Name of Municipality: <u>TOWN OF ORANGETOWN</u>

Date Submitted:____

	2021 LAND USE BOARD	APPLICATION
	Please check all ti	hat apply:
	Commercial Planning Board Zoning Board of Appeals	Residential Historical Board Architectural Board
	Subdivision Number of Lots Site Plan Conditional Use	Consultation Pre-Preliminary/Sketch Preliminary
	Special Permit Variance Performance Standards Review Use Variance Other (specify):	Final Interpretation PERMIT#: ASSIGNED INSPECTOR:
	Outer (specify)	Referred from Planning Board: YES / NO if yes provide date of Planning Board meeting:
Project	Name: SHED - VA	RIANCE
Street A	Address: 39 Delong	15 Ct My (0976
Tax Ma _l	Section: 77.12 Block:	Lot(s): 34.25 Lot(s):
	Section: Block:	Lot(s):
On the	of the intersection ORANGETOWN in the hamlet/village of creage of Parcel	Zoning District RG Postal District 10976
	mbulance District Soc ORan gefourn later District	Fire District TAPP 44 Sewer District
Project	Description : (If additional space required, ple	THO WOOD SHEDS.
	Stee (SHED 3-0 FROM	
The under	signed agrees to an extension of the statutory time? - 15 - 20 Applicant's Signature:	
		1

APPLICATION REVIEW FORM

		0,400	
Applicant: James Castago	ha Phone	# 41460	29 6629
Address: 39 Delon615	C+C	# 9146. Ourhill	W/00)
Street Name & Number (Post Office)	City	State	Zip Code
	,		
Property Owner: SAME AS	A PROPERTY	# (ANT	
		1	
Address: Street Name & Number (Post Office)	City	State	Zip Code
	• .		Lip doub
Engineer/Architect/Surveyor:		Physical H	
anginee//Additional veyor.		Phone #	
Address: Street Name & Number (Post Office)		<u> </u>	
Street Name & Number (Post Office)	City	State	Zip Code,
$\mathcal{L}_{\mathcal{L}}$			
Attorney:	Phone #		
Address:		•	•
Street Name & Number (Post Office)	City	State	Zip Code
	•		•
Contact Person: SAME AS	Phone #		
4.001	_ Phone #		
Address: Thuran Address:			
Street Name & Number (Post Office)	City	State	Zip Code
GENERAL MUNIC			
	s within 500 feet all that apply)	of:	
-			
IF ANY ITEM IS CHECKED, A REVIEW MUST BE DO PLANNING UNDER THE STATE GENERAL MU	NE BY THE ROC INICIPAL LAW. S	KLAND COUNTY CO SECTIONS 239 L. M.	OMMISSIONER OF
			, nj Alib Hill
State or County Road Long Path		or County Park	
Long Fath Municipal Boundary		y Stream y Facility	
- Mariopar Douriousy	Count	y raciity	
List name(s) of facility checked above:			
	<u></u>		
Referral Agencies:		• .	
RC Highway Department	DC Division of	F. Consideration and all Discours	
RC Drainage Agency	RC DIVISION OF RC Dept. of H	f Environmental Reso	urces
NYS Dept. of Transportation	•	eaiiri Environmental Conse	envation
NYS Thruway Authority		rstate Park Commiss	
Adjacent Municipality			· - ··
Other			

APPLICATION REVIEW FORM

FILL IN WHERE APPLICABLE. (IF THE FOLLOWING DOES NOT APPLY PLEASE MOVE ON TO THE NEXT PAGE)

If subdivis	sion:
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
	Number of dwelling units
If special	permit, list special permit use and what the property will be used for.
Environme	ental Constraints:
and net area_ Are there stre	pes greater than 25%? If yes, please indicate the amount and show the gross pams on the site? If yes, please provide the nameslands on the site? If yes, please provide the names and type:
Project His	
	ct ever been reviewed before?
	a narrative, including the list case number, name, date, and the board(s) you appeared e status of any previous approvals.
List tax map s this project.	ection, block & lot numbers for all other abutting properties in the same ownership as



