
Address: 159 RT 9W Palisades NY 10964
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.

<input type="checkbox"/> State or County Road	<input type="checkbox"/> State or County Park
<input type="checkbox"/> Long Path	<input type="checkbox"/> County Stream
<input type="checkbox"/> Municipal Boundary	<input type="checkbox"/> County Facility

List name(s) of facility checked above:

Referral Agencies:

<input type="checkbox"/> RC Highway Department	<input type="checkbox"/> RC Division of Environmental Resources
<input type="checkbox"/> RC Drainage Agency	<input type="checkbox"/> RC Dept. of Health
<input type="checkbox"/> NYS Dept. of Transportation	<input type="checkbox"/> NYS Dept. of Environmental Conservation
<input type="checkbox"/> NYS Thruway Authority	<input type="checkbox"/> Palisades Interstate Park Commission
<input type="checkbox"/> Adjacent Municipality _____	
<input type="checkbox"/> Other _____	

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

REFERRAL TO THE HISTORICAL AREAS BOARD OF REVIEW

Date: 3.28.23 Section: 78.18 Block: 2 Lot: 17

Applicant: Keyword

Address: 159 Rte 9W, Palisades, NY

RE: Application Made at: same

Referred For: **§ Section 12-4 (A) requires HABR Approval**

Comments:

Stone Pillars at ends of driveways


replace existing fence

Dear Keyword:

Please be advised that the Building Permit Application # p23-2992, which you submitted on 3.21.23, has been referred to the Historical Areas Board of Review. The Clerk to the Historical Areas Board of Review, Debbie Arbolino, can assist you in the preparation necessary to appear before the board. She can be reached at 845-359-8410 ext. 4331 or darbolino@orangetown.com

Sincerely,


Richard Oliver
Deputy Building Inspector


Signature of Director
NOTE: PLEASE KEEP FOR YOUR RECORDS
1-30-2023 JSA

Date
Liz DeCort
Debbie Arbolino

332.

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:	OFFICIAL USE ONLY	ACREAGE:
Inspector: <u>Ken</u>	Date App Received: <u>3/21/23</u>	Received By: <u>SM</u>
Permit No: <u>BDR 2992 23</u>	Date Issued:	
CO No.	Date Issued:	
Permit Fee: <u>312.</u>	Ck# <u>1922</u>	Paid By: <u>CHRISTOPHER Keywork</u>
GIS Fee: <u>20</u>	Ck# <u>" "</u>	Paid By:
Stream Maintenance Fee	Ck#	Paid By:
Additional Fee:	Ck#	Date Paid
1 st 6 mo. Ext.:	Ck#	Exp. Date:
2 nd 6 mo. Ext.:	Ck#	Exp. Date:

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MAR 21 2023

APPLICANT COMPLETES:

TOWN OF ORANGETOWN
BUILDING DEPARTMENT

PAGES 2, 3 and PAGE 4 must be reviewed and PAGES 3 & 4 must signed by the applicant.

Property Location: 159 RT 9W Palisades NY 10964
Section: 78.10 Block: 2 Lot: 17
Property Owner: Chris + Deanna Keywork
Mailing Address: 159 RT 9W Palisades NY 10964
Email: ddantico@hotmail.com Phone #: 845-359-5943
Lessee (Business Name):
Mailing Address:
Email:
Phone #:
Type of Business / Use: Single family residential
Contact Person: Deanna Keywork Relation to Project: Home owner
Email: ddantico@hotmail.com Phone #: 845-653-2072
Architect/Engineer:
NYS Lic #:
Address:
Phone #:
Builder/General Contractor: JJ Aquino Landscaping RC Lic #:
Address: 10 Johnson St Spring Valley NY Phone #: 845-482-4017
Plumber:
RC Lic #:
Address:
Phone #:
Electrician:
RC Lic #:
Address:
Phone #:
Heat/Cooling:
RC Lic #:
Address:
Phone #:
Existing use of structure or land: Single family residential
Proposed Project Description: Stone pillars at the end of driveway & replacing existing fence
Proposed Square Footage: Estimated Construction Value (\$): 10,000

