

Name of Municipality: **TOWN OF ORANGETOWN** Date Submitted: _____

2021 LAND USE BOARD APPLICATION

Please check all that apply:

<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#: 50916
ASSIGNED
INSPECTOR: MM

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

Project Name: Tappan Volunteer Fire 123 Washington St.

Street Address: Door replacement

Tax Map Designation:
Section: 77.11 Block: 3 Lot(s): 3
Section: _____ Block: _____ Lot(s): _____

Directional Location:
On the _____ side of Corner of Washington St approximately _____
across the of the intersection of The House, in the
Town of Orangetown in the hamlet/village of _____

Acreage of Parcel _____	Zoning District <u>CS</u>
School District <u>Orangetown</u>	Postal District <u>Tappan</u>
Ambulance District <u>Orangetown</u>	Fire District <u>Tappan</u>
Water District <u>Suez</u>	Sewer District <u>Orangetown</u>

Project Description: (If additional space required, please attach a narrative summary.)
replacing fire house garage doors with Red Doors

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: Volunteer Fire Assoc Phone # 845-359-1897

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: Bruce Leonard Phone # 845-590-4684

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.

- | | |
|---|---|
| <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.

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):	Red	Fiberglass	Dutchess Overhead doors
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, 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 18, 2020

Applicant: Volunteer Fire Association

Address: 123 Washington St, Tappan, NY

RE: Application Made at: same

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

Section: 77.11 Block: 3 Lot: 3

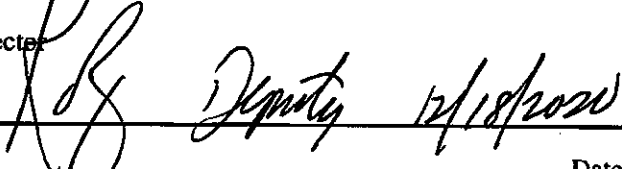
Dear Volun Fire Assoc:

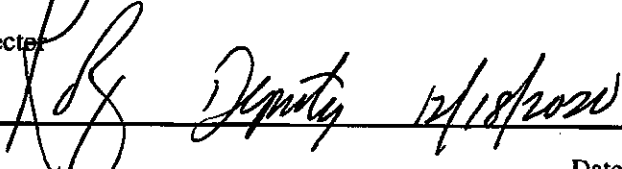
Please be advised that the Building Permit Application, which you submitted on December 15, 2020, has been referred to appear before the H.A.B.R. I have enclosed a copy of your application, where you will find at the bottom the reason for denial.

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

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

ZONE: C9 OFFICIAL USE ONLY ACREAGE: .27
 Inspector: Mike Date App Received: 12-15-2020 Received By: [Signature]
 Permit No. 509110 Date Issued: _____
 CO No. _____ Date Issued: _____
 Permit Fee: 276.- Ck# 2773 Paid By Volunteer Fire
 GIS Fee: \$ 190.- Ck# 2774 Paid By " "
 Stream Maintenance Fee 30.- Ck# 2775 Paid By " "
 Additional Fee: _____ Ck# _____ Date Paid _____ Paid By _____
 1st 6 mo. Ext.: _____ Ck # _____ Exp. Date: _____ Paid By _____
 2nd 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 signed by the applicant.

Property Location: 123 WASHINGTON STREET, TAPPAN, NY
 Section: 77.11 Block: 3 Lot: 3
 Property Owner: VOLUNTEER FIRE ASSOC. OF TAPPAN
 Mailing Address: 123 WASHINGTON ST, TAPPAN, NY 10983
 Email: HTTP://TAPPANFIRE.COM Phone #: 845-359-1897
 Lessee (Business Name): _____
 Mailing Address: _____
 Email: _____ Phone #: _____
 Type of Business / Use: FIRE / RESCUE PROTECTION
 Contact Person: BRUCE LEONARD Relation to Project: Co. PRESIDENT
 * Email: bjjl45@ASN.COM Phone #: 845-359-0656
 Architect/Engineer: _____ NYS Lic # 845-590-4684
 Address: _____ Phone#: _____
 Builder/General Contractor: DUTCHESS OVERHEAD DOORS RC Lic # _____
 Address: 40 ARLINGTON AVE ROCKY HILL, NY 12603 Phone #: 845-471-1130
 Plumber: _____ RC Lic # _____
 Address: _____ Phone#: _____
 Electrician: _____ RC Lic # _____
 Address: _____ Phone#: _____
 Heat/Cooling: _____ RC Lic#: _____
 Address: _____ Phone#: _____

Existing use of structure or land: Firehouse
 Proposed Project Description: REPLACEMENT OF (2) OVERHEAD GARAGE DOORS THAT ARE CORRODING. DOORS ARE RED IN COLOR & WILL CONFORM TO THE THREE ENTRY DOORS CURRENTLY IN USE.
 Proposed Square Footage: _____ Estimated Construction Value (\$): 7,043.00

BUILDING DEPARTMENT COMPLETES BELOW

PLANS REVIEWED: _____

PERMIT REFERRED / DENIED FOR: _____

Chapter 12, Section 12-4, paragraph B requires Harbor approval

[Signature]
Dep'ty 12/18/2020

FOR OFFICE USE ONLY SECTION BLOCK LOT NAME PERMIT#

392489	77.11-1-77	Volunteer Fire Assoc of Tappan	123 Washington St,Tappan, NY 10983
392489	77.11-1-79	Kirchner Family Enterprises LP	P.O. Box 945,Nyack, NY 10960
		Attn: Marie L Kirchner	
392489	77.11-3-2	The Cunningham House LLC	159 Martha Rd,Harrington Park, NJ 07640
392489	77.11-3-3	Volunteer Fire Assoc of Tappan	123 Washington St,Tappan, NY 10983
392489	77.11-3-4	Volunteer Fire Assoc of Tappan	123 Washington St,Tappan, NY 10983
392489	77.11-3-62	Town Of Orangetown	26 Orangeburg Rd,Orangeburg, NY 10962
392489	77.11-3-63.1	Giuseppe Letizia	3 Buttercup Dr,Blauvelt, NY 10913
392489	77.11-3-63.2	Main Tappan Properties LLC	107 Main St,Tappan, NY 10983
392489	77.11-3-64	New World Investments LI	101 Main St Ste 1,Tappan, NY 10983
392489	77.11-3-65	Tappan Library	93 Main St,Tappan, NY 10983



RECEIVED

DEC 17 1962

TOWN OF FRANKLIN
PUBLIC WORKS DEPARTMENT