

**Town of Orangetown Planning Board Meeting**  
**Wednesday, March 25, 2020**

**Time:** 7:30 p.m.

**Location:** Town of Orangetown, Greenbush Auditorium, 20 South Greenbush Road, Orangeburg, New York

**Project Name:** Sorce Assumma & Shankey Funeral Home Site Plan

**Location of Parcel:** The site is located at 34 North Summit Street, Pearl River, Town of Orangetown, Rockland County, New York, and as shown on the Orangetown Tax Map as Section 68.19, Block 2, Lot 15 in the RG zoning district.

**Distribution:**

**Rockland County:**

- **Planning Department**
- **Highway Department**
- Park Commission
- Environmental Resources
- **Drainage Agency**
- **Health Dept.**
- **Sewer #1**

**Town of Orangetown:**

- Drainage Consultant
- **OBZPA**
- **DEME**
- **Highway**
- **DTA**
- ~~Fire Prev. (2)~~ Dig
- **TAB** Dig
- **ZBA**

**Other:**

- **New York State Department of Environmental Conservation**
- **New York State Department of Transportation: Permits/SEPA**
- **U.S. Army Corps of Engineers**
- **Orange and Rockland Utilities**
- **Suez**

**Project Description:** Prepreliminary/ Preliminary/ Final Site Plan Review

Please forward your completed review to this office by the meeting date. **If your comments are not received by this date, the Board assumes your agency does not have any comments.**

2/21/2020

**Town of Orangetown Planning Board Meeting of  
Wednesday, March 25, 2020**

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**Please review the information enclosed and provide comments. These comments may be mailed, e-mailed or faxed to the Planning Board Office.**

**If your agency does not have any comments at this time, please respond to this office by sending back this sheet.**

- **U.S. Postal: 20 South Greenbush Road, Orangeburg, New York 10962**
  - **Email to Planning Board at [ccoopersmith@orangetown.com](mailto:ccoopersmith@orangetown.com), or**
  - **Fax to the Town of Orangetown Planning Board @845 359-8526**
- ( ) Comments Attached (or to be provided prior to Meeting date noted above)
- ( ) No Comments at this time. Please send future correspondence for review.
- ( ) No future correspondence for this site should be sent to this agency. Plans reviewed and this agency does not have any further comments.
- ( ) This project is out of the jurisdiction of this agency and has no further comments.

Dated: \_\_\_\_\_

Agency Name \_\_\_\_\_  
By: \_\_\_\_\_  
Please Print Name

2020 LAND USE BOARD APPLICATION

*Please check all that apply:*

<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential
<input checked="" type="checkbox"/> <b>Planning Board</b>	<input type="checkbox"/> <b>Historical Board</b>
<input type="checkbox"/> <b>Zoning Board of Appeals</b>	<input type="checkbox"/> <b>Architectural Board</b>
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Consultation
<input type="checkbox"/> Number of Lots	<input type="checkbox"/> Pre-Preliminary/Sketch
<input checked="" type="checkbox"/> <b>Site Plan</b>	<input checked="" type="checkbox"/> <b>Preliminary</b>
<input type="checkbox"/> Conditional Use	<input checked="" type="checkbox"/> <b>Final</b>
<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#:** \_\_\_\_\_

**ASSIGNED** \_\_\_\_\_

**INSPECTOR:** \_\_\_\_\_

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

**Project Name:** Sorce Assumma & Shakey Funeral Home

**Street Address:** 34 N. Summit Street  
Pearl River, NY 10965

**Tax Map Designation:**  
Section: 68.19 Block: 2 Lot(s): 15  
Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_

**Directional Location:**  
On the west side of N. Summit Street, approximately 0 feet of the intersection of West Washington Ave, in the Town of ORANGETOWN in the hamlet/village of Pearl River.

