VILLAGE OF UPPER NYACK ZONING BOARD OF APPEALS

boardsecretary@uppernyack-ny.us | 845-358-0084

APPLICATION PACKET

USE THIS FORM FOR:

- 1. Area Variance Applications (Upper Nyack Zoning Law §12.3.3.2)
- 2. Use Variance Applications (Upper Nyack Zoning Law §12.3.3.1)
- 3. Interpretation Requests/Appeals (Upper Nyack Zoning Law §12.3.1 and §12.3.2)

APPLICATION PACKET CONTENTS

1.	Submission Checklist	2
2.	Land Use Board Contact Form	3
	Zoning Board of Appeals Application Form	
	GML 809 Statement	
	GML 239 Referral Form	
	Public Hearing Notice Requirements	

SUBMITTAL REQUIREMENTS

SUBMIT <u>TWO (2)</u> COMPLETE SETS OF APPLICATION MATERIALS TO THE ZONING INSPECTOR FOR A COMPLETENESS DETERMINATION. FOLLOWING THE COMPLETENESS DETERMINATION, THE ZONING INSPECTOR WILL ADVISE ABOUT THE REQUIREMENTS FOR THE FULL SUBMISSION TO THE ZONING BOARD OF APPEALS

ALL PLANS MUST BE COLLATED, STAPLED & FOLDED WITH THE TITLE BLOCK SHOWING. PLANS THAT DO NOT MEET THESE REQUIREMENTS WILL BE REJECTED.

FOR THE ZONING BOARD OF APPEALS SUBMISSION FOLLOWING DETERMINATION OF COMPLETENESS BY THE ZONING INSPECTOR, SUBMIT A PDF OF THE APPLICATION FORM, PROJECT NARRATIVE, PROJECT PLANS AND ANY ADDITIONAL SUPPORTING INFORMATION. SEE SUBMISSION CHECKLIST IN THIS PACKET FOR MORE INFORMATION.

SUBMISSION CHECKLIST ZONING BOARD OF APPEALS APPLICATION

Submit Two (2) complete sets of application materials to the Zoning Inspector for a completeness determination.

ALL PLANS <u>MUST</u> BE COLLATED, STAPLED & FOLDED WITH THE TITLE BLOCK SHOWING PLANS THAT ARE NOT COLLATED, STAPLED & FOLDED WILL BE REJECTED

INCLUDED	WAIVER REQUESTED	DESCRIPTION	# OF COPIES FOR ZBA SUBMISSION (TO BE COMPLETED BY ZONING INSPECTOR)
		A completed Submission Checklist (this form)	
		A completed Contact Form	
		Application Fee- See Village of Upper Nyack Fee Schedule Notice Sign Fee- See Village of Upper Nyack Fee Schedule	
		Copy of deed to present owner of property. Agents/contract vendees must have written authorization from the owner.	
		General Municipal Law Section 809 Disclosure Form	
		Rockland County Department of Planning Referral Form for General Municipal Law Referrals, if applicable.	
		* A completed Application Form	
	Check here for Type II Actions	* For applications other than those pertaining to a 1, 2 or 3-family residence: (i) a Short Environmental Assessment Form, part 1 for SEQRA Unlisted Actions; (ii) a full Environmental Assessment Form, part 1 for SEQRA Type I Actions; or (iii) a written description regarding why the applicant believes the application qualifies as a Type II action under SEQRA (may be included in project narrative). EAFs available at NYS DEC website: https://www.dec.ny.gov/permits/6191.html	
		* A copy of the Zoning Inspector's decision appealed from or citing the need for the variances.	
		* A descriptive project narrative in the form of a cover letter or separate narrative. The narrative must include, at a minimum, basic information about the property, including, but not limited to, where it is located, the existing improvements on the property, the proposed improvements, a description of the variances requested and whether approvals from other Village land use boards or other governmental agencies will be required.	
		*FOR USE VARIANCE APPLICATIONS ONLY: Competent financial evidence that the applicant cannot realize a reasonable return on the subject property for any permitted use.	
		* Site plan showing, at a minimum, the current and proposed improvements on the Property and, if an Area Variance is requested, the need for such variance should be indicated in the Zoning Compliance Table and the dimension of the variance must be shown on the plan.	
		* An existing conditions plan or current survey showing all improvements on the Property prepared by a licensed land surveyor.	

