

Zoning Board of Appeals

Town of Orangetown Building Department
20 Greenbush Road, Orangeburg, New York 10962
(845) 359-8410, ex 4331, www.orangetown.com

2020 APPLICATION CHECKLIST:

THE FOLLOWING ITEMS ARE REQUIRED IN ORDER TO ACCEPT AN APPLICATION:

Date: _____ Section: _____ Block: _____ Lot: _____

Project Name: _____

Project Address _____

1. A signed and dated completed Part I and Part II of the Board Application.
2. A copy of the Building Permit Denial Application, signed by the Director of the Department. (*Zoning Board applications that are referred from the Planning Board or consultations do not require a Building Permit Denial.*)
3. Copy of Deed to present owner of property.
4. Agents must have written authorization from the owner to appear in front of the Board. Contract Purchaser may file a copy of the contract.
5. Complete Environmental Assessment form **if needed**.
6. List of Names/Addresses of all property owners within 200 feet of perimeter of site, obtained from the Land Use Board Office. *Application must include a map of tax lots noting 200 foot radius line as applicable, measuring from all points on property line, not from center of site, (excluding public roadways, right of ways, public utility or public entity).* **Names and addresses must be placed on stamped #10 envelopes, without return address. Do not use a postage meter.**
7. Two Copies of the survey plan, scale, (1 inch = 30 feet minimum) showing all zoning bulk, bulk chart and lot dimensions, size and use of all existing and proposed structures, north arrow and vicinity map. **Plans must be signed and sealed by a New York State Professional Engineer and/or Land Surveyor.**

Drawing Name _____ Date: _____

Prepared by: _____

8. Two copies of architectural plans showing dimensions and height of existing and proposed construction. **Plans must be signed and sealed by a New York State Licensed Architect or Professional Engineer.**

Drawing Name _____ Date: _____

Prepared by: _____

9. **Three Checks** made payable to "Town of Orangetown":

1) **Variance, Special Permit, or Performance Standards Fee:**

Variance:	Residential District	\$250.00	Other	\$400.00
Special Permit:	Residential District	\$250.00	Other	\$400.00
Performance Standards:		\$400.00		

2) **Geographic Information System Database Fee:** \$65.00

3) ¹ **Legal Notice Advertisement Fee:** \$150.00

(For each time an advertisement or re-advertisement has to be published):

¹Effective February 4th, 2015 as per Town Board Resolution No. 45, January 28, 2015

10. Submit completed application and fees to the Board Clerk to be processed.

SUBMITTED BY: _____ **DATE RECEIVED BY BOARD CLERK:** _____

By signing below, the applicant/agent agrees that they have completed and supplied all items listed above.

Print Name: _____ Signature: _____

Email Address: _____

ONCE DEEMED COMPLETE BY BUILDING INSPECTOR
APPLICANT SHALL SUBMIT THE FOLLOWING:

1. **15 copies** of all Plans signed and sealed by the appropriate New York State Professional. (Same plans submitted and reviewed by the Building Inspector). List type of plans submitted.
2. **All drawings** shall be submitted in **PDF format** via email to DArbolino@orangetown.com

Once all items are received, project will then be assigned to the appropriate hearing date by the Board Clerk and the applicant will be notified.

Once scheduled for a meeting date, all applicants are required to erect signs containing information regarding the public hearing on every lot corner and once every 100 feet facing each public street on which the property abuts, see Chapters 21 and 21A of the Town of Orangetown Town Code. Such signs shall be obtained from the Zoning Board of Appeals Office. The Board Clerk will notify the applicant when signs are ready to be picked up from the ZBA office.

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2020 Information Sheet

NOTE THE FOLLOWING:

PLEASE BE AWARE THAT THE APPLICATION PROCESS TAKES APPROXIMATELY 40 DAYS FROM THE TIME OF SUBMISSION TO YOUR BOARD MEETING.

APPLY EARLY IN THE YEAR IF YOU WANT TO HAVE YOUR POOL OR DECK FOR THE SPRING AND SUMMER MONTHS.

Important Information

A building permit denial must be included with your application.
Please ask about the process to obtain abutting property owners.

