

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 checked="" 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 checked="" type="checkbox"/> Variance | |
| <input type="checkbox"/> Performance Standards Review | |
| <input type="checkbox"/> Use Variance | |
| <input type="checkbox"/> Other (specify): _____ | |

PERMIT#: _____

ASSIGNED _____

INSPECTOR: _____

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

Project Name: Little Shed

Street Address: 7 Kingswood Dr.
Orangetown NY 10962

Tax Map Designation:

| | | |
|-----------------------|-----------------|------------------|
| Section: <u>74.12</u> | Block: <u>1</u> | Lot(s): <u>7</u> |
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Directional Location:

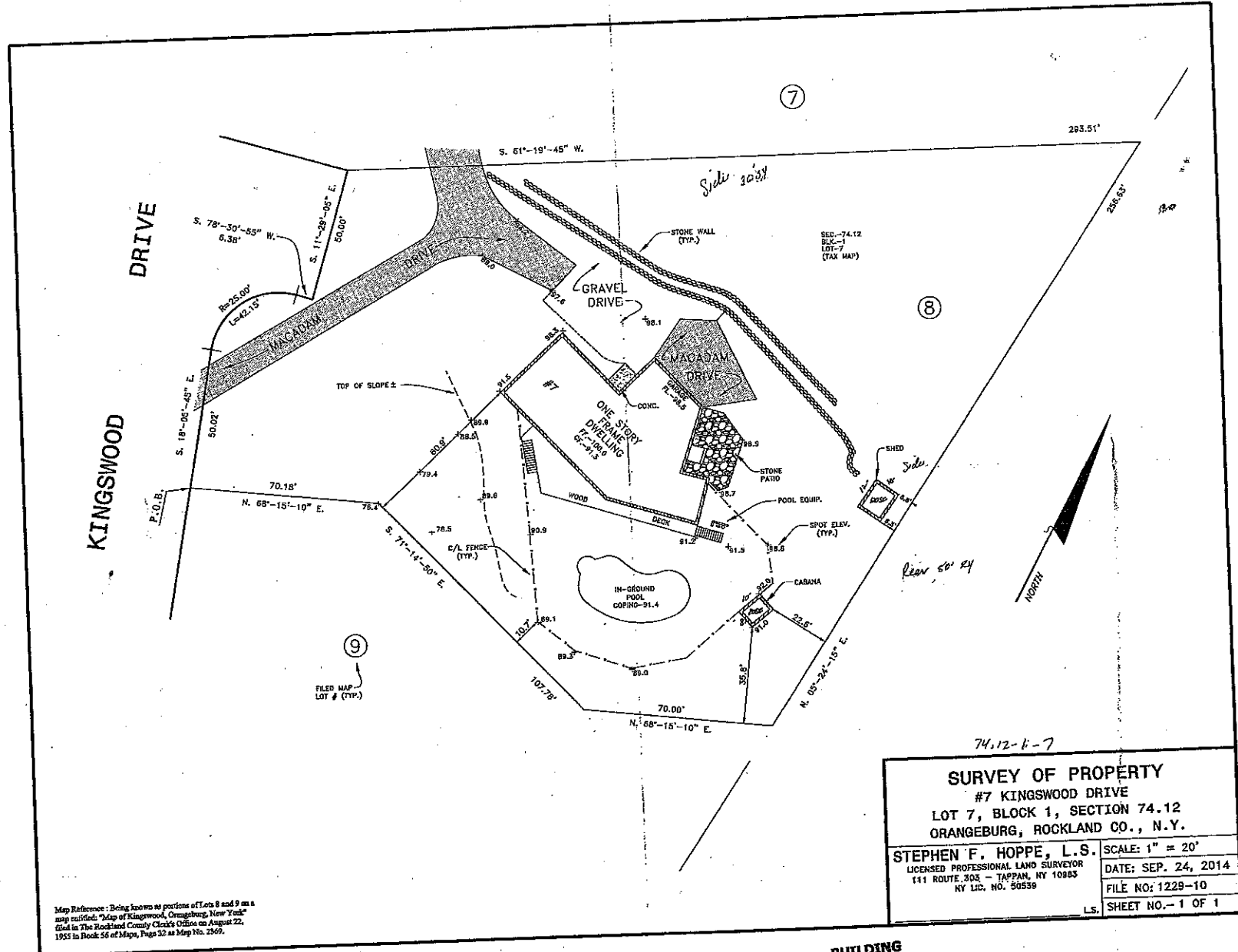
On the east side of Kingswood Dr, approximately 670.5 feet North of the intersection of Kings Hwy, in the Town of ORANGETOWN in the hamlet/village of Orangetown.

| | |
|--------------------------------------|-------------------------------------|
| Acreage of Parcel <u>1.08</u> | Zoning District <u>R-40</u> |
| School District <u>S. Orangetown</u> | Postal District <u>Orangetown</u> |
| Ambulance District _____ | Fire District <u>S. Orangetown</u> |
| Water District <u>SAB</u> | Sewer District <u>S. Orangetown</u> |

Project Description: (If additional space required, please attach a narrative summary.)
Asking for a variance on two sheds
on the property.

