

VILLAGE OF WEST HAVERSTRAW ZONING BOARD OF APPEALS

130 SAMSONDALE AVENUE
WEST HAVERSTRAW, NY 10993
(845) 947-2800 PHONE
(845) 947-1560 FAX

Adaris Ortiz – Clerk to the Board

APPLICATION TO THE VILLAGE OF WEST HAVERSTRAW ZONING BOARD OF APPEALS

INSTRUCTIONS

Please forward the following to the Zoning Board of Appeals:

1. One original application **fully completed** and notarized plus fifteen **(15) copies**
2. Application fee of \$_____, (to be determined by clerk, per Village Fee Schedule) check made payable to the Village of West Haverstraw
3. **Fifteen** plot plans/surveys drawn to scale showing the property in question (**Completed Bulk Table is required on all submissions**)
4. Copy of decision or order of administrative official on which appeal is based (This only pertains to applicants who are asking for a review of an administrative decision)
5. Any details that will help the Board judge your case – Statements from neighboring property owners, building plans, map of area, etc.
6. Affidavit of Disclosure pursuant to Section 809 of the General Municipal Law
7. Consent form to visit property
8. Reimbursement form

PLEASE NOTE:

*You must return sixteen complete sets (one original and fifteen copies) to the Zoning Board Clerk **three weeks before** the next scheduled meeting date in order to be placed on the agenda. The Zoning Board of Appeals meets the second Wednesday of the month at 7:00 p.m.*

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RECEIVED (DATE) _____ - _____ - _____

CLERK SIGNATURE _____

Applicant Name: _____

Day No. _____

Address: _____

Evening No. _____

Attorney: _____

Phone No. _____

Address: _____

TO THE ZONING BOARD OF APPEALS:

Appeal is hereby taken and/or Application is used for:

- Variance from the requirement of Section 250-18
- Special Permit per the requirements of Section 250-75 (C)
- Review of an Administrative decision of the Building Inspector
- An order to issue a Building Permit
- An interpretation of the Zoning Law
- Certification of an existing non-conforming structure or use
- Other (explain) _____

Property Use: (Single Family, Two Family, Commercial) _____

To permit construction, maintenance and/or use of: _____

The street address is _____ Zone _____

Premises affected are situated on the _____ side of _____

(N - S - E - W)

and _____ feet _____ from the intersection of _____

(N - S - E - W)

From the Village of West Haverstraw Tax Map, the property is known as:

Section _____ Block _____ Lot _____

Has this property ever been denied or granted any approvals for Permits, Special Permits, Zone Changes or Variances from the Village of West Haverstraw? _____ If yes, specify _____

When and Which Board(s)? _____

Is this property within 500 feet of a State or County Park, State or County Stream, State or County Road, Parkway, Village, Town or County Boundary or County owned land? _____

If so, specify which of the above: _____

PLEASE INDICATE ALL VARIANCES NEEDED:

	<u>Required</u>	<u>Provided</u>
<input type="checkbox"/> Lot Area	_____	_____
<input type="checkbox"/> Lot Width	_____	_____
<input type="checkbox"/> Building Coverage	_____	_____
<input type="checkbox"/> Impervious Lot Coverage	_____	_____
<input type="checkbox"/> Number of Stories	_____	_____
<input type="checkbox"/> Height	_____	_____
<input type="checkbox"/> Front Setback	_____	_____
<input type="checkbox"/> Side Setback/Total Side Setback	_____	_____
<input type="checkbox"/> Rear Setback	_____	_____
<input type="checkbox"/> Rear/Side Yard	_____	_____

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PART A – AFFIDAVIT OF APPELLANT

STATE OF NEW YORK)
COUNTY OF ROCKLAND) SS
VILLAGE OF WEST HAVERSTRAW)

I hereby depose and say that all the above statements and the statements contained in the papers submitted herewith are true.

Appellant Signature: _____

Mailing Address: _____

SWORN TO BEFORE ME THIS
____ DAY OF _____ 20__

NOTARY PUBLIC, COUNTY OF ROCKLAND
STATE OF NEW YORK

PART B – AFFIDAVIT OF OWNERSHIP

STATE OF NEW YORK)
COUNTY OF ROCKLAND) SS
VILLAGE OF WEST HAVERSTRAW)

_____ Being duly sworn, deposed and says that he/she resides at
(Owner)

_____ in _____
(Street Address) (City)

County of _____ in the State of, that he/she is the owner in fee of all that certain lot, piece or parcel of land situated, lying and being in the Village of West Haverstraw aforesaid and designated as Section _____ Lot _____ Block _____ of the Village of West Haverstraw Tax Map and that hereby authorized the filing of this application on his/her behalf and that the statements of fact contained in said application are true under penalty of perjury.

Owner Signature: _____

Mailing Address: _____

SWORN TO BEFORE ME THIS
____ DAY OF _____ 20__

NOTARY PUBLIC, COUNTY OF ROCKLAND
STATE OF NEW YORK

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GENERAL MUNICIPAL LAW SECTION 809 AFFIDAVIT

_____, BEING DULY SWORN, DEPOSES AND SAYS, THAT HE/SHE IS THE APPLICANT OR AN OFFICER OF THE APPLICANT CORPORATION, THE APPLICANT'S NAME BEING _____ AND THAT NO OFFICER OR EMPLOYEE OF THE VILLAGE OF WEST HAVERSTRAW IS AN OWNER OF THE PREMISES WHICH ARE THE SUBJECT OF THIS APPLICATION, IS THE APPLICANT OR AN OFFICER, DIRECTOR, PARTNER OR EMPLOYEE OF THE APPLICANT, OR IS LEGALLY OR BENEFICIALLY THE OWNER OR CONTROLS STOCK OF A CORPORATE APPLICANT, OR IS A MEMBER OF A PARTNERSHIP, LIMITED LIABILITY COMPANY OR ASSOCIATION OF THE APPLICANT, OR IS A PARTY TO AN AGREEMENT WITH SUCH APPLICANT, EXPRESSED OR IMPLIED, WHEREEBY HE/SHE MAY RECEIVE ANY PAYMENT OR OTHER BENEFIT, WHETHER OR NOT FOR SERVICES RENDERED, DEPENDING OR CONTINGENT UPON FAVORABLE APPROVAL OF SUCH APPLICATION, PETITION OR REQUEST, EXCEPT:

Signature: _____

SWORN TO BEFORE ME THIS
____ DAY OF _____ 20__

NOTARY PUBLIC, COUNTY OF ROCKLAND
STATE OF NEW YORK

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OWNER/APPLICANT'S CONSENT FORM TO VISIT PROPERTY

I, _____, owner/applicant of the property described in application submitted to the Village of West Haverstraw, 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 ME THIS
____ DAY OF _____ 20____

NOTARY PUBLIC, COUNTY OF ROCKLAND
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REIMBURSEMENT FOR PROFESSIONAL SERVICES

THE 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, LEGAL OR OTHER SUCH 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 CHARGES USUALLY MADE FOR SUCH SERVICES IN THE METROPOLITAN NEW YORK REGION OR PURSUANT TO AN EXISTING CONTRACTUAL AGREEMENT BETWEEN THE 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 PLANS OR SUBDIVISIONS WILL NOT BE SIGNED UNTIL ALL BILLS ARE PAID IN FULL.

APPLICANT SIGNATURE: _____

BILLING ADDRESS: _____

SWORN TO BEFORE ME THIS
_____ DAY OF _____ 20____

NOTARY PUBLIC, COUNTY OF ROCKLAND
STATE OF NEW YORK