

Name of Municipality: TOWN OF ORANGETOWN Date Submitted: _____

2020 LAND USE BOARD APPLICATION

Please check all that apply:

| | |
|---|--|
| <input type="checkbox"/> Commercial | <input 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 type="checkbox"/> Other (specify): _____ | |

PERMIT#: 49856
ASSIGNED _____
INSPECTOR: mm

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

Project Name: Guy Raoul

Street Address: 668 Oak Tree Rd
Palisades NY 10964

Tax Map Designation: 78.17 Section: 2 Block: 12 Lot(s):
Section: _____ Block: _____ Lot(s): _____

Directional Location:

On the north side of Oak Tree Rd, approximately _____ feet of the intersection of close to Post in the Town of ORANGETOWN in the hamlet/village of + Palisades Center.

Acreage of Parcel _____
School District South Orangetown
Ambulance District Palisades
Water District Suez

Zoning District R-40
Postal District Palisades
Fire District 11
Sewer District Orangetown

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

replacing existing deck (treks)

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

Date: _____ Applicant's Signature: _____

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: | Trex Replacement of Existing deck "Spiced Rum" | | |

APPLICATION REVIEW FORM

Applicant: Guy Raoul Phone # 845-613-7006

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

Property Owner: Same 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: See Above 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? NO 20 yrs ago *Renatah*
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, Guy Rao hereby depose and say that all the
above statements contained in the papers submitted herewith are true.

Signature: _____

Mailing Address: _____

SWORN to before this

2 day of March, 20 20

Notary Public

Deborah Arbolino
Notary Public, State of New York
No. 01AR6199210
Qualified in Rockland County
Commission Expires Jan. 12, 2021

Owner/Applicant's Consent Form to Visit Property

I, Guy Rao, 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

2 day of March, 20 20

Notary Public

Deborah Arbolino
Notary Public, State of New York
No. 01AR6199210
Qualified in Rockland County
Commission Expires Jan. 12, 2021⁴

APPLICATION REVIEW FORM

Affidavit of Ownership/Owner's Consent

State of New York)
County of Rockland) SS.:
Town/Village of _____)

I, Guy Raoul being duly sworn, hereby depose and say
that I reside in the county of Rockland in the state of
Ny.

I am the (* _____) owner in the fee simple of premises located
at: 668 Oak Tree Rd

_____ 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 1997.
Said premises are also known and designated on the Town of Orangetown.
Tax Map as: section: 78.17 block: 2 lot(s): 12.

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

2 day of March, 2020

Notary Public

Deborah Arbolino
Notary Public, State of New York
No. 01AR6199210
Qualified in Rockland County
Commission Expires Jan. 12, 2021

**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, Jim Raorl, 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

666 Oak Tree Rd
Palisades NY

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 HABR of the Town/Village of Orangetown, 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 or Official Map or change thereof;
- (X) Other (explain) New deck to replace rotted deck

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 78.17, Block, 2, Lot(s) 12.

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

2 day of March, 2020

Notary Public

Deborah Arbolino
Notary Public, State of New York
No. 01AR6199210
Qualified in Rockland County
Commission Expires Jan. 12, 2021

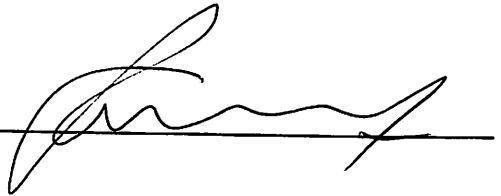
APPLICATION REVIEW FORM

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

_____ 2 day of March, 20 20

Notary Public

Deborah Arbolino
Notary Public, State of New York
No. 01AR6199210
Qualified in Rockland County
Commission Expires Jan. 12, 2021

Commission Expires Jan. 12, 2011
Qualified in Rockland County
No. 01AR619210
Notary Public, State of New York
Deborah Arbolino