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

Date: 3/25/21 Applicant's Signature: [Signature]



74.12-6-7

SURVEY OF PROPERTY
 #7 KINGSWOOD DRIVE
 LOT 7, BLOCK 1, SECTION 74.12
 ORANGEBURG, ROCKLAND CO., N.Y.

| | |
|---|---|
| STEPHEN F. HOPPE, L.S. LICENSED PROFESSIONAL LAND SURVEYOR 141 ROUTE 303 - TAPPAN, NY 10983 NY LIC. NO. 50539 | SCALE: 1" = 20' DATE: SEP. 24, 2014 FILE NO: 1229-10 L.S. SHEET NO. - 1 OF 1 |
|---|---|

Sheet - Rear 50' of 50' proposed

BUILDING INSPECTOR COPY
 APPROVED FOR BOARD SUBMISSION
 INSPECTOR: [Signature]
 DATE: 9/24/2014

APPLICATION REVIEW FORM

Applicant: Ludovic Litter Phone # 917.855.7019

Address: 7 Kingswood Dr Orangeburg NY 10962

Property Owner: Ludovic Litter Phone # 917.855.7019

Address: 7 Kingswood Dr Orangeburg NY 10962

Engineer/Architect/Surveyor: Stephen Hoppe Phone #

Address: 111 Route 303 Tappan NY 10983

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.



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

DENIAL TO THE ZONING BOARD OF APPEALS

Date: March 9, 2021

Applicant: Chmura

Address: 7 Kingswood Dr, Orangeburg, NY

RE: Application Made at: same

Chapter 43, Table 3.12, Column 1 R-40 District, Column 2 Group E, Column 3 SFR, Column 11 Required Rear Yard 50' w/ 5.8' proposed.
One variance required

Section: 74.12

Block: 1

Lot: 7

Dear Chmura:

Please be advised that the Building Permit Application, which you submitted on February 19, 2021, has been denied. I have enclosed a Xerox copy of your application, where you will find at the bottom the reason for denial.


In Accordance with Zoning, Chapter 43 Section 10.322 the time to appeal a determination of a Building Inspector or Similar administrative office is thirty (30) days from the filing of such a determination with the Town Clerk.

The Clerk to the Zoning Board of Appeals, Debbie Arbolino, will assist you in the preparation necessary to appear before the board.

Sincerely,


Richard Oliver
Deputy Building Inspector

Signature of Director
NOTE: PLEASE KEEP FOR YOUR RECORDS
12-31-18-CCC


3.9.2021
Date
CC: Rosanna Sfraga
Liz Decort
Debbie Arbolino

168.5
20

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, Orangetown, NY 10962 Phone: (845) 359-8410 Fax: (845) 359-8526

| | | |
|--|--|--|
| ZONE: <u>R-40</u> <u>60M</u> OFFICIAL USE ONLY | | ACREAGE: <u>1.08</u> |
| Inspector: <u>Mike</u> | Date App Received: <u>2-19-2021</u> | Received By: <u>[Signature]</u> |
| Permit No. <u>51122</u> | | Date Issued: _____ |
| CO No. _____ | | Date Issued: _____ |
| Permit Fee: <u>\$168.00</u> | Ck# <u>CASH</u> | Paid By <u>Chmura</u> |
| GIS Fee: <u>\$20</u> | Ck# <u>CASH</u> | Paid By " " |
| Stream Maintenance Fee | Ck# _____ | 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: 7 Kingswood Dr., Orangetown, NY

Section: 14.12 **Block:** 1 **Lot:** 7

Property Owner: Suzanne Chmura

Mailing Address: 2000 SE 26th AVE., Ft Lauderdale, FL 33316

Email: suzanne_chmura@yahoo.com **Phone #:** 845 664 2420

Lessee (Business Name): _____

Mailing Address: _____

Email: _____ **Phone #:** _____

Type of Business /Use: Chmura

Contact Person: Suzanne Chmura **Relation to Project:** Owner

Email: _____ **Phone#:** 845 664 2420

Architect/Engineer: _____ **NYS Lic #** _____

Address: _____ **Phone#:** _____

Builder/General Contractor: N/A - Self **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: Existing

Proposed Project Description: Replacement of 2 (two) sheds

Proposed Square Footage: 2 @ 120sf each **Estimated Construction Value (\$):** 2000

BUILDING DEPARTMENT COMPLETES BELOW

PLANS REVIEWED: _____

PERMIT REFERRED / DENIED FOR:

Chapter 43, Table 3.12, Column 1 R-40 District, Column 4 Sup E, Column 3 SFR
Column 11 Required Rear Yard 50' w/ 5.8' proposed
1 Variance required

[Signature] 3.9.2021

FOR OFFICE USE ONLY SECTION 14.12 BLOCK 1 LOT 7 NAME Chmura PERMIT# 51122

