

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"/> <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 (specify): _____	<input type="checkbox"/> Residential <input checked="" 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: Jennifer Crosby

Street Address: 23 Cluster Road  
Palisades, NY 10964

Tax Map Designation: Section: 78.17 Block: 2 Lot(s): 24  
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 <u>R-40</u>
School District _____	Postal District _____
Ambulance District _____	Fire District _____
Water District _____	Sewer District _____

**Project Description:** (If additional space required, please attach a narrative summary.)  
New GAF Roof - Same color - remove old & install  
iceshield, Deck Paper Shingles - 30 year  
New Certainted Siding up + over, insulation, capping, soffits &  
gutters

The undersigned agrees to an extension of the statutory time limit for scheduling a public hearing.  
Date: 12/21/2020 Applicant's Signature: \_\_\_\_\_

APPLICATION REVIEW FORM

Applicant: NOEC NAUGHTON Phone # 201-265-4570
Address: 111 Kinderkamack Rd Emerson NJ 07630

Property Owner: MRS CROSBY Phone # 917-330-6737
Address: 23 Closter Road Palisades, NY 10964

Engineer/Architect/Surveyor: Phone #
Address:

Attorney: Phone #
Address:

Contact Person: NOEC Phone # 201-265-4580
Address: 111 Kinderkamack Rd Emerson NJ 07630

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:** NO

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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## Historical Areas Board of Review(HABR)

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

PROPERTY ADDRESS: 23 Closter Road Palisades NY Section/Block/Lot: 78.172.124

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:	CHARCOAL	GAF ASPHALT SHINGLE	GAF - HDZ
Siding:	CASTLE STONE	VINYL	CERTAINTEED
Decorative Siding:			
Soffits & Fascia:	WHITE	VINYL	CERTAINTEED
Gutters & Leaders:	WHITE	ALUMINUM	ALCOA / MID-AMERICA
Windows:			
Trim:	WHITE	ALUMINUM	ALCOA / MID-AMERICA
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:			

**LEAFFREE GUTTERS LLC**

111 Kinderkamack Road  
Emerson NJ 07630

*Rockland Lic # H-07882-21-23*

*NJ Lic # 13VH0059900*

*Westchester Lic # 099332-H99*

*Putnam Lic # PC2850-A*

*Yonkers Lic # - 4237-Yonkers*

Job Details – Crosby  
23 Closter Road  
Palisades , NY 10964

**Roof – (no structural changes – replacing roof same color and dimension)**

Removing old Roof and replacing new as same match and color  
Roof to be GAF Architectural – HDZ shingle – 30 Year Shingle – 130 MPH wind resistance  
6 feet of ice shield – Deck Armor Paper  
Flash and seal chimney –  
Same matching caps  
Roof Install – one full day

**Siding (no structural changes)**

New insulation up and over  
New Certainteed siding – Castle stone light grey – Main Street  
Code 4312237 –wood grain profile SAP 637223  
Rigid Form 170 Technology  
Certainteed Siding products MADE IN USA – MALVERN PA 19355  
Class 1A Fire Rating  
Lifetime warranty  
D5 - 5/5 panel – same style as existing  
New window capping small bend aluminum 3 inch  
New soffits – replacing old  
New Gutters and leaders

December 21, 2020

To: Historical Areas Board of Review

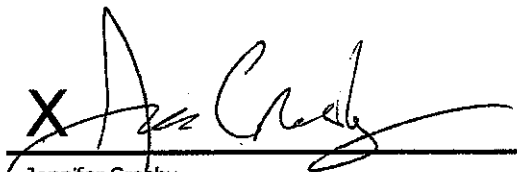
From: Jennifer Crosby, Owner 23 Closter Road, Palisades

Re: New Roof and Siding

Dear HABR:

Please accept this letter as my authorization for Noel Naughton, leaffree LLC to act as my representative to the HABR in the matter of a new roof and siding for my home located at 23 Closter Road, Palisades, N.Y. We would like to replace the existing in a neat manner that preserves the integrity of the structure and improves the appearance of the façade without material change to the appearance.

