VILLAGE of HAVERSTRAW NEW YORK

Planning Board
40 New Main Street Haverstraw, NY 10927
T:(845)429-0300 F:(845)429-1739

Date: _____, 20_____ Application #: _____

Please select all that apply:

☐ **SUBDIVISION** ☐ **Amended**

☐ **Pre-Preliminary / Sketch**
Preliminary
Final

☐ **Major Subdivision**

☐ **Minro Subdivision**

☐ **Village Board**

☐ **Number of Lots**

☐ **Lot Line Change**

☐ **Site Plan** ☐ **Amended**

☐ **Conditional Use**

Project Name:_____ __

Tax Map Designation:

Section: _____ Block: _____ Lot: _____

Section: _____ Block: _____ Lot: _____

Location: _____

Acreage of Parcel: _____ **Zoning District** :_____

Sewer District: _____ **Public-** _____

Water: _____ **Public-** _____

PROJECT NARRATIVE

Date: _____

Project Name: **SBL**

Narrative prepared by: _____

IF SUBDIVISION:

I) Are any waivers being requested from the Subdivision Regulations?

2.) Is any variance from the subdivision regulations required?

If so, describe

3.) Is any open space being offered? If so, what amount?

4.) Is this a standard or average density subdivision?

5.) Will Average Density be requested?

IF SITE PLAN:

Will a **special permit** be required and what will the property be used for:

If so, has an application been submitted to the Village Board

Are there **slopes greater than 25%?** If yes, please indicate the amount and show the gross and net area on maps.

Are there **streams** on the site?

Are there **wetlands** on the site?

Are there any variances required?

Project History: Has this project ever been reviewed before?

If so, provide a narrative, including the case number, Section, Block and Lot number, name, date, and the Board (s) you appeared before.

List all contiguous holdings in the same ownership as the owner of record: (use tax Map Designation- Section, Block and Lot#)

List all contiguous holdings in the same ownership as the applicant: (use tax map designation)

Applicant: _____

Address: _____

State_____ Zip Code: _____

Property Owner: _____

Address: _____

State_____ Zip Code: _____

Phone: _____

Engineer: _____

Address: _____

State: _____ Zip Code: _____

Phone: _____

Architect: _____

Address: _____

State: _____ Zip Code: _____

Phone: _____

Surveyor: _____

Address: _____

State: _____ Zip Code: _____

Phone: _____

Attorney: _____

Address: _____

State: _____ Zip Code: _____

Phone: _____

I wish that all correspondence, meeting notices, decision, etc. from your office relative to the above application be sent to:

Contact Person: _____

Address: _____

_____

APPLICANT'S SIGNATURE

Date: _____

Note to Applicant: It will be the responsibility of the contact person designated on this form to notify all other interested parties (for example, attorney, architect, engineer, surveyor, applicant etc.)

To ALL APPLICANTS - You MUST SEND COPIES OF APPLICATIONS AND PLANS TO:

Mr. Joseph Nash
Regional Manager
Orange and Rockland Utilities
75 West Route 59
Spring Valley, NY 10977

I will have informed Orange and Rockland after preliminary approval
(Date)

_____
Signature

_____
Date

FOR OFFICE USE ONLY

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 K, L, M, AND N.

_____State or County Road
_____Long Path
_____Municipal Boundary
_____State or County Park
_____County Stream
_____County Facility

List name(s) of facility checked above. **NYS Road- Route 9W**
Referral Agencies: If **property is directly adjacent to or within 500 feet**

- ☐ RC Highway Department
- ☐ RC Drainage Agency
- ☐ RC Soil and Water Cons. Dist.
- ☐ NYS Dept. of Transportation
- ☐ NYS Thruway Authority
- ☐ Adjacent Municipality
- ☐ RC Park Commission
- ☐ RC Environmental Management Council
- ☐ RC Dept. of Environmental Health
- ☐ NYS Dept. of Environmental Conservation
- ☐ Palisades Interstate Park Comm.