<b>Acreage of Parcel</b> <u>0.23</u>	<b>Zoning District</b> <u>RG</u>
<b>School District</b> <u>Pearl River</u>	<b>Postal District</b> <u>Pearl River</u>
<b>Ambulance District</b> <u>Pearl River</u>	<b>Fire District</b> <u>Pearl River</u>
<b>Water District</b> <u>Suez</u>	<b>Sewer District</b> <u>Orangetown</u>

**Project Description:** *(If additional space required, please attach a narrative summary.)*  
250 sq ft one story addition

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

Date: 12-10-19 Applicant's Signature: [Signature]

# APPLICATION REVIEW FORM

**Applicant:** Joseph Sorce Phone # 845-735-4849

**Address:** 34 N Summit St Pearl River NY 10965  
Street Name & Number (Post Office) City State Zip Code

**Property Owner:** 34 Summit Ave LLC Phone # 845-551-2055

**Address:** 34 N Summit St Pearl River NY 10965  
Street Name & Number (Post Office) City State Zip Code

**Engineer/Architect/Surveyor:** John J Gilchrist Phone # 201-573-1877

**Address:** 210 Summit Ave Montvale NJ 07645  
Street Name & Number (Post Office) City State Zip Code

**Attorney:** Donald Brenner Phone # 845-359-2210

**Address:** 4 Independence Ave Tappan NY 10983  
Street Name & Number (Post Office) City State Zip Code

**Contact Person:** Donald Brenner Phone # 845-359-2210

**Address:** 4 Independence Ave Tappan NY 10983  
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 checked="" 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:  
West Washington Ave

### 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                       |                                                                  |

*Donald Brenner, P.E., LL.B.*

*Attorney-At-Law • Professional Engineer  
4 Independence Avenue, Tappan, New York 10983*

*Phone 845-359-2210*

*Fax 845-359-8070*

**MEMORANDUM**

**TO:** Cheryl Coopersmith, Chief Clerk To The Boards

**FROM:** Donald Brenner

**DATE:** December 19, 2019

**RE:** Sorce Assumma & Shankey Funeral Home  
34 N. Summit St., Pearl River, NY  
Section 68.19, Block 2, Lot 15  
19-2805

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**Narrative:**

The Owners of the funeral home would like to install a one story 250 sq ft extension to an existing funeral home.

1-032  
20-

APPLICATION FOR BUILDING/DEMOLITION PERMIT

Phone: (845) 359-8410 Office Hours: 8 to 4  
Fax: (845) 359-8526

Name of Municipality: Town of Orangetown, 20 Greenbush Road, Orangetown, NY Date Application Received: 6-24-19

Inspector: <u>Dom</u>	OFFICIAL USE ONLY	Received By: <u>Jinda</u>
Zoning District: <u>RG</u>	( <u>COML</u> ) Red Ball Yes/No	Acres: <u>.23</u>
Permit Information: <u>H9032</u>		Date: _____
Permit No.: _____		Date: _____
C.O. No.: _____		Date: _____
Check Amount: <u>\$1,032</u>	Date: <u>6-24-19</u>	
Check #: <u>5610</u>		
GIS Fee: From <u>RWS Homes</u>	Ck # <u>5612</u> Amt. <u>\$190.00</u>	From: <u>RWS Homes LLC</u>
S.M.E. Ck. No.: <u>5611</u>	Amt. <u>\$30.00</u>	Date: <u>6-24-19</u>
1st 6Mo Extension/Date: _____	Ck. # _____ Amt. _____	From: <u>RWS Homes</u>
2nd 6Mo Extension/Date: _____	Ck. # _____ Amt. _____	From: _____

Rockland County Home Improvement - please submit a copy of license  
Workmen's Compensation and Disability Carrier - please submit a copy of the policy

APPLICANT COMPLETES:

Note: See inside for instructions for completing this application

Property Location: 34 North Summit St P.R.