8-16-06

OFFICE OF BUILDING, ZONING AND PLANNING ADMINISTRATION AND ENFORCEMENT

TOWN OF ORANGETOWN 20 GREENBUSH ROAD ORANGEBURG, N.Y. 10962

Fax: (845) 359-8526

APPEAL TO ZONING BOARD OF APPEALS

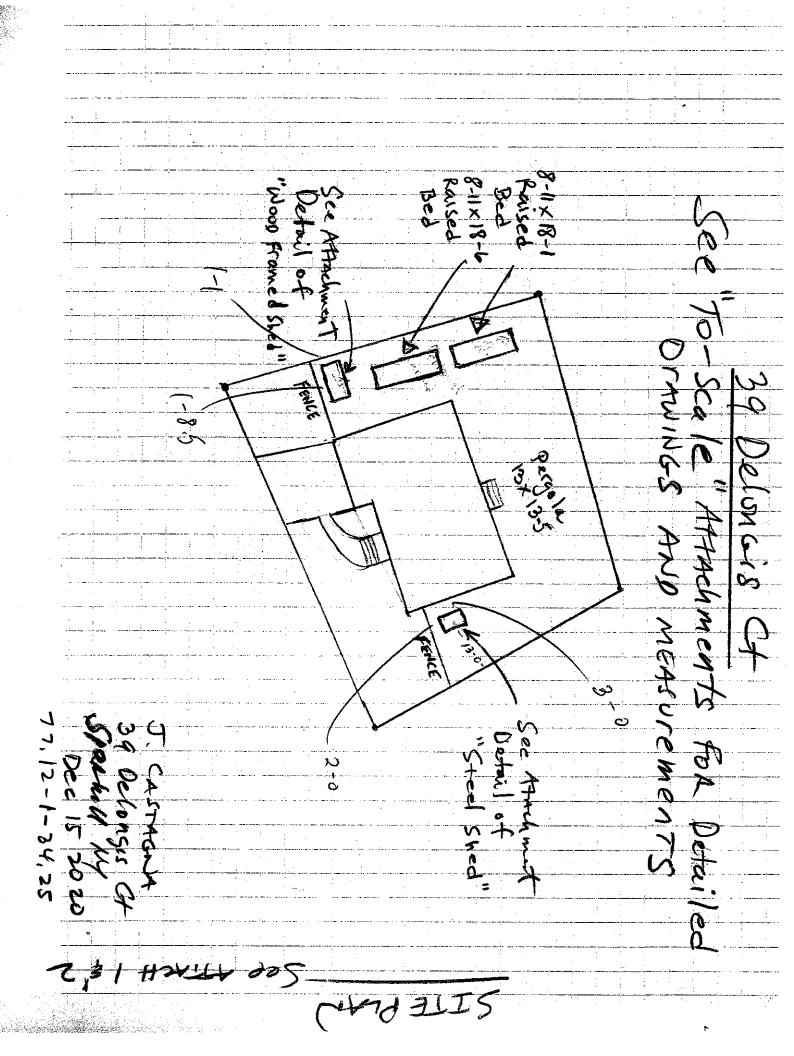
Date:	November 10	5, 2018				
Applica	nt: Castagne					<u>-</u>
Address	÷	39 Del	ongis Ct, Spa	ırkill		<u></u>
Re:	Application	made at: San	ne .			,
Orangetown Code, Chapter 43, RG District, Section 5.227 requires 5' setback w/ 1'0" proposed Subject: Denial for: One Variance required					5' setback w/ 1'0" proposed	
	Section:	77.12	Block:	. 1	Lot:	34.25
Dear C	astagne			4. 		
October	e advised tha 29, 2018 ou will find n	has been de	enied. I have	enclose	d a Xerox c	n submitted on oppy of your application,
						e to appeal a
	nation of a E om the filing					<u>ve office is thirty (30)</u> k.
The Clea	rk to the Zoni before this bot	ng Board of	Appeals wil	l assist y	you in the p	reparation necessary to
Sincerel	y, / US		11.16	18	12.15	2020
Assistar Enclosu	it Building In ie (1)	spector		4		
Liz Deb	rlotte Madiga DeCort bie Arbolino neowner	n One-	<u> L</u>	·	11-16	-18"
Signatur	e of Director		/	/	Date	
NOTE:	PLEASE KE	EP FOR YC	UR RECOR	DS	•	

