

SUBMISSION CHECKLIST

PLANNING BOARD APPLICATIONS

Submit **Two (2)** complete sets of application materials to the Zoning Inspector for a completeness determination.
ALL PLANS MUST 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 PB SUBMISSION (ZONING INSPECTOR TO COMPLETE)
✓		A completed Submission Checklist (this form)	
✓		A completed Contact Form	
✓		* A completed Application Form	
✓	Indicate here if the action is Type II <input type="checkbox"/>	* 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. EAFs available at NYS DEC website: https://www.dec.ny.gov/permits/6191.html	
✓		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 descriptive project narrative. See sample at the end of Planning Board Application Packet. For special use permit applications, the project narrative must address how the application complies with the generally applicable Special Use Permit Standards (Zoning Law §9.5) and any use specific standards (Zoning Law §9.6).	
✓		Application fee payable to Village of Upper Nyack. See Village Fee Schedule Notice sign deposit. See Village Fee Schedule	
✓		* Site plan meeting the requirements of Zoning Law §10.5. See checklist in this packet; submit completed Site Plan Checklist with Submission. For special use permit renewal applications where no site changes are proposed and the site improvements comply with the previously approved site plan, the applicant may submit a copy of the previously approved site plan bearing the Planning Board Chair's signature in lieu of new plans. A site plan meeting the requirements of Zoning Law §10.5 is not required for Tree Removal Permit applications. For Tree Removal Permit applications a replanting plan shall be provided.	
	✓	* An existing conditions plan or current survey showing all improvements on the Property prepared by a licensed land surveyor Not required for special use permit renewal applications if no site changes are proposed and the site is in compliance with the previously approved Site Plan For Tree Removal Permit Applications- The existing conditions plan or survey should identify regulated trees to be removed and regulated trees to remain.	
	✓	A Stormwater Pollution Prevention Plan (SWPPP), where required- See Village of Upper Nyack Stormwater Management Law, Upper Nyack Local Law #4 of 2022.	

***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. WHERE APPLICABLE A PDF COPY OF THE SWPPP MUST BE PROVIDED AS A SEPARATE PDF THE PDF FILE NAMES SHOULD REFERENCE THE ANTICIPATED MEETING DATE, PROPERTY ADDRESS AND BOARD (i.e. 20220420-123 N. BroadwayPB.pdf).**

VILLAGE OF UPPER NYACK
LAND USE BOARD CONTACT FORM

Project Name: SPECIAL PERMIT FOR DEMAN MOTORSPORT

Project Street Address: 530 N HIGHLAND AV

Section: 59.12 Block: 1 Lot(s): 2917 Zoning District: OB

Applicant: ROBERT SILARSKI AIA o/b/o DEMAN MOTORSPORT

Address:  S&Co. | Architecture + Design
41A North Broadway


Phone #: 845.558.1516 Email: ROBS@SCOARCH.COM
Nyack NY 10960

Owner: 4-5 MOTORSPORT LLC

Address: 506 N. BROADWAY UPPER NYACK NY 10960

Phone #: 914 715 6022 Email: RICK@DEMANMOTORSPORT.COM

Design Professional: ROBERT SILARSKI AIA

Address:  S&Co. | Architecture + Design
41A North Broadway

Phone #: 845.558.1516 Email: ROBS@SCOARCH.COM
Nyack NY 10960

Design Professional. _____

Address: _____

Phone #: _____ Email. _____

Design Professional. _____

Address. _____

Phone #: _____ Email. _____

Attorney: _____

Address. _____

Phone #: _____ Email. _____

Other Representative (specify) _____

Address. _____

Phone #: _____ Email. _____

VILLAGE OF UPPER NYACK
PLANNING BOARD APPLICATION FORM

Project Name: SPECIAL PERMIT FOR DEMAN MOTORSPORT
Applicant Name: ROBERT SILARSKI AIA o/b/o DEMAN MOTORSPORT
Project Street Address: 530 N. HIGHLAND AV
Section: 59.12 Block: 1 Lot(s): 2,17 Zoning District: OB

Application is for (check all that apply):

- Site Plan Approval
- ARB referral required (Required when new buildings are proposed or existing buildings will be altered)
- Special Use Permit Approval (Specify Use: MOTOR VEHICLE SERVICE FACILITY)
- New Special Use Permit
- Modification to Existing Special Use Permit
(Specify use and date granted. _____, Narrative must describe change)
- Renewal of Special Use Permit
(Specify use and date granted. _____, Narrative must confirm compliance with requirements and conditions)
- Tree Removal Permit

Description of Proposed Project:

REQUEST FOR SPECIAL PERMIT TO ALLOW USE AS MOTOR VEHICLE SERVICE FACILITY

Are approvals from the Village of Upper Nyack Architectural Review Board or Zoning Board of Appeals required as a part of this project? Yes No

If yes, describe:

Have any Planning Board, Architectural Review Board or Zoning Board of Appeals Approvals been granted or denied for the Property in the past 10 years? Yes No

If yes, list all prior approvals and denials?