NOTE

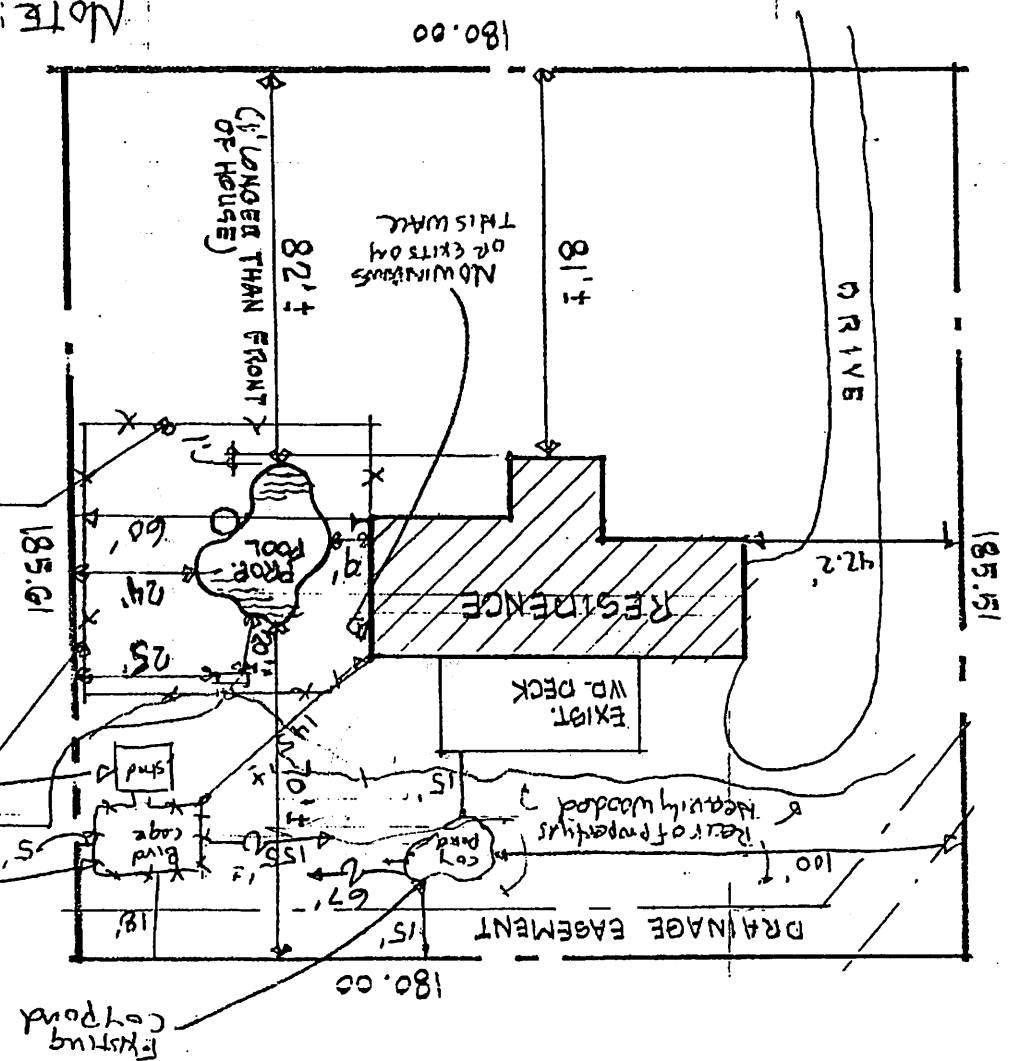
PROP. POOL LOC. IS IN THE SIDE YARD
1' IN FROM FRONT LINE OF HOUSE
24' FROM SIDE YARD LINE
10' FROM REAR YARD LINE
9' FROM HOUSE

NOTE

PROP. 4' H. ORNAMENTAL
FENCE WITH 1" SELF
CLOSING / LATCHING
GATE BY OWNER

EXIST. 6' H. STOCKADE
FENCE THIS SIDE

HEIGHT OF BIRDCAGE IS 15'
14' X 20' BIRDCAGE 5' FROM RIGHT SIDE LINE
EQUIP. LOC. (proposed)
10' X 11' Shed.