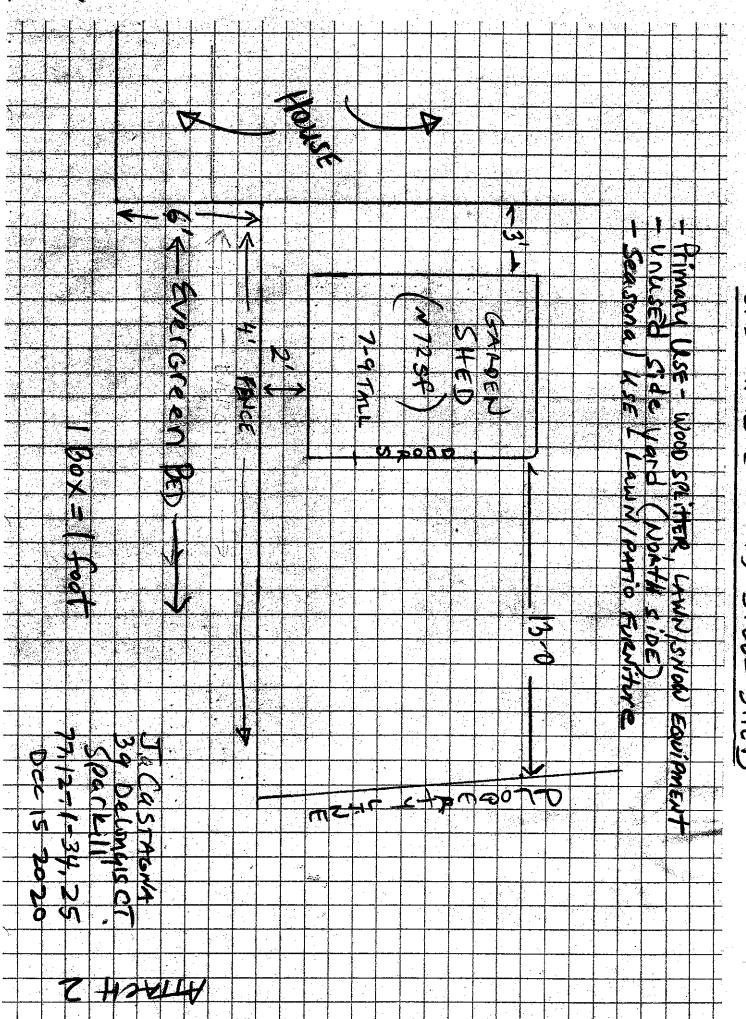
NAME CASTAGNA, JAMES

PERMIT#

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 Phone: (845) 359-8410 Fax: (845) 359-8526 Name of Municipality: Town of Orangetown, 20 Greenbush Road, Orangeburg, NY

R6 11 CML OFF	ICIAL USE ONLY / 42 Aug.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1/20 (D) 1/3 WWW
# 7/26 H 300 / 100	
# 20 = TAT ONE	Control Talaby On Direction
Other Date of the Control of the Con	1 alu By 30370097700
	Paid By
1 st 6 mo. Ext.: Ck #	New Exp. Date:Paid By
Additional Fee: Ck#	New Exp. Date:Paid By
1010har reeCKII	Date Paid By:
	Date Issued:
CO No	Date Issued:
NOTO SOO Incide for its	CANT COMPLETES:
PAGES 2, 3 and PAGE 4 must be rev	structions for completing this application, iewed and PAGES 3 & 4 must signed by the applicant.
Property Location: 39 Delinis 1	Cf Coulfy // Classified by the applicant.
Section: 77,12 Block:	spanney My 10916
Siden:	Lot: 34-25
Mailing Address: PoB 26	2 Chalife Alexander
- 	1 SPARIOU NY 10916
Email: <u>(James, Caste Su</u> Lessee (Business Name):	a () 4 (have phone#: 9 (4 6 2 9 6 6 2 9
Mailing Address:	
Type of Projects (U	Phone#:
.) Fo of East(635 102E,	
Contact Person:	Relation to Project:
citiali.	Phone#
Architect/Engineer:	NYS Lic #
Address: Builder/General Contractor: JAMES (Phone#:
- 0 IA	ASTAGNA RCLIC# OWNER
Address: 39 Vechsis G	Spankill Phone#: 9146296629
Plumber:	RC Lie#
	Phone#:
Electrician:	RC Lie #:
Address:	Phone#:Phone#:
Heat/Cooling:	RC Lie#:
Address:	Phone#:
Existing use of structure or land:	
Proposed Project Description: SHED # SHED #2 2'6" × 9'6" 69'6"	-1 6x13' (7854) 11'7" Tall (Wood)
SHED #2 7'6" X 9'6" (7)	(25 Sf) 7'9" Tall (Sfeel)
Proposed Square Footage:	Estimated Construction Value (\$): # [d @ O
BUILDING DEPARTM	MENT COMPLETES BELOW
PLANS REVIEWED:	
PERMIT REFERRED / DENIED FOR:	
Chapter 43, Section 5.227 Reg	rines 5' setback for accessory structures
- up to purpose	,
- I Vancas Regran	Code's
I will care II	11-16-15
14.00	Page 1





EXISTING (2014) CITELL SHED