Section: 68.19 Block: 2F 2 Lot: 15 271

Property Owner: 34 Summit Ave LLC Phone # Home: \_\_\_\_\_  
Address: 34 Summit Ave Pearl River, NY 10965 Work: 845-551-2055  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Contact Person: Robert Stout - RSTOUT@RWSBUILD.COM Phone # 845-551-2055

Architect/Engineer: John J. Gilchrist NYS Lic # 002503 Phone # 201-573-1817  
Address: 210 Summit Ave Monticello, NY 12545

Builder/General Contractor: RWS Homes LLC RC Lic # H-11945  
Address: 228 E Route 57 North Nanuet, NY 10959 Phone # 845-551-2055

Plumber: MR RC Lic # \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Electrician: \_\_\_\_\_ RC Lic # \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Existing use of structure or land: RC Commercial Residence Group

Proposed Project Description: Build 12x15 Addition, legalize 1-10x10 and 1-8x12 sheds along rear property line

Proposed Square Footage: 4139 Estimated Construction Value (\$): 50,000

BUILDING DEPARTMENT COMPLETES

PLANS REVIEWED

PERMIT REFERRED/DENIED FOR

Chapter 21, Section 21-A(4) requires R.R. approval 6/11/2019

Chapter 43, Table 3.12, Column 1 & 2, Column 3 other uses,

Col 4 = Max Yard 30% w/63% prop, Col 9 = Side Yard 50' w/7.3' prop, Col 12 = Max Ht 4' (26' w/17' ft (11') prop, ENC (existing Non-Conforming) = 21.5' Lot Area 15000 w/ 10500 prop, Col 6 =

1st width 200' w/ 100' prop, Col 8 = Front Yard 75' w/ 24.9' & 27.7' prop, Col 9 = Side Yard 50' w/ 6.7' prop, Col 11 = Rear Yard 100' w/ 26.1' prop Zoning Board Approval Required

USE ONLY  
68.19  
2  
15  
Summit (Somerset Ave)  
49032

# Short Environmental Assessment Form

## Part 1 - Project Information

### Instructions for Completing

**Part 1 - Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information			
Name of Action or Project: <i>SORCE ASUMMA &amp; SHARKEY FUNERAL HOME</i>			
Project Location (describe, and attach a location map): <i>34 N. SUMMIT STREET - PEARL RIVER, N.Y. 10965</i>			
Brief Description of Proposed Action: <i>250 SQ FT. ONE STORY ADDITION TO AN EXISTING FUNERAL HOME</i>			
Name of Applicant or Sponsor: <i>JOSEPH SORCE</i>		Telephone: <i>845-235-4649</i>	
		E-Mail:	
Address: <i>34 N. SUMMIT ST.</i>			
City/PO: <i>PEARL RIVER</i>		State: <i>N.Y.</i>	Zip Code: <i>10965</i>
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input checked="" type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval: <i>BUILDING DEPT., PLANNING, ZONING A&amp;E B&amp;C</i>			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action? b. Total acreage to be physically disturbed? c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?			acres <i>0.23</i> acres <i>---</i> acres <i>---</i>
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify): <input type="checkbox"/> Parkland			

5. Is the proposed action,		NO	YES	N/A
a.	A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?		NO	YES	
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?		NO	YES	
If Yes, identify: _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?		NO	YES	
b. Are public transportation services available at or near the site of the proposed action?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?		NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?		NO	YES	
If No, describe method for providing potable water: _____		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?		NO	YES	
If No, describe method for providing wastewater treatment: _____		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?		NO	YES	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?		NO	YES	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
_____ _____				