Respectfully,

  
Jennifer Crosby

Jennifer



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

**HISTORICAL AREAS BOARD OF REVIEW REFERRAL LETTER**

Date: December 17, 2020

Applicant: Crosby

Address: 23 Closter Rd, Palisades

RE: Application Made at: same

Subject Referral for: Chapter 12 Section 12-4 Paragraph A requires HABR Approval

Section: 78.17 Block: 2 Lot: 24

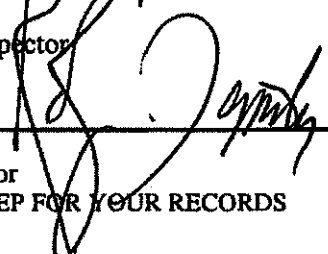
Dear Crosby:

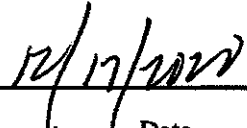
Please be advised that the Building Permit Application, which you submitted on December 11, 2020, has been referred to appear before the H.A.B.R. I have enclosed a copy of your application, where you will find at the bottom the reason for denial.

The Clerk to the Historical Areas Board of Review, Debbie Arbolino, can assist you in the preparation necessary to appear before the board. Please contact her 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  
 12-31-18-CCC

  
 Date  
 CC: Rosanna Sfraga  
 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

428  
30 ✓

ZONE: R-40 (G.M.L.) OFFICIAL USE ONLY ACREAGE: .18

Inspector: Mike Date App Received: 12-11-20 Received By: [Signature]

Permit No. 50910 Date Issued: \_\_\_\_\_

CO No. \_\_\_\_\_ Date Issued: \_\_\_\_\_

Permit Fee: 8438 Ck# 3178 Paid By Leaf Free

GIS Fee: 420 Ck# 3177 Paid By "

Stream Maintenance Fee 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 \_\_\_\_\_

RECEIVED  
DEC 11 2020

**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 signed by the applicant.

TOWN OF ORANGETOWN  
BUILDING DEPARTMENT

Property Location: 23 CLOSTER ROAD, Palisades NY

Section: 78.17 Block: 2 Lot: 24

Property Owner: MRS CROSBY 10964

Mailing Address: 23 CLOSTER ROAD Palisades NY

Email: \_\_\_\_\_ Phone #: 917-333-6737

Lessee (Business Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Type of Business /Use: \_\_\_\_\_

Contact Person: NOEL NAUGHTON Relation to Project: Roof

Email: SALES@LEAFFREE.COM Phone #: 201-265-4500

Architect/Engineer: Leaf Free, LLC NYS Lic # \_\_\_\_\_

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

Builder/General Contractor: Leaf Free RC Lic # \_\_\_\_\_

Address: 111 Kinderland Rd Phone #: \_\_\_\_\_

Plumber: Emerson NS 07030 RC Lic # \_\_\_\_\_

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

Electrician: \_\_\_\_\_ RC Lic # \_\_\_\_\_

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

Heat/Cooling: \_\_\_\_\_ RC Lic # \_\_\_\_\_

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

Existing use of structure or land: Residential

Proposed Project Description: New GAF Roof - HDZ -  
New GAF STAIRS FLASHING, CAPPING  
New Certainted Siding up tower -

Proposed Square Footage: \_\_\_\_\_ Estimated Construction Value (\$): 16,990

**BUILDING DEPARTMENT COMPLETES BELOW**

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

PERMIT REFERRED / DENIED FOR: \_\_\_\_\_

Chapter 12, Section 12-4 requires NABOR approval.