ALL SURVEY INFORMATION IS TAKEN FROM SURVEY DATED FEB 4, 1972, PREPARED BY WILLIAM A. YUO4 WEST NYACK, NEW YORK

SCALE 1" = 40' 0"

78-172-12

OAK TREE RD.

SITE PLAN



RECEIVED

FEB 27 2020

TOWN OF ORANGETOWN
BUILDING DEPARTMENT

Residence

* (4) SIMPSON DTT12
DECK TENSION TIES USED

* ALL JOIST HANGERS AND
SIMPSON METAL CONNECTION
FASTENED WITH CODE
RATED SIMPSON "SD"
CONNECTION SCREWS.

* "LEGER LOK" CORE RATED
LAGS USED IN LEDGE BOARD

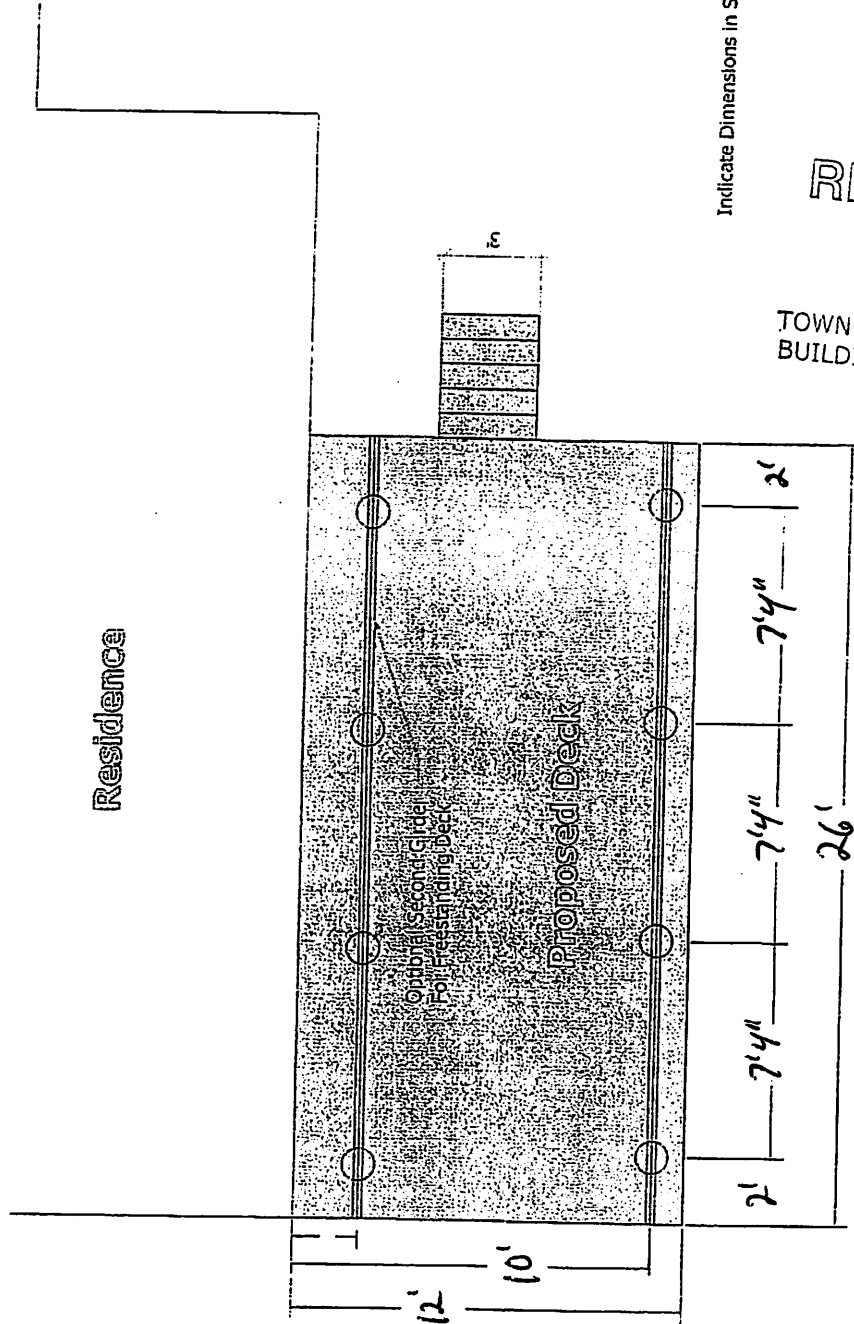