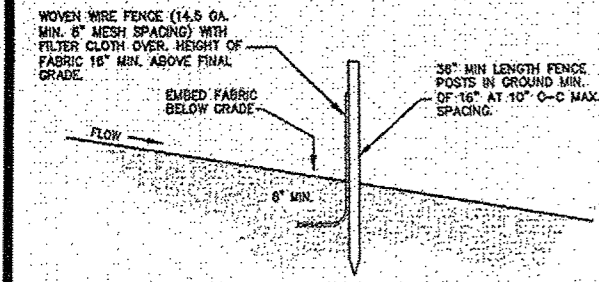


14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:		
<input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources?	NO	YES
If Yes,	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe:		
_____		
_____		
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)?	NO	YES
If Yes, explain the purpose and size of the impoundment:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____		
_____		
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?	NO	YES
If Yes, describe:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____		
_____		
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?	NO	YES
If Yes, describe:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____		
_____		
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>		
Applicant/sponsor/name: <u>Donald Baerner</u> "AGENT" Date: <u>12/19/19</u>		
Signature: <u>Donald Baerner</u> Title: <u>AGENT</u>		

**PRINT FORM**

**SOIL EROSION & SEDIMENT CONTROL PLAN**

A temporary sediment barrier to be installed below the disturbed areas during construction.  
 All area disturbed by on site grading that will not be constructed upon to be established to permanent vegetative cover.  
 Fertilizer, 5-10-5 agriculture grade apply 20lbs/100 sf.  
 Seed, 50% Pennlawn and 50% Fiesta perennial rye, apply 1lb/500 sf.  
 Mulch, apply chopped hay as required for uniform light cover.  
 Moisture as required for germination and growth.  
 Excavated material to be removed from site during construction to minimize sediment run-off.  
 Topsoil storage area to be placed in rear of lot and screened with fabric fence.

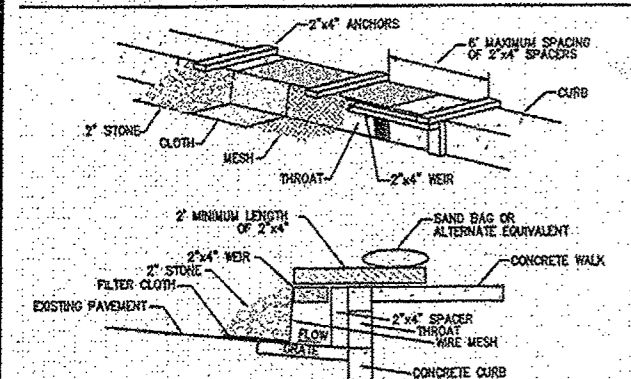
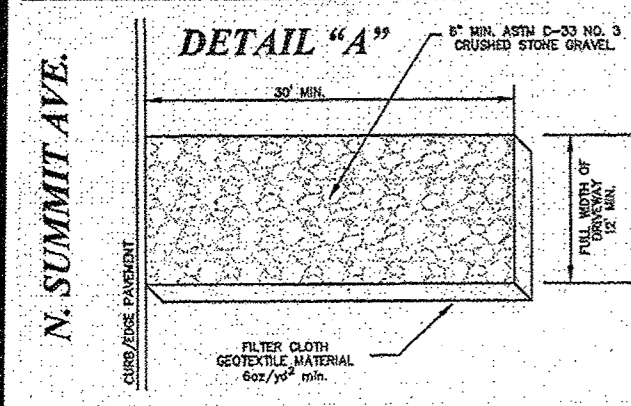


**FABRICATED SILT FENCE**

**NOTES**

1. WOVEN WIRE FENCE TO BE FASTENED SECURELY TO FENCE POSTS WITH WIRE TIES OR STAPLES.
2. FILTER CLOTH TO BE FASTENED SECURELY TO WOVEN WIRE FENCE WITH TIES SPACED EVERY 24" AT TOP AND MID SECTION.
3. WHEN TWO SECTIONS OF FILTER CLOTH ADJOIN EACH OTHER, THEY SHALL BE OVERLAPPED BY AT LEAST 6" AND FOLDED.
4. MAINTENANCE SHALL BE PERFORMED AS NEEDED AND MATERIAL REMOVED WHEN BULGES DEVELOP IN THE SILT FENCE.
5. POSTS: STEEL 1 OR U SECTION OR 2" HARDWOOD.
6. FENCE: WOVEN WIRE 14 GA 6" MESH OPENING.
7. FILTER CLOTH: FILTER X-MIRAP 100X STABILINKA OR APPROVED EQUAL.
8. STANDARD SYMBOL:

