

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

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

PROPERTY ADDRESS: \_\_\_\_\_ Section/Block/Lot: 77.10-3-18

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):			
ACABON 4/6 Other:	BLK	WOOD	TBD

RECEIVED

MAY 17 2023

TOWN OF ORANGETOWN  
BUILDING DEPARTMENT

Name of Municipality: TOWN OF ORANGETOWN

Date Submitted: 5/17/23

<i>Please check all that apply:</i>	
<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential
<input type="checkbox"/> Planning Board	<input 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#: Sign-2949-23

ASSIGNED \_\_\_\_\_

INSPECTOR: Ken L

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

Project Name: NOCO SIGN

Street Address: 67 OLD TAPPAN RD  
TAPPAN NY 10983

Tax Map Designation:  
Section: 77.10 Block: 3 Lot(s): 18  
Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_

Directional Location:  
On the LEFT side of OLD TAPPAN RD, approximately  
1000 feet WEST of the intersection of WESTERN HIGHWAY, in the  
Town of ORANGETOWN in the hamlet/village of TAPPAN.

Acreage of Parcel _____	Zoning District _____
School District <u>SBCSD</u>	Postal District <u>TAPPAN</u>
Ambulance District <u>SOAC</u>	Fire District <u>TAPPAN</u>
Water District _____	Sewer District _____

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

The undersigned agrees to an extension of the statutory time limit for scheduling a public hearing.  
Date: 5/17/23 Applicant's Signature: [Signature]

## APPLICATION REVIEW FORM

Applicant: Joe Agnello Phone # 845-222-4360

Address: 78 DOVER ST SPARKILL NY 10976  
Street Name & Number (Post Office) City State Zip Code

Property Owner: ADA Biondi Phone # \_\_\_\_\_

Address: 15 WOLFE CIRCLE WEST HAVEN NY 10994  
Street Name & Number (Post Office) City State Zip Code

Engineer/Architect/Surveyor: LIGHTHAW Phone # 914 224 4003

Address: 587 PICKENS AVE Pickens NY 10968  
Street Name & Number (Post Office) City State Zip Code

Attorney: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_  
Street Name & Number (Post Office) City State Zip Code

Contact Person: Joe Agnello Phone # 845 222 4368

Address: 78 DOVER ST SPARKILL NY 10976  
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? Yes

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.

ACADOR 5/16/23  
\_\_\_\_\_

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

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



SWIS PRINT KEY

NAME

ADDRESS

PAGE # 1

392489	77.10-2-17	Tappan Reformed Church
392489	77.10-2-26	Jacole Galperin
392489	77.10-2-27	80 Old Tappan Road LLC
392489	77.10-2-28	Rose Bucci
392489	77.10-3-16	87 Old Tappan Road Llc.
392489	77.10-3-17	DKK Realty LLC
392489	77.10-3-18	61-67 Old Tappan Road LLC
392489	77.10-3-19	U S Postal Service
392489	77.10-3-20	U S Postal Service
392489	77.10-3-21	KTW Ent Inc
392489	77.10-3-22	Gerald Hahn
392489	77.10-3-23	Patrick Mc Kenna
392489	77.10-3-24	Margaret Anne Thomsen
392489	77.10-3-34	Daejin Nam
392489	77.10-3-35	Victoria H Baron
392489	77.10-3-36	Bernadette O'Donnell
392489	77.10-3-49	Bruno Biondi
392489	77.10-3-50	Ted N Baker
392489	77.10-3-51	Altagrace G Richardson
392489	77.10-3-52	Erick Hoovis