[Signature] 12/11/2020

H  
A  
B  
O  
R

FOR OFFICE USE ONLY SECTION BLOCK NAME PERMIT#



**APPLICATION FOR BUILDING/DEMOLITION PERMIT**

**APPLICANT MUST COMPLETE OR APPLICATION WILL NOT BE ACCEPTED**

ZONING BULK REQUIREMENTS			
Zone:	Group:	Use:	
	Required	Existing	Proposed
Floor area ratio			
Lot area			
Lot width			
Street frontage			
Front yard setback			
Side yard setback			
Total side yard setback			
Rear yard setback			
Maximum building height			

Number of stories: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Occupancy Class: \_\_\_\_\_

Zoning Chart Information Completed by: \_\_\_\_\_

1. Sewage: (circle one) Town County Private
2. How many kitchens on the property? \_\_\_\_\_
3. Are there any renters, tenants, lessees or boarders at this property? YES / NO
4. Are there any other building permits on this property? YES / NO
5. Is the property in a flood plain? YES / NO

**AFFIDAVIT**

State of New York)

County of Rockland) SS: Orangetown

Town / Village of \_\_\_\_\_

I,  NOEL NAUGHTON being duly sworn, deposes and says that he/she is the (circle one) owner, lessee, engineer, surveyor, architect, builder, or agent of the owner) in fee of the premises to which this application applies; that he/she (the applicant) is duly authorized to make this application and that the statements contained in the papers submitted herein are true to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith, and in accordance with the State Uniform Building Code and all other applicable laws, ordinances and regulations of the municipality. I also declare that the structure or area described in this application will not be occupied or used until I have obtained a Certificate of Occupancy or Certificate of Compliance.

Signature and Mailing Address  
[Signature]  
 \_\_\_\_\_  
 \_\_\_\_\_

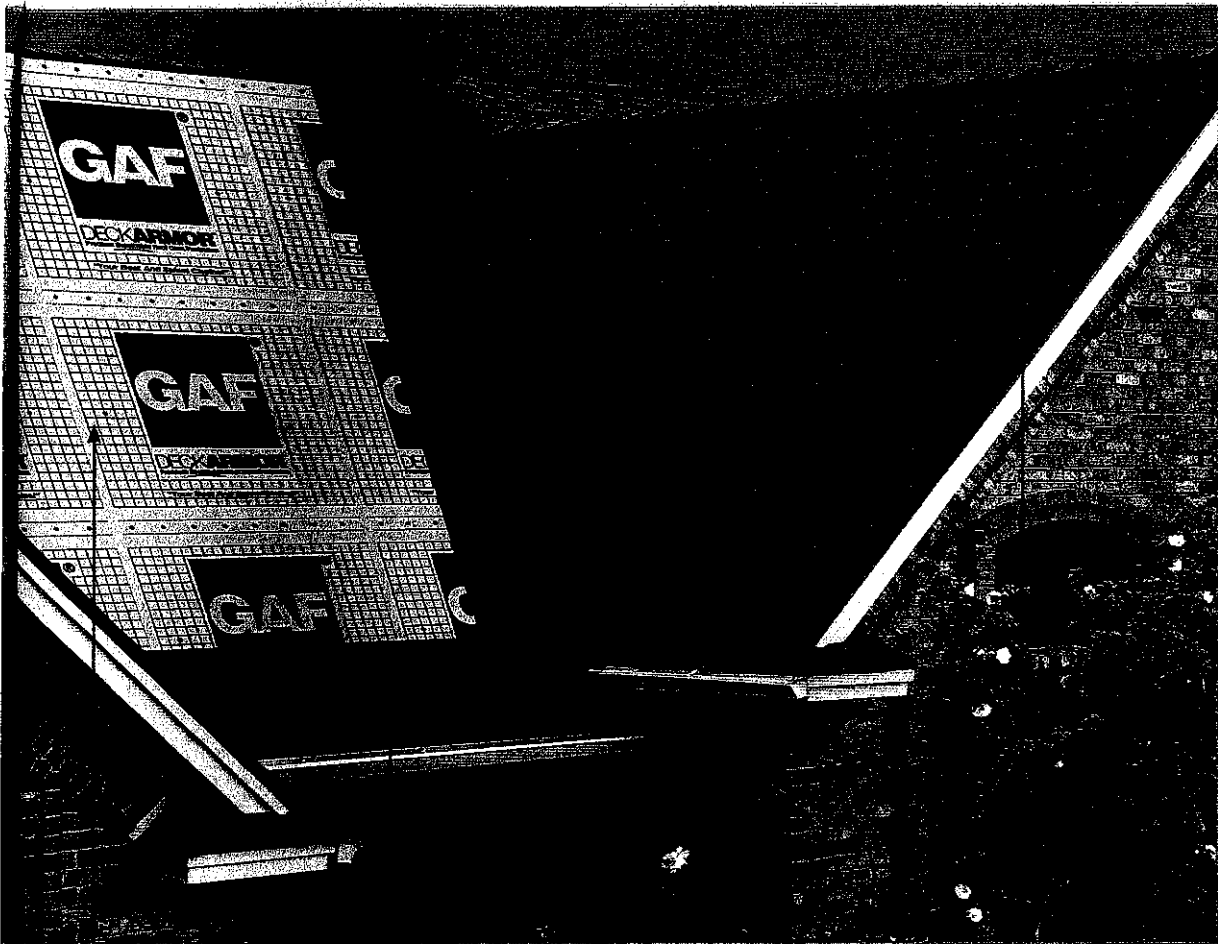
SWORN to before me this 11 day of December, 2020

