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

Date	Submitted	:	

2020 LAND USE BOARD APPLICATION

Planning Board Zoning Board of Appeals Subdivision Number of Lots Site Plan Conditional Use Special Permit Variance Performance Standards Review Use Variance Other (specify):	Historical Board — Architectural Board — Consultation — Pre-Preliminary/Sketch — Preliminary — Final — Interpretation PERMIT#: ASSIGNED INSPECTOR: Referred from Planning Board: YES / NO If yes provide date of Planning Board meeting:
Number of Lots Site Plan Conditional Use Special Permit Variance Performance Standards Review Use Variance Other (specify): Project Name:	Pre-Preliminary/Sketch Preliminary Final Interpretation PERMIT#: ASSIGNED INSPECTOR: Referred from Planning Board: YES / NO If yes provide date of Planning
Performance Standards Review Use Variance Other (specify): Project Name: Archive Standards	ASSIGNED INSPECTOR: Referred from Planning Board: YES / NO if yes provide date of Planning
} .*	if yes provide date of Planning
} .*	
treet Address: 54 Schreiber Strong	
Tappan, 119. 10983	
ax Map Designation: Section: 77.06 Block:	3 Lot(s): 36 Lot(s):
Section: Block:	Lot(s):
irectional Location: in the <u>SOBIL</u> side of <u>SCHREIBE</u> ST	, approximately
feet of the intersection	
own of <u>ORANGETOWN</u> in the hamlet/village of	Tappar, N.P.
Acreage of Parcel >3	Zoning District R 15
School District Orange turn	Postal District Tappan
Ambulance District (1) (1) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Sewer District
	- Of Miles
roject Description: (If additional space required, ple	ease attach a narrative summary.)
<u> </u>	

APPLICATION REVIEW FORM

Applicant:	<u>icola Star</u>	npone	Phone #_	845-35	9-72810
Address: 54	Sched box	Stroet	Tappan	NY.	10983
		(i out office)	Suy 1	State	Zip Gode
Property Owne	er. <u>Nicola</u>	Stampore	Phone #_	845-35	9-7286
Address: 54	Street Name & Number	OR Strong	Tappan	State	10983 Zip Code
Engineer/Archi	itaat/Sumayari		, ,	Dhana #	
Liigiiieei/Ai Ciii	itect/Surveyor:	`		Phone #	
Address:	Street Name & Number	(Post Office)	City	State	Zip Code
Attorney:	*****	P	Phone #		
Address:					
	Street Name & Number	(Post Office)	City	State	Zip Code
Contact Persor	n: Nicola	tampone.	Phone #	i-359-7	2810
Address: 5 ¹¹	Street Name & Number	Post Office)	Tappan	State	10983 Zip Code
GENERAL MUNICIPAL LAW REVIEW: This property is within 500 feet of: (Check all that apply)					
IF ANY ITEM IS PLANNING	CHECKED, A REVIE UNDER THE STAT	EW MUST BE DON E GENERAL MUI	IE BY THE ROCKL NICIPAL LAW, SE	AND COUNTY CTIONS 239 L,	COMMISSIONER OF M, N, AND NN.
	or County Road	•	State or	County Park	
Long P	Path pal Boundary		County S		
	acility checked ab	ove:	Oounty i	acility	
Referral Agencie	s:				
RC Highv	way Department		_RC Division of E	nvironmental Re	esources
	age Agency		_RC Dept. of Hea		
•	t. of Transportation way Authority		_ NYS Dept. of En		
	Municipality		_ Palisades Interst	ate Park Comm	ission
Other					

APPLICATION REVIEW FORM

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

lf oubdivi	olan:
If subdivi	
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: // / / / / / / / / / / / / / / / / /
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.
_	
Environm	ental Constraints:
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:
If so, provide	story: ct ever been reviewed before?
List tax map s his project. 	ection, block & lot numbers for all other abutting properties in the same ownership as