A PDF COPY OF ALL APPLICATION MATERIALS MARKED WITH AN * ABOVE COMBINED AS ONE PDF MUST BE SUBMITTED BY ELECTRONIC MAIL TO boardsecretary@uppernyack-ny.us. THE PDF FILE NAME SHOULD REFERENCE THE ANTICIPATED MEETING DATE, PROPERTY ADDRESS AND BOARD (i.e. 20220420-123 N. BroadwayZBA.pdf).

VILLAGE OF UPPER NYACK LAND USE BOARD CONTACT FORM

Project Name:			
			Zoning District:
Amiliaanti			
Phone #:		Email: _	
Owner:			
Design Professional:			
Design Professional:			
Design Professional:			
Address:			
Attorney:			
Address:Phone #:			
Other Representative (s	necify)		
Phone #:		Fmail:	
1 ΠΟΠΕ π.		Linali	

VILLAGE OF UPPER NYACK ZONING BOARD OF APPEALS APPLICATION FORM

Project Name:				
Applicant Name:				
Section:	Block:	Lot(s):	Zoning District:	
APPLICATION IS F Area Varianc		<u>LL</u> THAT APPLY	():	
Use Variance				
Use Requested	1:			
Interpretation	n/Appeal			
Description of Propose	ed Project:			
Are approvals from the part of this project?			Board or Architectural Review Board required as a	
If yes, describe:				
Have any Planning Bodenied for the Property			Zoning Board of Appeals Approvals been granted _No	or
If yes, list all prior app	orovals and denial	ls?		

FOR AREA VARIANCES ONLY (ALL QUESTIONS MUST BE ANSWERED)

REQUIRED DIMENSION	PROPOSED DIMENSION	EXTENT OF D	EVATIO
DIMENSION			ODE
	DIVIENSION	FROM C Ft/sqft/# as applicable	%
(use additional sheets	if more space is needed		
			of the
	(use additional sheets the applicant is seeking the proposed variance cau	the applicant is seeking to achieve by the grant	applicable

FOR AREA VARIANCES ONLY (ALL QUESTIONS MUST BE ANSWERED)

6.	Can the benefit sought by the applicant be achieved by a means other than the grant of the variance? If no, explain in detail what other alternatives were considered and why such alternative means of accomplishing the benefit sought are not feasible.
7.	Are the requested variances substantial? Explain the anticipated impact of the proposed variances.
8.	Will the grant of the variance have an adverse effect on physical or environmental conditions in the surrounding neighborhood?
9.	Was the zoning law imposing the restrictions from which the variance is requested in place when the current owner purchased the property?
10.	Is the applicant's difficulty self-created? If no, explain why not.
11.	Describe all mitigation measures proposed to buffer or lessen the impacts of the proposed variance.

FOR USE VARIANCES ONLY (ALL QUESTIONS MUST BE ANSWERED)

1.	Describe the proposed use.
2.	Explain why the applicant cannot realize a reasonable return for <u>any</u> of the uses permitted in the Zoning District in which the property is located.
3.	Explain in detail why the alleged hardship relating to the property is unique and does not apply to a substantial portion of the district or neighborhood.
4.	Describe the character of the neighborhood in which the property is located and explain why the grant of the use variance will not alter the essential character of the neighborhood.
5.	Was the objectional regulation in place when the applicant acquired the property? YESNO
6.	Is the applicant's hardship self-created? If no, explain why not.
7.	Describe all mitigation measures proposed to buffer or lessen the impacts of the proposed variance.

FOR INTERPRETATIONS/APPEALS ONLY (ALL QUESTIONS MUST BE ANSWERED)

1.	Summarize determination appealed from.
2.	Describe with particularity the interpretation sought and explain in detail why the applicant believes it to be the correct interpretation of the law.