2020 – ZONING BOARD OF APPEALS MEETING DATES

1ST & 3RD Wednesday of every month (unless otherwise noted), in the Greenbush Auditorium,
20 Greenbush Road, Orangeburg, New York. **All meetings start at 7:00 p.m.**

January 8 (2nd Wednesday)

January 22

February 5

February 19

March 4

March 18

April 1

April 15

May 6

May 20

June 3

June 17

July 1

July 15

No meetings in August

September 2

September 16

October 7

October 21

November 4

November 18

December 2

(Only 1 meeting in December)

OFFICE OF THE COUNTY EXECUTIVE

11 New Hempstead Road
New City, New York 10956
Phone: (845) 638-5122 Fax: (845) 638-5856
Email: CountyExec@co.rockland.ny.us

June 20, 2018

Edwin J. Day
Rockland County Executive

Honorable Chris Day
Town of Orangetown
26 Orangeburg Road
Orangeburg, New York 10962

Dear Supervisor Day:

The Rockland County Department of Health contends that coordination with local municipalities is an essential component to assuring the preservation of the environment and the public health of the residents. The Health Department respectfully submits that municipal expertise often plays a critical role in fully addressing building, land, water, sewage and nuisance concerns throughout the county.

The Health Department recognizes that county regulations may vary or even conflict with municipal codes and that jurisdictional issues exist, which evidence the need for a coordinated approach. Well intentioned applicants looking to comply with all rules and regulations need to know a simple inquiry to the Department of Health will ensure a complete understanding of those rules and procedures and quite possibly prevent unnecessary, and expensive, corrective action later.

The Department's Center for Environmental Health and the Rockland Codes Initiative (RCI) welcomes the inquiries of municipalities and applicants to lend assistance in the pursuit of compliance with all local, county, state and federal laws.

Please feel free to contact the Health Department to discuss any questions, concerns or possible referrals.

Environmental Health:
RCI – Housing:

Sam Rulli 845.364.3364
Kevin Mackey 845.364.2581

CONTACT PERSON INFORMATION SHEET:

NAME: _____

MAILING ADDRESS:

_____	_____	_____
Street number	(PO Box)	Street Name

City	State	Zip Code

TELEPHONE #: _____

CELL PHONE #: _____

FAX #: _____

E-MAIL ADDRESS: _____

Relation to project: _____

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"/> Planning Board <input type="checkbox"/> Zoning Board of Appeals <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 type="checkbox"/> Historical Board <input type="checkbox"/> Architectural Board <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: _____

Street Address: _____

Tax Map Designation:
Section: _____ Block: _____ Lot(s): _____
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 _____ School District _____ Ambulance District _____ Water District _____	Zoning District _____ Postal District _____ Fire District _____ Sewer District _____
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Project Description: *(If additional space required, please attach a narrative summary.)*

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: _____ 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: _____ 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? _____

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, _____ hereby depose and say that all the above statements contained in the papers submitted herewith are true.

Signature: _____

Mailing Address: _____

SWORN to before this

_____ day of _____, 20_____

Notary Public

Owner/Applicant’s Consent Form to Visit Property

I, _____, 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

_____ day of _____, 20_____

Notary Public

APPLICATION REVIEW FORM

Affidavit of Ownership/Owner's Consent

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

I, _____ being duly sworn, hereby depose and say
that I reside in the county of _____ in the state of
_____.

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

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

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

_____ day of _____, 20_____

Notary Public

** 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, _____, 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

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 _____ of the Town/Village of _____, 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 of Official Map or change thereof;
- Other (*explain*) _____;

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 _____, Block, _____, Lot(s) _____.

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

_____ day of _____, 20_____

Notary Public

APPLICATION REVIEW FORM

AFFIDAVIT

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

I, _____ being duly sworn deposes and says that he is the applicant, agent or attorney for applicant, in the matter of the petition before the _____ (*board*) in the town/village of _____ affecting property located at _____, Rockland County, New York.

That the following are all of the owners of property _____ (*distance*) from the premises as to which this application is being taken.

<u>SECTION-BLOCK-LOT</u>	<u>NAME</u>	<u>ADDRESS</u>

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

_____ day of _____, 20_____

Notary Public

APPLICATION REVIEW FORM

PART II

Application before the Zoning Board of Appeals

Application, petition or request is hereby submitted for:

- Variance from the requirement of Section _____
 - Special permit per the requirements of Section _____
 - Review of an administrative decision of the Building Inspector;
 - An order to issue a Certificate of Occupancy;
 - An order to issue a Building Permit;
 - An interpretation of the Zoning Ordinance or Map;
 - Certification of an existing non-conforming structure or use;
 - Other (*explain*)
-
-

To permit construction, maintenance or use of

If an area variance is required, please fill out below:

This application seeks a variance from the provisions of Article _____, Section(s) _____ . Specifically, the applicant seeks a _____ (*side yard, lot area, height, etc.*) of _____ (*feet, height, floor area ratio, etc.*)