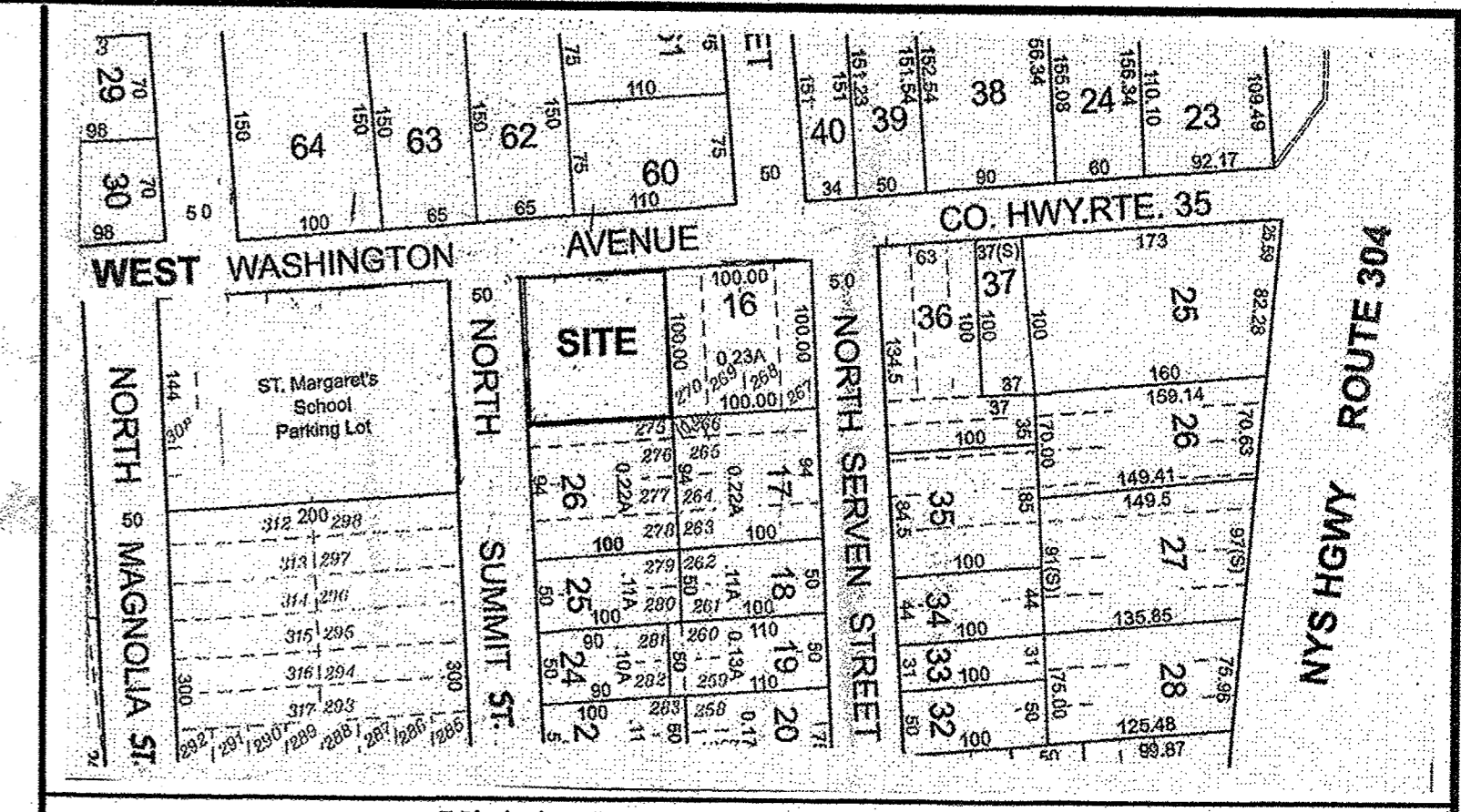
