

Name of Municipality: TOWN OF ORANGETOWN Date Submitted: _____

2020 LAND USE BOARD APPLICATION

Please check all that apply:

<input type="checkbox"/> Commercial	<input checked="" 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#: 50940
 ASSIGNED _____
 INSPECTOR: DM.

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

Project Name: 18x40 in ground pool Leon

Street Address: 67 Hoffman Lane

Tax Map Designation:

Section: 70.17 Block: 3 Lot(s): 28
Section: _____ Block: _____ Lot(s): _____

Directional Location:

On the PARUWAY DR side of HOFFMAN LN, approximately 300 feet PARUWAY DR of the intersection of HOFFMAN, in the Town of ORANGETOWN in the hamlet/village of BLAUVELT.

Acreage of Parcel <u>1/3 ACR</u>	Zoning District <u>R25</u>
School District <u>ORANGETOWN</u>	Postal District <u>BLAUVELT</u>
Ambulance District <u>ORANGETOWN</u>	Fire District <u>BLAUVELT</u>
Water District <u>SVR</u>	Sewer District <u>ORANGETOWN</u>

Project Description: (If additional space required, please attach a narrative summary.)

18 x 40 in ground pool

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

Date: 12/30/20 Applicant's Signature: [Signature]

APPLICATION REVIEW FORM

Applicant: JUSTIN GON Phone # 848-300-7466

Address: 67 HOFFMAN LN BOAVER, NY 10913
Street Name & Number (Post Office) City State Zip Code

Property Owner: JPMV 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: JPMV 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.

- | | |
|---|---|
| <input 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:

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 _____ | |

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? NO

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: December 22, 2020

Applicant: Leon

Address: 67 Hoffman Ln, Blauvelt, NY

RE: Application Made at: same

Chapter 43, Section 5.227 Requiresw 20' minimum rear yard setback with 15' proposed.

one variance required

Section: 70.17

Block: 3

Lot: 28

Dear Leon:

Please be advised that the Building Permit Application, which you submitted on

December 21, 2020, 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


Date
CC: Rosanna Sfraga
Liz Decort
Debbie Arbolino

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

ZONE: R-15 **OFFICIAL USE ONLY** **ACREAGE:** .34
Inspector: Dave **Date App Received:** 12-21-2020 **Received By:** [Signature]
Permit No. 50940 **Date Issued:** _____
CO No. _____ **Date Issued:** _____
Permit Fee: \$810 **Ck#** 1357 **Paid By** Leon
GIS Fee: 920 **Ck#** 1355 **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** _____

RECEIVED

APPLICANT COMPLETES:

Note: See inside for instructions for completing this application, DEC 21 2020
PAGES 2, 3 and PAGE 4 must be reviewed and PAGES 3 & 4 must be signed by the applicant.

Property Location: 67 HOFFMAN LANE, BLAUVELT, NY, 10913 TOWN OF ORANGETOWN
Section: 70.17 **Block:** 3 **Lot:** 28 BUILDING DEPARTMENT
Property Owner: JUSTIN LEON
Mailing Address: 67 HOFFMAN LN, BLAUVELT, NY, 10913
Email: JUSTIN.LEON@VERIZON.NET **Phone #:** (845) 300-7444
Lessee (Business Name): _____
Mailing Address: _____
Email: _____ **Phone #:** _____
Type of Business /Use: _____
Contact Person: JUSTIN LEON **Relation to Project:** Homeowner
Email: JUSTIN.LEON@VERIZON.NET **Phone#:** 845-300-7666
Architect/Engineer: _____ **NYS Lic #** _____
Address: _____ **Phone#:** _____
Builder/General Contractor: GEO WORLD CLASS POOLS **RC Lic #** H-20055
Address: 27 NORTH UNION STREET, POMPION LAKE, NY **Phone#:** 973-513-9893
Plumber: VISMAR PLUMBING **RC Lic #** P-1232-P-11-0
Address: 41 LOIS DRIVE, PEARL RIVER, NY **Phone#:** 845-735-9537
Electrician: AED PLUMBING CONTRACTORS **RC Lic #:** 6-00427
Address: 16 ARON CT, SPRING VALLEY, 10977 **Phone#:** 845-735-2000
Heat/Cooling: _____ **RC Lic#:** _____
Address: _____ **Phone#:** _____

Existing use of structure or land: BALM YARD
Proposed Project Description: IN GROUND 18x40 Rectangular Pool

Proposed Square Footage: 720' **Estimated Construction Value (\$):** 37,735
BUILDING DEPARTMENT COMPLETES BELOW

PLANS REVIEWED: _____

PERMIT REFERRED / DENIED FOR:
Chapter 43 Section 5-227 Requires 20' rear yard setback
with 15' proposed.