32 Old Tappan Rd, Tappan, NY 10983  
 17 Grand Av, Tappan, NY 10983  
 80 Old Tappan Rd, Tappan, NY 10983  
 88 Old Tappan Rd, Tappan, NY 10983  
 5 Park St, Montvale, NJ 07645  
 P.O. Box 1047, Pearl River, NY 10965  
 15 Wolfe Cir, W Nyack, NY 10994  
 6 Griffin Rd No, Windsor, CT 06006-0120  
 6 Griffin Rd No, Windsor, CT 06006-0120  
 109 Newport Ave, Tappan, NY 10983  
 43 Old Tappan Rd, Tappan, NY 10983  
 39 Old Tappan Rd, Tappan, NY 10983  
 10 Brandt Ave, Tappan, NY 10983  
 45 Charles St, Tappan, NY 10983  
 37 Charles St, Tappan, NY 10983  
 52 Charles St, Tappan, NY 10983  
 15 Wolfe Cir, W Nyack, NY 10994  
 11 Stephens Rd, Tappan, NY 10983  
 19 Stephens Ln, Tappan, NY 10983  
 154 Farmingdale Rd, Chester, NY 10918



NO CO





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: 5.10.23 Section: 77.10 Block: 3 Lot: 18

Applicant: NOCO Catering

Address: 67 Old Tappan Rd, Tappan, NY

RE: Application Made at: same

Referred For: Chapter 12, Section 12-4(E) Requires HABR approval

Comments:

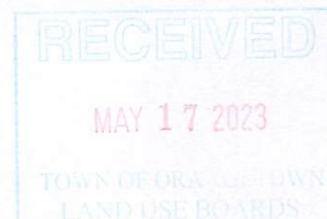
sign


Dear NOCO:

Please be advised that the Building Permit Application # p23-2949, which you submitted on 8.29.23, 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](mailto: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

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>KW</u>	Date App Received: <u>03-16-23</u>	Received By: <u>Li2</u>
Permit No. <u>S16N-2949-23</u> Date Issued: _____		
CO No. _____ Date Issued: _____		
Permit Fee: <u>\$150</u>	Ck# <u>1034</u>	Paid By: <u>NOW Catering</u>
GIS Fee: _____	Ck# _____	Paid By: _____
Stream Maintenance Fee <u>\$30</u>	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 be signed by the applicant.

Property Location: 107 Old Tappan Rd

Section: 77.10 Block: 3 Lot: 18

Property Owner: ADA BUNDI

Mailing Address: 15 WOLFE CIRCLE, WEST NYACK, NY 10954

Email: ADABUNDI@GMAIL.COM Phone #: 845-623-3285

Lessee (Business Name): NOW CATERING & EVENTS

Mailing Address: 22 GREENBUSH RD, TAPPAN, NY 10983

Email: JAC@NOCATERING.COM Phone #: 845-222-4360

Type of Business / Use: RESTAURANT

Contact Person: JAC AGUIAR Relation to Project: OWNER/LESSEE

Email: JAC@NOCATERING.COM Phone #: 845-222-4360

Architect/Engineer: \_\_\_\_\_ NYS Lic # \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Builder/General Contractor: NOW CATERING & EVENTS 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: \_\_\_\_\_

Proposed Project Description: SIGN

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

**BUILDING DEPARTMENT COMPLETES BELOW**

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

PERMIT REFERRED / DENIED FOR: HABR

Chapter 2, Section 2-4 requires local approval.

3/21/23 3/22/23

FOR OFFICE USE ONLY SECTION BLOCK LOT NAME PERMIT#

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

Orangetown, New York 10962

Tel: (845) 359-8410

Website: [www.orangetown.com](http://www.orangetown.com)

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APR 7 2023

**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: NOCO CATERING & EVENTS

PROPERTY ADDRESS: 67 OLD TAPPAN RD

TAX LOT ID: 77.10 3 18

NAME OF APPLICANT: JOSEPH AGNARO

OWNER OF PROPERTY: ADA BIONDI

RECEIVED

FEB 16 2023

TOWN OF ORANGETOWN  
BUILDING DEPARTMENT

Land Use Application/Brief Description of Project: TARGET RESTAURANT

**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:	NORTHERN COMFORT HOSPITALITY GROUP LLC. NOCO CATERING + EVENTS
Address:	67 OLD TAPPAN RD
Telephone Number:	845-222-4360
E-Mail Address:	JOE@NOCOCATERING.COM
State/Date of Formation:	NY 3/2011
Contact Person:	JOE AGNELLO

**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).

Name of Individual	Address	Telephone	Email	Interest or Role in Entity
1. JOE AGNELLO	22 Greenbush Rd			Owner
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:**