NON-OWNER APPLICANT SIGNATURE PAGE

NON-OWNER APPLICANT'S CERTIFICATION

I, ROBERT SLARSKI AIA, hereby certify that I am the applicant herein and that I make this application with the knowledge, authorization and consent of the owner of the premises. I hereby certify that the statements of facts contained in this application, including, but not limited to the contact form, application form, EAF, project narrative and all plans and other supporting documents are true to the best of my knowledge and belief.

Applicant Signature: [Signature]
Applicant Name: ROBERT SLARSKI AIA
Mailing Address: S&Co. | Architecture + Design
41A North Broadway
Nyack NY 10960

Sworn to before me this 15 day of Nov 2022
[Signature]
Notary Public

BARBARA B. KUNAR
Notary Public, State of New York
No. 01KU6061272
Qualified in Rockland County
Commission Expires July 16, 2023

CERTIFICATION OF OWNERSHIP/OWNER'S CONSENT

I, RICHARD DEMAN, hereby certify that I am the (*) owner in the fee simple of premises located at: 530 ROUTE 9W UPPER NYACK NY

described in a certain deed of said premises recorded in the Rockland County Clerk's Office in Instrument No. 2022-00038684

Said premises have been in my/its possession since 2022

Said premises are also known and designated on the Town of Clarkstown Tax Map as section. 57.12 block: 1 lot(s): 2 & 17

I hereby authorize ROBERT SLARSKI AIA to make this application and I understand that any decision on this application is binding on the Property

I hereby give permission to members of the Planning Board, Zoning Board of Appeals, Architectural Review Board and/or supporting staff and consultants to enter upon the property that is the subject of this application at a reasonable time during the day upon reasonable notice.

Owner Signature: [Signature]
Owner Name: Richard DeMan
Mailing Address: 506 N. Broadway
UPPER NYACK, NY 10960

Sworn to before me this 7th day of November 2022
[Signature]
Notary Public

WILSON VASQUEZ
Notary Public, State of New York
No. 01VA6037921
Qualified in New York County
Commission Expires February 28, 2023
Planning Board Application (v.1 08-30-2022)

VILLAGE OF UPPER NYACK

GENERAL MUNICIPAL LAW 809 STATEMENT

APPLICATION NAME. SPECIAL PERMIT FOR DEMAN MOTORSPORT

APPEARING BEFORE (CIRCLE ALL THAT APPLY):

- PLANNING BOARD | ARCHITECTURAL REVIEW BOARD
- ZONING BOARD OF APPEALS | BOARD OF TRUSTEES

STATE OF NEW YORK) ss

COUNTY OF ROCKLAND)

ROBERT SILARSKI AIA, being duly sworn, deposes and says:
(deponent name)

1 Your deponent is over 18 years of age and (resides at) or (maintains an office at) [circle one]:

41 A N BROADWAY NYACK NY 10966

2. Deponent is the (a) applicant, (b) one of the applicants, (c) officer of applicant

ARCHITECT (state office held), (d) partner or principal in applicant. [circle applicable status]


3 To deponent's knowledge, the following state, county, Town of Clarkstown or Village of Upper Nyack officers or employees have an interest in the applicant as defined in General Municipal Law § 809 (for each person identified state his or her name, residence address and the nature and extent of his or her interest in the applicant; if none, so state):

- NONE -

[Signature] (Signed)

Sworn to before me this 15 day of NOV 2022

[Signature]
Notary Public

 BARBARA B. KUNAR
Notary Public, State of New York
No. 01KU0061272
Qualified in Rockland County
Commission Expires July 16, 2023

APPLICATION REVIEW FORM

PART I

Name of Municipality VILLAGE OF UPPER NYACK Date 11/11/22

Please check all that apply

<input checked="" type="checkbox"/> Planning Board	<input type="checkbox"/> Municipal Board
<input type="checkbox"/> Zoning Board of Appeals* (*Fill out Parts I & II of this form)	<input type="checkbox"/> Historical Board
<input type="checkbox"/> Subdivision _____ # of Lots _____	<input type="checkbox"/> Architectural Board
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Pre-preliminary/Sketch
<input checked="" type="checkbox"/> Special Permit	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Final
<input type="checkbox"/> Zoning Code Amendment	
<input type="checkbox"/> Zone Change	
<input type="checkbox"/> Variance	

Project Name: SPECIAL PERMIT FOR DEMAN MOTORSPORT

Tax Map Designation.

Section 5912 Block 1 Lot(s) 2 & 17
Section _____ Block _____ Lot(s) _____

Location On the WEST side of N HIGHLAND AV,
885 feet NORTH of CHRISTIAN HERALD ROAD in the
town/village of UPPER NYACK

Street Address 530 N HIGHLAND AV

Acreage of Parcel 1.51 Zoning District OB

School District NYACK FREE UNION Postal District NYACK

Fire District NYACK Ambulance District NCAC

Water District VEOLIA Sewer District RC #1

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

SPECIAL PERMIT FOR USE AS MOTOR VEHICLE SERVICE FACILITY

APPLICATION REVIEW FORM

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

MOTOR VEHICLE SERVICE FACILITY

Environmental Constraints:

Are there **slopes greater than 25%**? If yes, please indicate the amount and show the gross and net area. YES / 65,004 GSF, 27,100 NSF

Are there **streams** on the site? If yes, please provide the names. NO

Are there **wetlands** on the site? If yes, please provide the names and type. NO

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.