[Signature]
12/22/2020

FOR OFFICE USE ONLY SECTION BLOCK LOT NAME PERMIT#

APPLICATION FOR BUILDING/DEMOLITION PERMIT

APPLICANT MUST COMPLETE OR APPLICATION WILL NOT BE ACCEPTED

ZONING BULK REQUIREMENTS			
Zone:	Group:	Use:	
	Required	Existing	Proposed
Floor area ratio			
Lot area			
Lot width			
Street frontage			
Front yard setback			
Side yard setback			
Total side yard setback			
Rear yard setback			
Maximum building height			

Number of stories: _____ Construction Type: _____ Occupancy Class: _____

Zoning Chart Information Completed by: _____

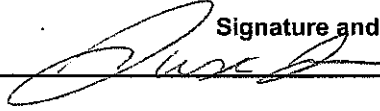
1. Sewage: (circle one) Town County Private
2. How many kitchens on the property? _____
3. Are there any renters, tenants, lessees or boarders at this property? YES / NO
4. Are there any other building permits on this property? YES / NO
5. Is the property in a flood plain? YES / NO

AFFIDAVIT

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

I, JUSTIN LOW being duly sworn, deposes and says that he/she is the (circle one) owner, lessee, engineer, surveyor, architect, builder, or agent of the owner) in fee of the premises to which this application applies; that he/she (the applicant) is duly authorized to make this application and that the statements contained in the papers submitted herein are true to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith, and in accordance with the State Uniform Building Code and all other applicable laws, ordinances and regulations of the municipality. I also declare that the structure or area described in this application will not be occupied or used until I have obtained a Certificate of Occupancy or Certificate of Compliance.

Signature and Mailing Address



SWORN to before me this 21 day of December, 20 20

Witness: Dana Raymond

(If not witnessed by Building Department personnel, Notary signature is required.) _____, Notary Public