OWNER-APPLICANT'S CERTIFICATION

l,		, hereby certify that I am the
(*) owner in	the fee simple of premises located
		· ·
dese	cribed in a certain	deed of said premises recorded in the Rockland County Clerk's
Office in Instrument No		
Said premises have been in	n my/its possession	n since
Said premises are also kno	wn and designated	d on the Village of Upper Nyack Tax Map as:
		Lot(s):
	o members of the laft and consultant	Planning Board, Zoning Board of Appeals, Architectural Review as to enter upon the property that is the subject of this application at nable notice.
		Owner Signature:
		Owner Name: Mailing Address:
		Mailing Address:
Sworn to before me this	day of	20
	Notary Publ	ie
	INOTALLY FUOL	10

NON-OWNER APPLICANT SIGNATURE PAGE

NON-OWNER APPLICANT'S CERTIFICATION

I,, hereby certify that I am the applicant herein and that I	make this
I,, hereby certify that I am the applicant herein and that I application with the knowledge, authorization and consent of the owner of the premises. I hereb statements of facts contained in this application, including, but not limited to the contact form, a EAF, project narrative and all plans and other supporting documents are true to the best of my knowledge.	pplication form,
Applicant Signature: Applicant Name: Mailing Address:	
Sworn to before me this day of 20	
Sworn to before the this day or 20	
Notary Public	
CERTIFICATION OF OWNERSHIP/OWNER'S CONSENT	
I,, hereby certify that I am the	
I,, hereby certify that I am the (*) owner in the fee simple of premises located	
at:	
described in a certain deed of said premises recorded in the Rockland Co	unty Clerk's
Office in Instrument No	
Said premises have been in my/its possession since	
Said premises are also known and designated on the Town of Clarkstown Tax Map as: section: block: lot(s):	
I hereby authorize to make this application and I understand that any this application is binding on the Property.	y decision on
I hereby give permission to members of the Planning Board, Zoning Board of Appeals, Architec Board and/or supporting staff and consultants to enter upon the property that is the subject of this a reasonable time during the day upon reasonable notice.	
Owner Signature: Owner Name: Mailing Address:	
Sworn to before me this day of 20	
Notary Public	

VILLAGE OF UPPER NYACK

GENERAL MUNICIPAL LAW 809 STATEMENT

APPLICATION NAME:			
APPEARING BEFORE (CIRCLE	E ALL TH	AT APPLY):	
PLANNING BOARD	1	ARCHITECTURAL REVIEW BOARD	
ZONING BOARD OF APPEALS	I	BOARD OF TRUSTEES	
STATE OF NEW YORK) ss:		
COUNTY OF)		
(deponent name)	ing duly sw	vorn, deposes and says:	
1. Your deponent is over 18 years of	f age and (re	resides at) or (maintains an office at) [circle one]:
officers or employees have an intere	(s llowing statest in the ap	applicants, (c) officer of applicant state office held), (d) partner or principal in appete, county, Town of Clarkstown or Village of Upplicant as defined in General Municipal Law § ce address and the nature and extent of his or he	pper Nyack 809 (for each
Sworn to before me this day o	of		gned)

NEW YORK GENERAL MUNICIPAL LAW

§ 809. DISCLOSURE IN CERTAIN APPLICATIONS

- 1. Every application, petition or request submitted for a variance, amendment, change of zoning, approval of a plat, exemption from a plat or official map, license or permit, pursuant to the provisions of any ordinance, local law, rule or regulation constituting the zoning and planning regulations of a municipality shall state the name, residence and the nature and extent of the interest of any state officer or any officer or employee of such municipality or of a municipality of which such municipality is a part, in the person, partnership or association making such application, petition or request (hereinafter called the applicant) to the extent known to such applicant.
- 2. For the purpose of this section an officer or employee shall be deemed to have an interest in the applicant when he, his spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them:
 - (a) is the applicant, or
 - (b) is an officer, director, partner or employee of the applicant, or
 - (c) legally or beneficially owns or controls stock of a corporate applicant or is a member of a partnership or association applicant, or
 - (d) is a party to an agreement with such an applicant, express or implied, whereby he may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of such application, petition or request.
- 3. [SECTION OMITTED (applies only in Nassau County)]
- 4. Ownership of less than five per cent of the stock of a corporation whose stock is listed on the New York or American Stock Exchanges shall not constitute an interest for the purposes of this section.
- 5. A person who knowingly and intentionally violates this section shall be guilty of a misdemeanor.