Applicant's Signature and Certification

State of New York)
County of Rockland) SS.:
Village of _____

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

_____

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 application submitted to the Planning Board do hereby give permission to members of said board to visit the property in question at a reasonable time during the day.

_____
Owner/Applicant

SWORN to before this
_____day of _____ ,20___

_____
Notary Public

(To be completed by Applicant)

Affidavit of Ownership/Owner's Consent

State of New York)
County of Rockland) SS.:
Village of Haverstraw)

I _____ being duly sworn, hereby depose and say that I reside at .....
in the county of_____ in the state of _____ _
I am the (* owner in 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, Date: _____. 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 statements 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 than 5% of any class of stock.

AFFIDAVIT

State of New York)
County of Rockland) SS.:
Village of Haverstraw _____ _,

I, _____ being duly sworn deposes and says that he is the applicant, agent or attorney for applicant, in the matter of the petition before the Planning Board in the Village of Haverstraw affecting property located at _____ __,Rockland County, New York.

That the following are all of the owners of property adjoining and across street to the premises as to which this application is being taken. **Names must be obtained from the Assessor's office.** (attach additional sheet if more room is needed)

SECTION/BLOCK/LOT	NAME	ADDRESS

SWORN to before this

_____day of _____ □ 20___ _

_____
Notary Public

_____
Assessor's Signature

Reimbursement for Professional Consulting Services

The Villages Building Inspector, Planning Board, Zoning Board of Appeals and Village Board of Trustees, in the review of any application or petition described above, may refer any such application or petition 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 or petition 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 Town for the cost of such consultant services upon receipt of the bill. Such reimbursement shall be made prior to final action on the application or petition.

Site Plans and Subdivision Plat Mylars will not be signed until bills are paid in full.

_____

Applicant

SWORN to before this

_____ day of _____ __. 20___ _

_____

Notary Public

INTEREST STATEMENT

(To be completed by Applicant)

If any State, County or Village of Haverstraw or employee has any interest in this property, state that persons' name and address, and nature and extent of interest (if none, state such: _____

_____

_____

STATE OF NEW YORK)
)
COUNTY OF ROCKLAND)

Sworn to before me this _____day of _____,20 __ _

_____ _____

Notary Public Applicants Signature

AFFIDAVIT OF OWNERSHIP AND TRUTHFULNESS

(To be completed by PROPERTY OWNER)

_____ being duly sworn, deposes and says that he/she resided at _____, in _____ in the County of _____ _, State of _____, that he/she is owner in fee of all that certain lot, piece or parcel of land subject of this application, which land is situated, lying and being in the Village of Haverstraw and that the statements of fact contained in this application are true and also authorize applicant to file this application (If Applicable)

STATE OF NEW YORK)
) SS:
COUNTY OF ROCKLAND)

Sworn to before me this _____day of _____,20 ____

_____ _____

Notary Public Owners Signature

*** NOTE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW***

Affidavit Pursuant to Section 809 of the General Municipal Law

State of New York)
County of Rockland) SS.:
Village of Haverstraw

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 is owner or agent of all that certain lot, piece or parcel ofland and/or building described in this application and if not the owner that he 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 below set forth:

2. To the _____ of the Village of Haverstraw
(Board, Commission or Agency)

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 or Official Map or change thereof;
- ☐ Other *(explain)*

_____

_____

To permit construction, maintenance and use of _____ __

_____

3. Premises affected are in _____ zone and from the town of _____tax map, the property is known as Section _____Block _____, Lot(s) _____

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 ew 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. That 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 Village of Haverstraw
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 ownership: A list of all directors, officers and stockholders of each corporation owning more than five (5%) percent of any class of stock, 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/Village of

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.

Mailing Address: _____

_____

_____

SWORN to before this ___ day of
_____ __,20 ____

_____

Notary

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 and 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, f.a.r., etc)