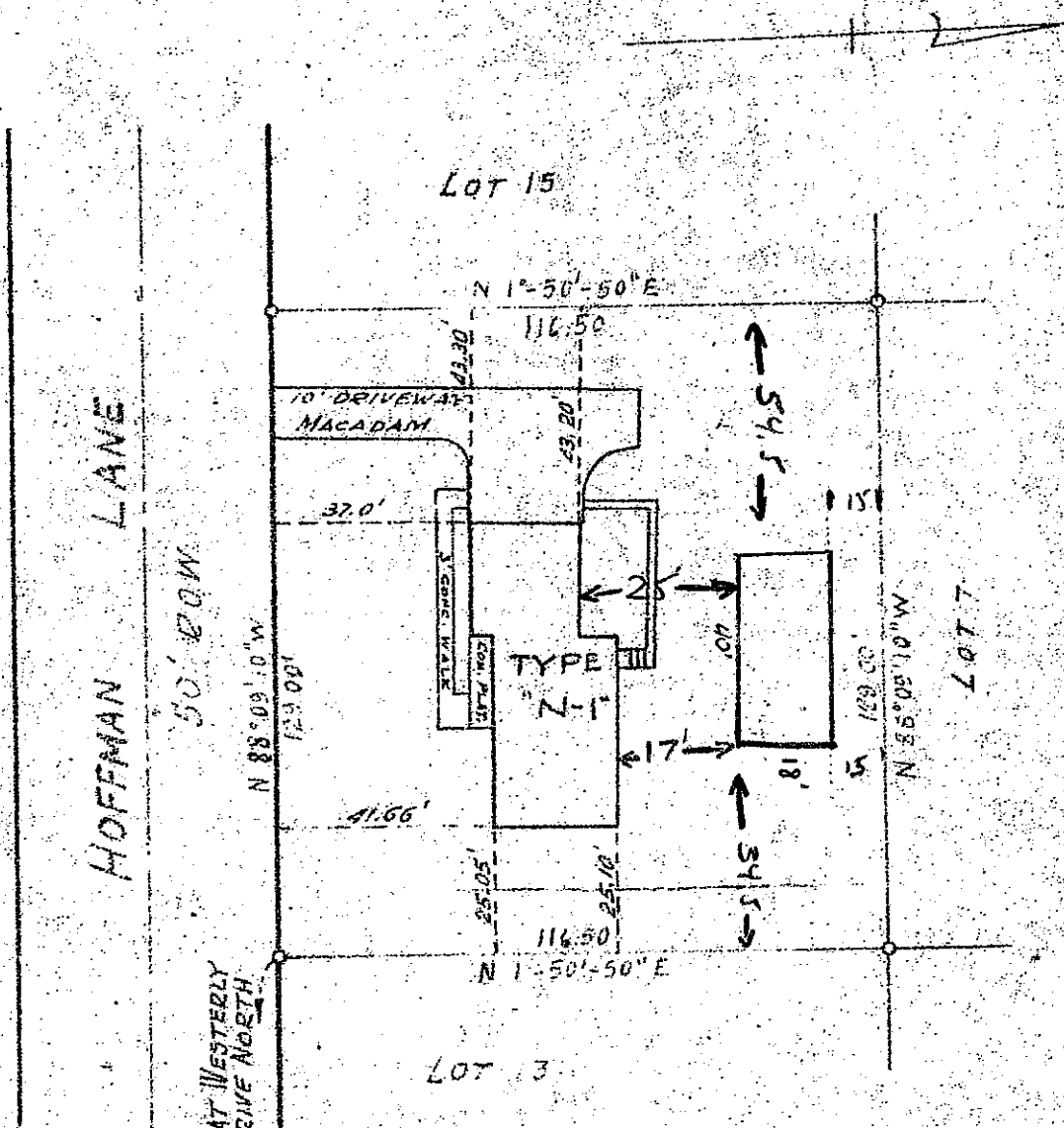
OFFICIAL USE ONLY:	
Checked by: _____	Date: _____
Permit Granted for: _____	

Signature: _____	Date: _____
Director, OBZPAE	

SWIS	PRINT KEY	NAME	ADDRESS
392489	70.17-3-20	Patricia Kopac	42 Ashwood Dr,Blauvelt, NY 10913
392489	70.17-3-21	Catherine Fegan	46 Ashwood Dr,Blauvelt, NY 10913
392489	70.17-3-22	Robert Garner	50 Ashwood Dr,Blauvelt, NY 10913
392489	70.17-3-27	Harry A Valentine	71 Hoffman Ln,Blauvelt, NY 10913
392489	70.17-3-28	Justin L Leon	67 Hoffman Ln,Blauvelt, NY 10913
392489	70.17-3-29	Michael Higgins	63 Hoffman Ln,Blauvelt, NY 10913
392489	70.17-3-30	Lewis Arnold	59 Hoffman Ln,Blauvelt, NY 10913
392489	70.17-3-34	Elizabeth Goetz	60 Hoffman Ln,Blauvelt, NY 10913
392489	70.17-3-35	Anna Bore	64 Hoffman Ln,Blauvelt, NY 10913
392489	70.17-3-36	Robert J Fair	68 Hoffman Ln,Blauvelt, NY 10913

SURVEY
OF LANDS OF
ROCKLAND VILLAGE
AT
BLAUVELT

TOWN OF ORANGETOWN ROCKLAND COUNTY NEW YORK



373.00 TO A CURVE AT WESTERLY
SIDE OF PARKWAY DRIVE NORTH

FINAL SURVEY

BEING LOT 14, BLOCK 4,
MAP OF ROCKLAND VIL. SEC. V-A
FILED IN THE OFFICE OF THE
ROCKLAND COUNTY CLERK
ON MARCH 17, 1961 AS MAP NO. 284.

SCALE: 1"=40' DATE 6/23/62

DWG. NO. 545-S
REV. 1/2/62
SURVEY
PLOT: H.R.M.F.W.

• DENOTES IRON PIN SET 6/20/62 *W.M.B.*

108 NO. 215
CERTIFIED CORRECT AND ACCURATE TO
M.E. ATTENDING CORPORATION
MICHAEL W. BURRIS P.E. & L.S. 10170