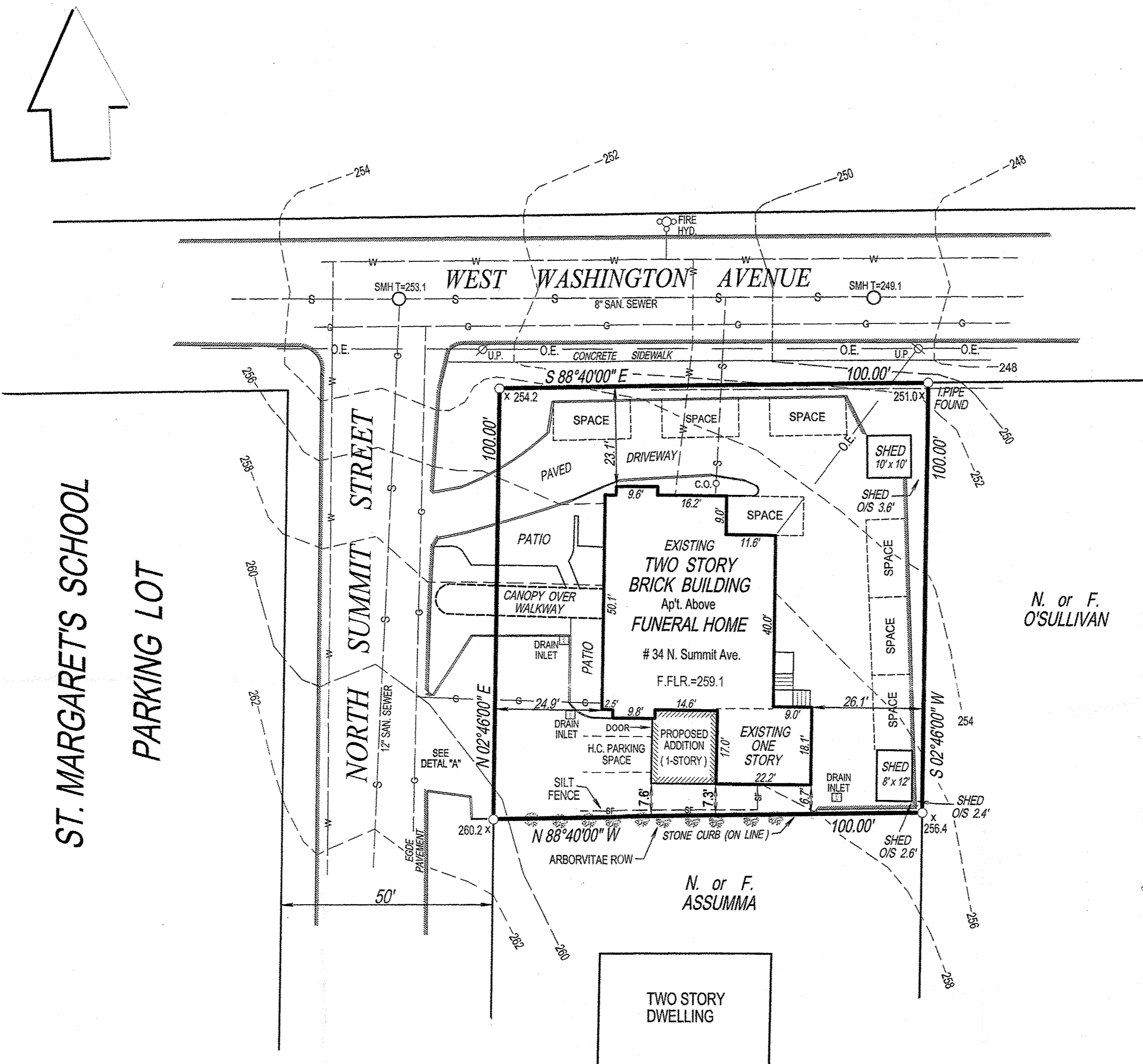
**TABILIZED CONSTRUCTION ENTRANCE**