Witness: [Signature]  
 (If not witnessed by Building Department personnel, Notary signature is required.) \_\_\_\_\_, Notary Public

OFFICIAL USE ONLY:	
Checked by: _____	Date: _____
Permit Granted for: _____	
_____	
_____	
_____	
Signature: _____	Date: _____
Director, OBZPAE	

# GET AUTOMATIC LIFETIME PROTECTION ON YOUR ENTIRE GAF ROOFING SYSTEM!†

A new roof is more than just shingles. When you install any GAF Lifetime Shingle and at least 3 qualifying accessories, you'll automatically get a Lifetime Ltd. warranty on your shingles and all qualifying GAF accessories.† Why settle for anything less?



The GAF Lifetime Roofing System has earned the prestigious Good Housekeeping Seal, which means that Good Housekeeping stands behind the products in this system. (Refer to Good Housekeeping Magazine for its consumer protection policy. Applicable in U.S. only.)



\*In the North, building codes require the use of Leak Barrier at the eaves.



## Roof Deck Protection

Allows moisture to escape from your attic while providing an exceptionally strong layer of protection against wind-driven rain. Also, lies flatter for a better-looking roof.



## Leak Barrier

Provides exceptional protection against leaks caused by roof settling and extreme weather. Ideal upgrade at all vulnerable areas (including at the eaves in the North\*).



## Starter Strip Shingles

Saves time, eliminates waste, and reduces the risk of blow-off...and may even help qualify for upgraded wind warranty coverage (see GAF Shingle & Accessory Ltd. Warranty† for details).



## Ridge Cap Shingles

Enhances the beauty of your home while guarding against leaks at the hips and ridges.

†See GAF Shingle & Accessory Ltd. Warranty for complete coverage and restrictions. The word "Lifetime" means as long as the original individual owner(s) of a single-family detached residence (or the second owner(s) in certain circumstances) owns the property where the shingles and accessories are installed. For owners/structures not meeting the above criteria, Lifetime coverage is not applicable. Lifetime Ltd. warranty on accessories requires the use of at least three qualifying GAF accessories and the use of Lifetime Shingles.