BUILDING DEPARTMENT COMPLETES BELOW

PLANS REVIEWED:

PERMIT REFERRED / DENIED FOR:

Chapter 12, Section 12-4 Requires NABL approval

FOR OFFICE USE ONLY
SECTION
BLOCK
LOT
NAME
PERMIT #

SCANNED

MAR 27 2023

BY: SM

SWIS	PRINT KEY	NAME	ADDRESS
392489	78.18-2-6	Port Mackall LLC	65 Colgate St,Closter, NJ 07624
392489	78.18-2-14	Christopher Winfree	54 Highland Ave,Palisades, NY 10964
392489	78.18-2-15	Andrew Kim	46 Highland Ave,Palisades, NY 10964
392489	78.18-2-16	Aidan Quinn	P.O. Box 678,Palisades, NY 10964
392489	78.18-2-17	Christopher Keywork	159 Rte 9W,Palisades, NY 10964
392489	78.18-2-18	Judy Castagna	1671 Choptank Rd,Middletown, DE 19709
392489	78.18-2-19	Donagh Bracken	P.O. Box 598,Palisades, NY 10964
392489	78.18-2-20	Eric Dubbs	38 Fern Rd,Palisades, NY 10964
392489	78.18-2-21.2	Kieuoanh Nguyen	5 Prior Ct,Palisades, NY 10964



PLAN INFORMATION
Owner Name: Charles & Dranna Keywork
Address: 159 Rt 9W
Palisades, NY 10964
Sec-Blk-Lot: 78.18-2-17
Prepared By: Contractor
Date: _____



LEON BARON, RA
37 CHARLES ST.
TAPPAN, NY 10983
TEL. 845-359-8433
RENE MEDINA
405 BLAUVELT RD.
BLAUVELT, NY 10913
TEL. 845-359-5534

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MAR 21 2023

TOWN OF ORANGETOWN
BUILDING DEPARTMENT

ORANGETOWN HISTORIC AREA
BOARD OF REVIEW

PROJECT TITLE

159 ROUTE 9W
PALISADES, NY

R.I.M.