**CURB INLET PROTECTION**

**CONSTRUCTION SPECIFICATIONS**

1. FILTER FABRIC SHALL HAVE AN EOS OF 40-65.
2. WOODEN FRAME SHALL BE CONSTRUCTED OF 2" x 4" CONSTRUCTION GRADE LUMBER.
3. WIRE MESH ACROSS THROAT SHALL BE A CONTINUOUS PIECE 30 INCH MINIMUM WIDTH WITH A LENGTH 4 FEET LONGER THAN THE THROAT. IT SHALL BE SHAPED AND SECURELY NAILED TO A 2" x 4" WIER.
4. THE WIER SHALL BE SECURELY NAILED TO 2" x 4" SPACERS 9" LONG SPACED NO MORE THAN 6 FEET APART.
5. THE ASSEMBLY SHALL BE PLACED AGAINST THE INLET AND SECURED BY 2" x 4" ANCHORS 2 FEET LONG EXTENDING ACROSS THE TOP OF THE INLET AND HELD IN PLACE BY SANDBAGS OR ALTERNATE WEIGHTS.



Vicinity Map - Scale: 1" = 125'

Tax Lot Designation - Section 68.19 Block 2 Lot 15

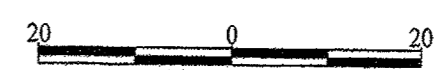
Reference: map entitled "MAP OF PROPERTY OF SARAH O. SERVEN", Filed in the Rockland County Clerks Office March 22, 1892 in book 16 page 219 as map # 238. Being Lots 271, 272, 273 and 274.

**SITE PLAN**

For  
**SORCE - ASSUMMA - SHANKEY**  
**FUNERAL HOME**

Pearl River  
 Town of Orangetown Rockland County, NY  
 Scale: 1" = 20' Area = 0.23

September 23, 2019  
 November 18, 2019 - Revised  
 January 31, 2020 - Revised

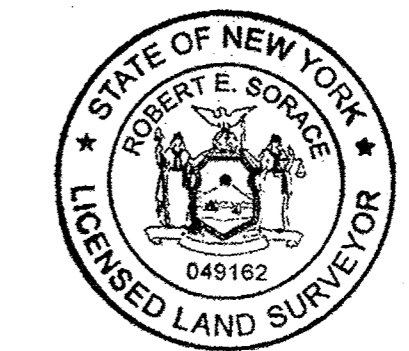


RO 8237

<b>RECORD OWNER</b>
34 SUMMIT AVE. LLC 34 SUMMIT AVE. PEARL RIVER NY 10965
<b>PARKING TABULATION</b>
REQUIRED - 1 SPACE PER 200 SF FLOOR AREA 31 SPACES
PROVIDED-ON SITE 8 SPACES

ZONE RG GROUP T (ALL OTHER)			
Item	Required	Existing	Proposed
Max.F.A.R.	0.30	0.60	* 0.63
Lot Area	15,000 sf	10,000 sf	No Change
Lot Width	150 ft.	100 ft.	No Change
Street Frontage	85 ft.	200 ft.	No Change
Min. Front Yard	75 ft.	Summit 24.3 ft. Washington 23.7 ft.	No Change
Min. Side Yard	50 ft.	6.7 ft.	* 7.6 ft.
Total Side Yard	150 ft.	N/A	Cor. Lot
Min. Rear Yard	100 ft.	26.2 ft.	No Change
Max Bldg. Height in feet	2' 6" max.	11 ft.	11 ft.
Max Bldg. Height in feet	4" per ft s/y max.	20" per ft s/y	* 17" per ft s/y

\* Denotes Variance Required



*Robert E. Sorace*  
 Lic. 49162  
 Robert E. Sorace, PLS  
 135 South Main Street  
 New City, NY 10956  
 845-638-1498