APPLICATION REVIEW FORM

AFFIDAVIT

State of New York)			
County of Rockland) SS.:			
Town/Village of Deangotow	<u> </u>)	
I,	r attornev for ap	being duly swom plicant, in the matte town/village of	deposes and says of the petition wear act own defountly, New York.
That the following are	e all of the owne	rs of property	(distance) from
the premises as to w SECTION-BLOCK-LOT		ation is being taken	ADDRESS
No sum de la constant		0 1	
JAMES CODY	44	Schebr	
TOM TEMPO	3<	5 Schels	
MICHAEL CAMZONA	42	Scher	
JAMES DETEMPLE	<u>53</u>	Schuler	
MARTIN DENTINI	55	Schole	
JOSEPH HICKEY	<u> </u>	Schreiber	
MICHAEL MOUZAKITIS	3 5	ich	
ELIZABETH MAYER	21 Sc	hre, bu	
			<u> </u>



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: June 10, 2020					
	Applicant: Stampone				
	Address: 54 Schreiber st, Tappan, NY				
	RE: Application Made at: same				
Chapter 43, - Section 5.153 Requires Accessory structures 15' from principle structure with 7' proposed Table 3.12, Column 1.2.3 = R-15 District, Group M. SFR, Column 4 Max FAR 20% w/ 22% proportion of Variances Required.					
	Section: 77.06 Block: 3 Lot: 36				
	Dear Stampone :				
Ju	Please be advised that the Building Permit Application, which you submitted on no. 5, 2020				
	Sincerely (11)200 Richard Olifer Deputy Bailding Inspector 6-10-2020				
	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

20 Greenbush Road	d, Orangeburg. NY	10962 Phone:	WN (845) 359-8410 Fax: (845) 359-8526
ZONE: <i>R-1</i> 5	OFF	CIAL USE ONLY	ACPEAGE: 120
Inspector: 6/6	<u>か</u> Date App R	Received: 16/5/200	Received By: <u>ADDDY</u>
Permit No	50114	Date Issued:	Received By: (1/0 / DC)
Permit Eas: \$110	8 01-4	Date issued: _	stampone
GIS Fee: 421) Ck#	<u> </u>	Siumpiru
		raid by_	
Additional Fee:	Ck#	Date Paid	Paid By
1 6 mo. Ext.:	Ck#	Exp. Date:	Paid By
2 nd 6 mo. Ext.:	Ck #	Exp. Date:	Paid By
N	ote: See inside for	ICANT COMPLE instructions for complete	Name Alaka a sanati at
PAGES 2, 3 and F	AGE 4 must be re	eviewed and PAGES 3	ting this application, & 4 must signed by the applicant.
Property Location: 54	SCHREIBER ST	REET TAPPAN NV	10983
Section:	Block:	3	Lot: 36
Property Owner: NicoL	A STAMPONE		
Mailing Address:			
Email:			Phone #: 845 - 359 - 79.86
Lessee (Business Name):_			
Mailing Address:			
Email:			Phone #:
Type of Business /Use:			
Contact Person: <u> \V\(\lambda\)\</u>	a strumpone	, R	Relation to Project: OWY
Email.			Phone# スランレーコスス 10
Arcnitect/Engineer:			NYS Lic #
Address:			Phone#:
Address:	:		RC Lic #
Plumber:			Phone#:
Address:			RC Lic #
Electrician:	-		Phone#:
Address:			RC Lic #:
Heat/Cooling:			Phone#:
Address:			RC Lic#:
Existing use of structure or	land: PERGOLA	-existina	Phone#:
Proposed Project Descripti		7 (3)	•
Proposed Square Footage:	16'X 12'	Estimated Constructi	ion Value (\$): 2,000.00
B	UILDING DEPART	MENT COMPLETES I	BELOW
PLANS REVIEWED:			
	\sim		
PERMIT REFERRED IDENII		4	
		53 Occussory or	tructures must be 15
Talle Villa P.	scyle stuc	the with 7.	purposed.
	1. 1.2.3 EX-15,6	sany M, Ste, (N)	mm 4 Mex MR 2070 W/
Variances	1/10/000	2	22% perposed. Page 1
MITTER.	מענקונון	@ clintza	220
/ Y)	١ /	2 011/10	CE L