DRAWN
LB

CHECKED
2/23/2006

DATE
AS NOTED

SCALE

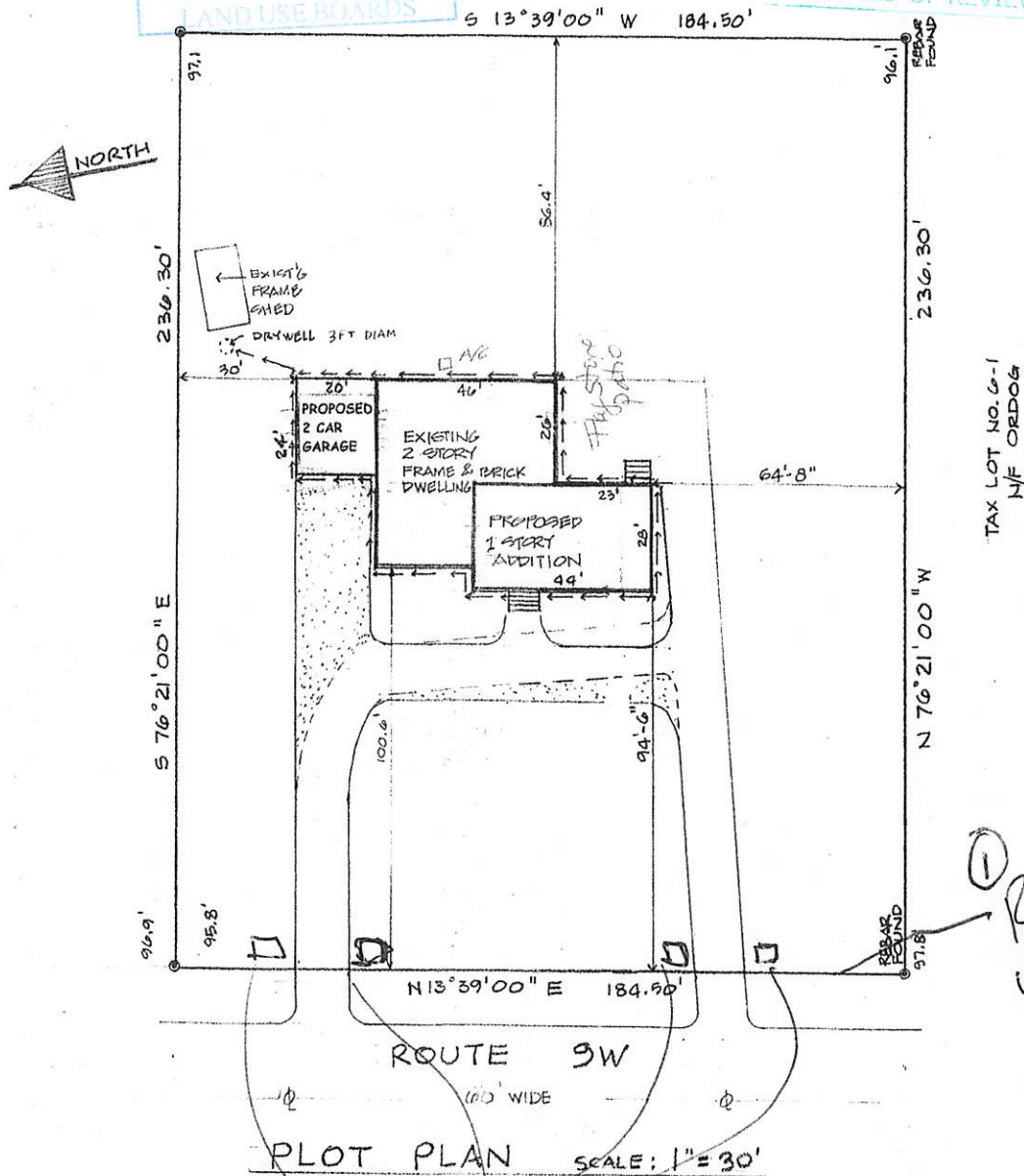
JOB NO.

DWG. NO.