# MainStreet™



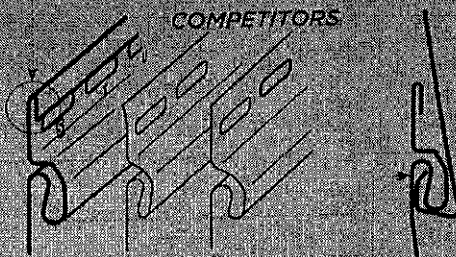
MainStreet siding offers consistent quality, good looks and is the ideal choice for homeowners looking for value with the benefits of a premium panel.

- ◆ Many classic styles.
- ◆ Natural woodgrain or brushed appearance.
- ◆ RigidForm™ 170 technology and DuraLock® post-formed lock design.
- ◆ STUDfinder™ Installation System for optimum siding performance.
- ◆ A wide variety of low-gloss colors.
- ◆ .042" thickness.
- ◆ Virtually maintenance free, never needs painting.
- ◆ Class 1(A) fire rating.
- ◆ Lifetime limited warranty.

## RigidForm™ Technology

RigidForm 170 (rolled-over nail hem) technology stiffens siding for a straighter-on-the-wall appearance and has been tested\* to withstand wind load pressures up to 170 mph

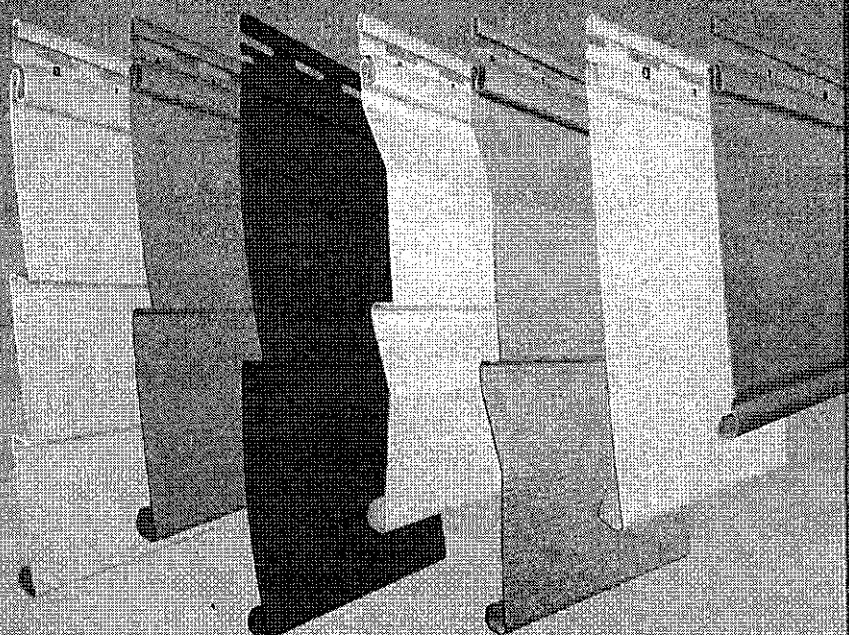
\*Products adhere to ASTM D 2673 standards for capable wind speed ratings based on standard windload design pressure. Check for the most current ratings please reference [www.certainteed.com](http://www.certainteed.com)



**DuraLock®** features an oversized rigid tear-drop shape which is substantially larger than many competitors' locks, helping to provide secure installation.

The angular locking leg creates a positive, snap-fit installation allowing for necessary expansion and contraction.

Triple 3" Brushed Clapboard in desert tan    Double 4" Woodgrain Clapboard in cypress    Double 5" Woodgrain Clapboard in pacific blue    Double 4" Woodgrain Dutchlap in snow    Double 5" Woodgrain Dutchlap in natural clay    Double 6" Woodgrain Clapboard in colonial white    Single 6-1/2" Brushed Beaded in granite gray



**On Cover**  
Siding: MainStreet Double 4" Clapboard in hearthstone  
Trim: Vinyl Carpentery & Restoration Millwork™

**Certainteed**  
SAINT-GOBAIN