- NONE -

APPLICATION REVIEW FORM

Contact Information:

Applicant: ROBERT SILARSKI AIA / S&C DESIGN 41A DEMAN MOTORSPORT Phone # 845 558 1516

Address: S&C 4 A North Broadway
Street Name & Number (Post Office) State Zip code
Nyack NY 10960

Property Owner: 4-5 MOTORSPORT LLC Phone # 914 715 6022

Address: 506 N. BROADWAY UPPER NYACK NY 10960
Street Name & Number (Post Office) State Zip code

Engineer/Architect/Surveyor: S&C Architecture + Design Phone # 845 558 1516

Address: S&C 41A North Broadway
Street Name (Post Office) State Zip code
Nyack NY 10960

Attorney: _____ Phone # _____

Address: _____
Street Name & Number (Post Office) State Zip code

Contact Person: ROBERT SILARSKI AIA Phone # 845 558 1516

Address: _____
Street Name & Number (Post Office) State Zip code

General Municipal Law Review: TO BE COMPLETED BY VILLAGE

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 *(Please make sure that the appropriate agencies as needed received copies of your application and plans for their review.)*

- | | |
|--|--|
| <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 Comm. |
| <input type="checkbox"/> Adjacent Municipality _____ | |
| <input type="checkbox"/> 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

SITE PLAN CHECKLIST

(check as applicable)			Minimum Site Plan Element (Zoning Law §10.5)
Included	Not Included	Waiver Requested*	
✓			A set of multiple sheets of plans shall include a title page depicting an area map at a scale not exceeding 1" = 1000', the title of the application, identification of the design professional(s) preparing plans that make up the plan set, and a list of the names, preparer, original date and last revision date of all plans in the plan set.
✓			The stamp and signature of the professional engineer, registered architect, licensed land surveyor or other qualified professional responsible for the preparation of the Site Plan.
✓			Title of the project.
✓			The property address, tax identification number, applicant name and owner name.
✓			North arrow, scale, which shall be no smaller than 1"=20', and date.
✓			Location map at a scale not exceeding 1" = 1000'
✓			Dimensions with metes and bounds of the Lot.
✓			Landscaping meeting the requirements of Zoning Law §10.6.14.
✓			Existing and proposed Building Height (including height calculations), the elevation of each floor and the Grade Plane elevation.
✓			Ingress and egress, required and proposed, including, but not limited to the location, grade and width of the proposed Streets and driveways.
✓			Location, dimension, & number of Parking Areas, Loading Spaces, fire lanes & traffic aisles
✓			Dimensions, locations and setbacks from all Lot Lines of all Buildings and Structures, existing and proposed.
✓			Location of all outdoor storage of goods or materials.
✓			Total Floor Area and square footage of each floor of all existing and proposed Buildings.
	✓		Where Buildings are proposed to be divided into units of separate occupancy, detailed breakdowns of all proposed floor space by type of Use and floor level.
✓			Zoning designation of the parcel and the zoning designation of all adjacent parcels.
✓			A zoning compliance table [SEE MODEL TABLE IN THIS PACKET]
✓			Names of all abutting streets and names of all abutting landowners.
✓			Location of existing & proposed utilities (method of water supply, sewage disposal, electric, gas and telecommunications, etc.), drainage, lighting, and erosion control. The applicant shall demonstrate that adequate utility services, including, but not limited to adequate capacity for water and sanitary sewer services are available to serve the project.
✓			Location and dimension of existing and proposed Retaining Walls, Fences, location and sizes of Signs. Top and bottom of wall elevations must be noted at relevant points along the wall.
✓			Existing grade and proposed grading. Existing and proposed contours of the Lot at two-foot intervals. Datum for elevation.
	✓		Where a new driveway is proposed, sight distance analysis from such driveway which is compliant with American Association of State Highway and Transportation Association (AASHTO) Standards or other similar equivalent industry standard.
✓			Elevations of all sides of any proposed Building, Structure or Retaining Wall that is over 3 ft in height.
	✓		Proposed location of all open spaces, including parks, playgrounds and open recreation areas, if applicable.
✓			Proposed drainage facilities (unsized).
	✓		If a Tree Removal Permit is being sought, a Tree Replacement Plan as required by the Village's Tree Preservation Law
	✓		The size and species of all Significant Trees (as defined in the above-referenced Tree Preservation Law) within the area of disturbance, regardless of removal status
✓			Site Plan Notes: See Uniform Notes List

*Explain reason for waiver request in project narrative.