* 4 1/2" HEAD LOK FASTENERS
USED ON ALL BEARING
CONNECTIONS

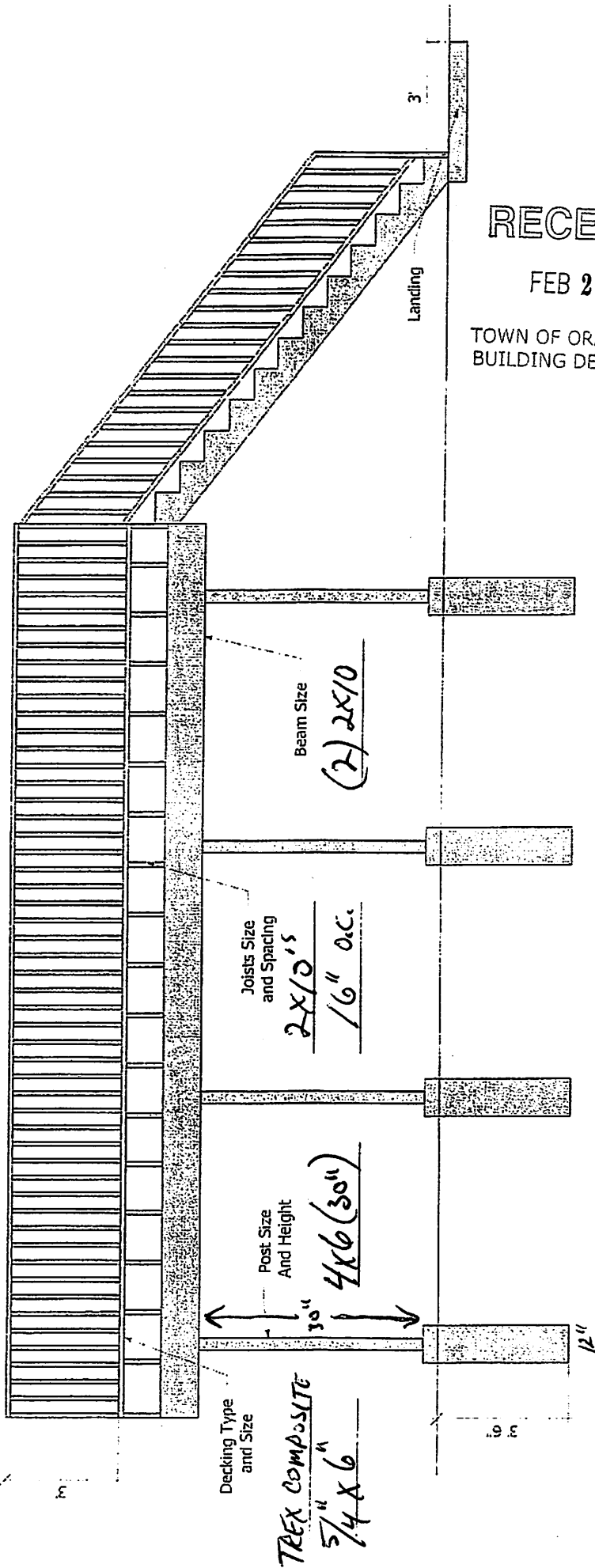
Indicate Dimensions in Spaces Provided

RECEIVED

FEB 27 2020

TOWN OF ORANGETOWN
BUILDING DEPARTMENT





RECEIVED

FEB 27 2020

TOWN OF ORANGETOWN
BUILDING DEPARTMENT

Indicate Component Details in Space Provided

* 2"x10" LEDGER BOARD, ALUMINUM FLASHING BEHIND LEDGER BOARD - COVERED WITH BONDING RAIN SHEET SHEATHING -> Z - FLASHING PLACED UP, ACROSS, and DOWN, TOP OF LEDGER BOARD