P-1



Leon Baron



① Replace existing 6' wood fence
with similar 6' wood fence

② Proposed 2'x2' Stone Pillars on
each side of both driveway entries

Google Maps 163 Rte 9W

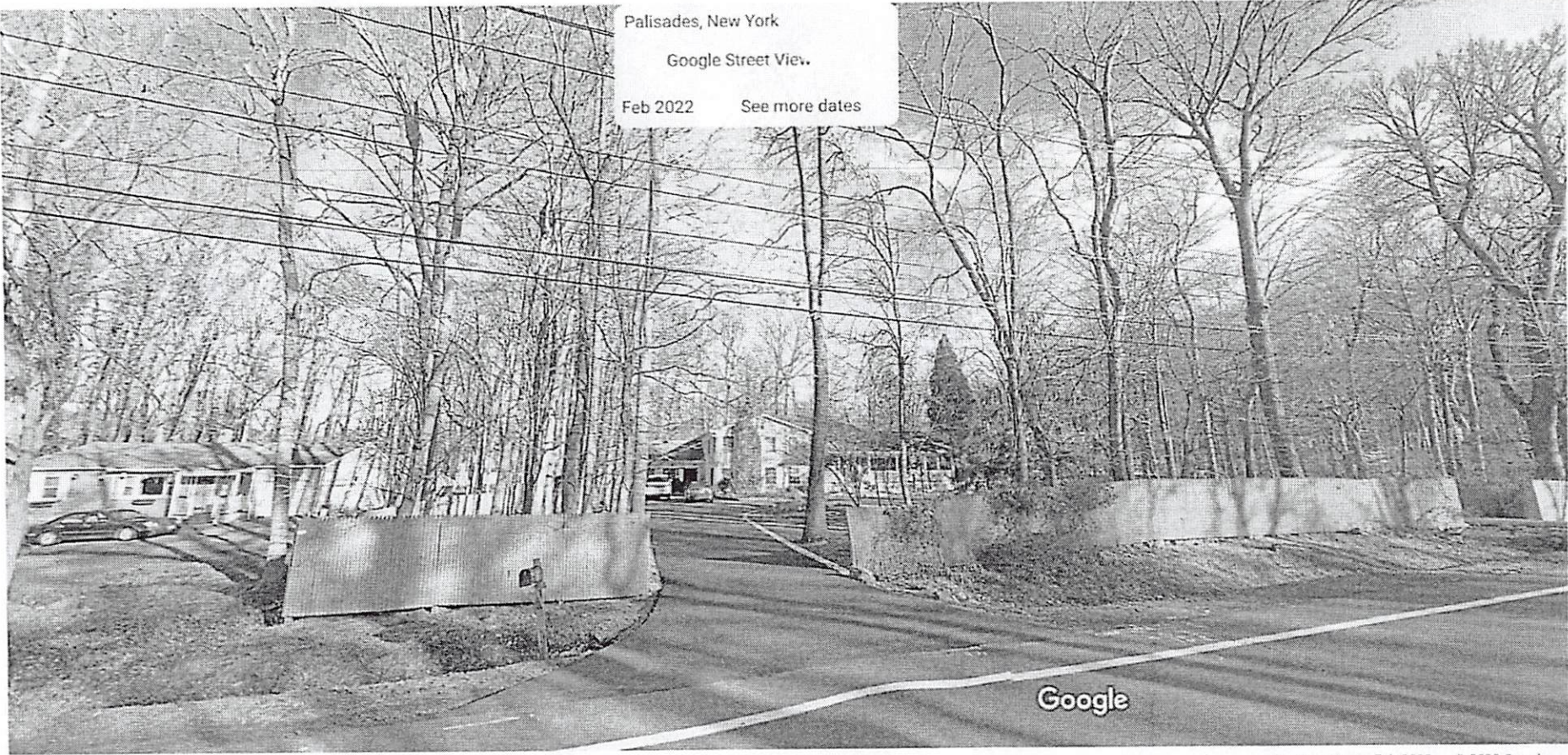


Image capture: Feb 2022 © 2023 Google



159 Rte 9W

All

Street View & 360°





Town Of Chatham
Meeting

MAY 19 2023

HISTORICAL SOCIETY
BOARD OF DIRECTORS

CERTIFICATE OF OCCUPANCY

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

Certificate No: 36671

Issue Date: 05/24/2007

Owner of Property: Susan Ekker & Gabor Nemesdy
Address of Owner: 19 Lawrence Lane, P.O.Box 552, Palisades, NY 10964

Location: 159 Rt. 9W, Palisades, NY 10964

Present use of structure or land: Single family dwelling.

S-B-L: 78.18-2-17 (n)

ZONED: R-40

Const Type:

Occ Class:

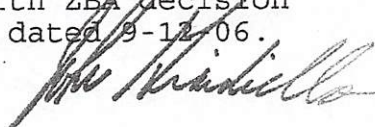
Use of Permit: RESI ALT & ADD

Census Code: 0/S

THIS CERTIFIES that PERMISSION is hereby granted for the OCCUPANCY of the premises herein described, situated on the above mentioned premises for the purposes specified as follows.

Use and designation for the structure or land and nature of work for which this C.O. is issued:

Installation of 6' high fence (stockade) along front property line, fence to be installed in accordance with ZBA decision #06-94, 10-4-06, and HABR decision #06-12, dated 9-12-06.



Director, OBZPAE