APPLICATION REVIEW FORM

PARTI

Name of Municipality	Date
Please check all tha	t apply:
Planning Board Zoning Board of Appeals* (*Fill out Parts I & II of this form)	Municipal Board Historical Board Architectural Board
Subdivision# of Lots Site Plan Special Permit Conditional Use Zoning Code Amendment Zone Change Variance	Pre-preliminary/Sketch Preliminary Final
Project Name:	
Tax Map Designation:	
SectionBlock	
SectionBlock	Lot(s)
Location: On the side of	
feet of	in the
town/village of	·
Street Address:	
Acreage of Parcel	
School District	
Fire District	Ambulance District
Water District	Sewer District
Project Description: (If additional space required, pleas	re attach a narrative summary.)

APPLICATION REVIEW FORM

If subdivi	sion	ı:					
	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 pla	n:						
	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.							
Environn	nent	al 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?							
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.							
000000000000000000000000000000000000000							
	-	ection, block & lot numbers for all other abutting properties in the same this project.					

APPLICATION REVIEW FORM

Contact Informat	ion:				
Applicant:	Phone #				
Address					
	Street Name & Number	(Post Office)	State	Zip code	
Property Owner:			_Phone	#	
Address					
	Street Name & Number	(Post Office)	State	Zip code	
Engineer/Architect	/Surveyor:		_Phone	#	
Address				•	
	Street Name & Number	(Post Office)	State	Zip code	
Attorney:			Phone	#	
	Street Name & Number	(Post Office)	State	Zip code	
Contact Person:			Phone	#	
				· · · · · · · · · · · · · · · · · · ·	
radiess	Street Name & Number	(Post Office)	State	Zip code	
PLANNING UN State or C Long Path	ider the State General Munic	BY THE ROCKLAND COUNTY COMMISSIONER OF CIPAL LAW, SECTIONS 239 L, M, N, AND NN. State or County Park County Stream County Facility			
List name(s) of fac	ility checked above.				
Referral Agencies: (Please make sure that the appropriate agencies as needed received copies of your application and plans for their review.) RC Highway Department RC Division of Environmental Resources RC Drainage Agency RC Dept. of Health NYS Dept. of Transportation NYS Dept. of Environmental Conservation NYS Thruway Authority Palisades Interstate Park Comm. Adjacent Municipality					
-					
_Other					

**All applicants must send copies of their applications and plans to:
Orange and Rockland, Regional manager, 75 West Route 59, Spring Valley, NY 10997.

PUBLIC HEARING AND LEGAL NOTICE (ZONING LAW §11.5)

The Planning Board, ARB and ZBA are required to hold a public hearing on most of the applications they receive. The Village will cause notice of the hearing to be published in The Journal News at least 5 days before the date of the hearing.

The Applicant is required to provide notice of the public hearing as follows:

NEIGHBOR MAILING: The Applicant must mail the hearing notice to all owners of property located within 200 feet of the property that is the subject of the application (including properties within 200 feet of the subject property and located outside of the Village, if applicable). The Secretary to the Land Use Boards will provide the notice and the list of adjoining property owners to the Applicant. The notice must be sent by U.S. First Class Mail with a Certificate of Mailing at least 5 days before the public hearing. At least 2 business days before the public hearing, the Applicant must file proof of mailing of such notice with the the Secretary to the Land Use Boards, which shall consist of: (i) a completed United States Postal Service Certificate of Mailing; (ii) an affidavit of mailing stating the date the notice was mailed and the names and addresses of the persons served with the notice; and (iii) all envelopes that were returned to the Applicant as undeliverable prior to the hearing. Unless otherwise directed, the notice mailing need only be completed prior to the first session of the public hearing before the board; no additional notice mailing is required if the hearing is adjourned to a subsequent meeting.

NOTICE SIGNS: The Applicant must post two notice signs provided by the Secretary to the Land Use Boards on the lot which is the subject of the application **at least 5 days before the public hearing** and must maintain the posted sign(s) in place until the applicable Board has rendered its final decision on the application. The sign(s) must be posted not more than 10 feet from each boundary of the lot that abuts a public street and must be visible to the public. The bottom edge of each sign so erected must be approximately 14 inches (but not more than 36 inches) above the ground. If the subject property abuts more than one road, additional signs shall be posted facing each public street on which the property abuts. If the property does not abut a public street, the Zoning Inspector will advise as to where the notice signs should be posted.