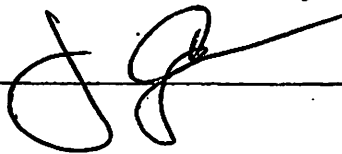
14. The information contained herein shall be updated with the Clerk of the Boards no later than THIRTY (30) DAYS after any change in information.
15. NOTE: Any person who (a) provides false or fraudulent beneficial ownership information; (b) willfully fails to provide complete or updated information; 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

COUNTY OF ROCKLAND

) ss.:  
)

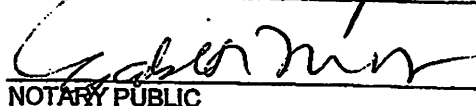
I, JOSEPH ANGLIO, being duly sworn, deposes and says that I am (Title) OWNER, an active or qualified member of the MOO CAROLING, a business duly authorized by law to do business in the State of New York, and that the statements made in the foregoing Affidavit are true, accurate and complete. I further 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 16 day of FEBRUARY, 2023



NOTARY PUBLIC

ELIZABETH M DECORT  
NOTARY PUBLIC, STATE OF NEW YORK  
Registration No. 01DE6295815  
Qualified in Rockland County  
Commission Expires January 13, 2026

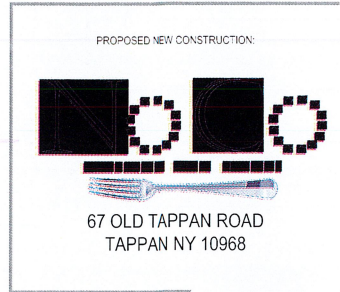
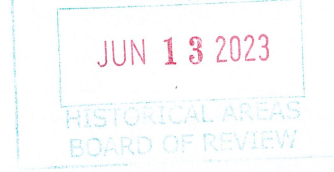




EXISTING SIGN LOCATION



PROPOSED NEW SIGN LOCATION AT  
EXISTING SIGN FRAME



CONSULTANTS



PROPOSED NEW FRONT SIGN



PROPOSED NEW FRONT SIGN DESIGN



EXISTING SIGN LOCATION



PROPOSED NEW  
SIGN LOCATION AT  
EXISTING SIGN FRAME



PROPOSED NEW SIDE SIGN DESIGN



PROPOSED NEW SIDE  
SIGN DESIGN

02.16.23	ISSUED FOR FILING
23.05.03	OWNERSHIP REVIEW
23.01.03	OWNERSHIP REVIEW
DATE	SUBMISSIONS / REVISIONS

### SIGN DESIGN

THIS DRAWING IS AN INSTRUMENT OF SERVICE AND SHALL REMAIN THE PROPERTY OF LIGHTHAUS LLC. ANY REUSE OF THIS PROJECT FOR WHICH IT WAS MADE IS PROHIBITED. IF NOT, THIS DRAWING SHALL NOT BE USED BY THE OWNER OR OTHERS ON OTHER PROJECTS, FOR ADDITIONS TO THIS PROJECT OR FOR COMPLETION OF THIS PROJECT BY OTHERS EXCEPT BY AGREEMENT IN WRITING WITH LIGHTHAUS LLC. SUBMISSION OR DISTRIBUTION TO MEET OFFICIAL REGULATORY REQUIREMENTS OR FOR OTHER PURPOSES IN CONNECTION WITH THE PROJECT IS NOT TO BE CONSTRUED AS PUBLICATION OR DISSEMINATION OF THE RIGHTS OF LIGHTHAUS LLC. REPRODUCTION OR PUBLICATION BY ANY METHOD IN WHOLE OR IN PART IS PROHIBITED. TITLE TO THIS DRAWING BELONGS TO LIGHTHAUS LLC, WITHOUT PREJUDICE.



ISSUE DATE:	01.03.2023	PROJECT NO.:	#22-023
DRAWN BY:	ABM	CHECKED BY:	ABM
SCALE:	AS NOTED	SHEET NO.:	1 of 1

DRAWING NO.:

A-200.00

NYC DOB NUMBER: