

Architectural & Community Appearance Board of Review

(ACABOR)

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

2019 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 Board Application.
2. A copy of the Building Permit Denial Application, signed by the Director of the Department.
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. 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.***
6. **A Descriptive Project Narrative MUST** be provided on a separate sheet of paper.
7. **TWO copies** of **ARCHITECTURAL PLANS** showing dimensions and height of existing and proposed construction. Floor Plans, Elevations, Exterior Mechanical Equipment, Building Materials, lighting details Samples, or replicas, paint chips, etc, of all building materials need to be presented at the meeting for the Board's review, signed and sealed by the appropriate New York State Professional.
A PDF COPY OF PLANS MUST BE SUBMITTED

Drawing Name _____ Date: _____

Prepared by: _____

8. Two copies of Site and Landscaping plan A PDF COPY OF PLANS MUST BE SUBMITTED

9. All Signs Requirements Must Include:

Copies of elevations, drawn to scale, depicting type face and all lettering and design characteristics. Site Plans shall be submitted, noting the location of the proposed sign to be erected. Color samples of exterior finishes need to be presented at the meeting for Board review.

10. Two Checks made payable to "Town of Orangetown":

- | | |
|---------------------------------|--------------------------------|
| 1) Subdivision Plan: \$300.00 | Other/Signs \$100.00 |
| Residential Site Plan: \$125.00 | Commercial Site Plan: \$300.00 |

2) ¹ Legal Notice Advertisement Fee: \$150.00

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

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

For ACABOR Consultation only : \$100.00

11. 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. One FULL size copy and Ten (11"x17") 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. **A PDF COPY OF PLANS MUST BE SUBMITTED**
- 2. All drawings shall be submitted in PDF format via email to ccatania@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 Architectural Board of Review Office. The Board Clerk will notify the applicant when signs are ready to be picked up from the ACABOR office.

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2019 Information Sheet

ACABOR requires the submission of the following information:

Site Plan Minimum scale of 1 inch = 30 feet **A PDF COPY OF PLANS MUST BE SUBMITTED**

Proposed Landscaping Plan (where you plan to plant trees and bushes) **A PDF COPY OF PLANS MUST BE SUBMITTED**

Vicinity map minimum scale of 1 inch = 1000 feet and a North Arrow

All existing trees over 8 inches in diameter, indication those trees to remain, those trees to be removed shall have an "x" on the tree

In addition to proposed landscaping plan, plan shall indicate location of (2) trees to be planted in accordance with the Town Code Regulation 21-25, Shade Tree Ordinance

Existing and proposed contours at 2 foot intervals and first floor elevations

Existing and new structures

Access roads, off street parking, sidewalks and curbs, streams and grading

Parking schedule, number of spaces required, location and number provided location of handicapped parking spaces (non-residential plans only)

Photographs of the existing conditions and neighboring properties, if available.

For more information, please contact the Architectural Board of Review office, at (845) 359-8410 ext 4330 or ccoopersmith@orangetown.com

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

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

Print Name: _____ **Signature:** _____

Email Address: _____

Architectural & Community Appearance Board of Review

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

Project Name: _____

Project Address _____

Questions to be answered and returned to ACABOR with your completed application. Please state the Brand Name, Type, Style, Model and color numbers, etc. Actual material samples will need to be produced at the hearing.

1. Roof Shingles: _____

2. Siding Type: _____

3. Windows/Trim/Rail/etc: _____

4. Any stone or rock being used on the structure and/or walkway(s):

5. Facade color schemes: _____

6. Any other specific materials being used in the construction and/or renovation:

7. Do you have a landscape drawing attached? If not, please explain. (An explanation could be that the applicant is not changing the existing landscape.)

8. Where will any exterior air conditioning units be placed?

9. What type of lighting will be used in this project? And where will the lighting be placed on the property? Please provide a description.

10. Other Important Site and/or Architectural Features:

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2019 Meeting Dates

The Board meets every 1st and 3rd Thursday of every month, unless otherwise noted. Meetings are held in the Greenbush Auditorium, 20 South Greenbush Road, Orangeburg, New York. All meetings begin at 7:30 p.m.

January 3

January 17

February 7

February 21

March 7

March 21

April 4

April 18

May 2

May 16

June 6

June 20

July 11 (2nd Thursday changed for July 4th)

July 25

No meetings in August

September 5

September 19

October 3

October 17

November 7

November 21

December 5

(one meeting in December)

.:: Rockland County

Ed Day, Rockland County Executive

OFFICE OF THE COUNTY EXECUTIVE

11 New Hempstead Road
New City, New York 10956

Phone: (845) 638-5122 Fax: (845) 638-5856

Email: COLintyExec@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 (ReI) 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:

Sam Rulli 845.364.3364

ReI - Housing:

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: _____

2019 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 _____

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

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.*)