

85 Lafayette Ave.
Suffern, NY 10901
(845) 357-0830
fax 357-0756
e-mail: GreenwellPLS@aol.com

Jay A. Greenwell, PLS, LLC
Land Surveying * Land Planning

TRANSMITTAL

To: Village of Upper Nyack

Attn: Planning Board

Date: 3/29/2022

From: Jay A. Greenwell, PLS

Re: Collins Pool

CC:

Urgent For Review Please Comment Per Your Request FYI

By Mail Via Fax _____ Overnight Mail Hand Delivery

Dear Janet:

In connection with the plans for a proposed in ground pool at 501 North Broadway, please find the following:

- Signed application forms with 2 copies of application
- Copy of Deed into current owner
- Copy of Survey in name of current owner
- 11 copies of site plans
- Copy of Short EAF
- 11 copies of Narrative Summary
- 6 copies of Pool Plans
- REScheck to be submitted subsequently if required
- GML Form
- Check for \$250 application fee

Please advise if you need anything else in connection with this initial submission.

We would appreciate your scheduling this matter for a Planning Board hearing at your earliest convenience. Thank you.

Sincerely,


Jay A. Greenwell, PLS

VILLAGE OF UPPER NYACK
328 NORTH BROADWAY
UPPER NYACK, NY 10960
INCORPORATED 1872
Tel. 845-358-0084 FAX. 845-358-0741
www.uppernyack-ny.us

BUILDING PERMIT APPLICATION FOR
EXTERIOR RENOVATION / NEW CONSTRUCTION
SHEDS OVER 120 SF / DECKS OVER 200 SF
IN GROUND POOLS

Application is hereby made for a Building Permit in conformance with the Zoning Ordinance of the Incorporated Village of Upper Nyack.

Submit the following:

- 2 copies of this application
- 1 copy of deed
- 1 copy of survey in current homeowner's name
- 11 copies of signed and sealed site plan, and submission of plans in pdf format
- 6 copies of elevations and construction plans with details
- 1 copy of Architectural Review Board Finish Schedule
- 1 copy of REScheck Inspection Checklist and Compliance Report for NYS
- 11 copies of signed and sealed landscape plan, if applicable
- General Municipal Law Application, if applicable
- Environmental Assessment Form, if applicable

Further information may be required by the Office of the Building Inspector, as provided by the Zoning Ordinance of the Incorporated Village of Upper Nyack, if such is considered necessary for approval of this application.

Owner(s) Emilio and Kate Collins

Address: 501 North Broadway, Upper Nyack NY 10960

Phone # 201-506-3855 / 917-703-0144

Email Address: ecollins72@gmail.com

Property Address to which permit pertains: 501 North Broadway

PLEASE COMPLETE THE FOLLOWING

Proposed work: Installation of in-ground pool
45" x 20"

Total valuation of work: \$200,000

County Tax ID Number of Property: 60.14-01-07

Zoning District R-2

Zoning: Single Family Two Family _____ Other (specify) _____

Sewage disposal: Public sewers Septic system _____

Distance to nearest stream, river, or waterway 100'

Engineer: ^{SUBMITTER} JAY A. GREENWELL, P.E. Phone # 845-357-0830

Address: 34 WAYNE AVE, SUFFERN, NY 10901

Architect: NA Phone # _____

Address: _____

Contractor Information

General Contractor Oceanview Pool and Patio
Address: P.O. Box 1148, Southport CT 06890
Phone: 203-253-8853

Mechanical Contractor / Plumber Oceanview Pool and Patio
Address: _____
Phone: _____

HVAC Contractor NA
Address: _____
Phone: _____

Electrician Oceanview Pool and Patio
Address: _____
Phone: _____

OFFICE OF THE BUILDING INSPECTOR
INCORPORATED VILLAGE OF UPPER NYACK
PROPERTY OWNER CERTIFICATION

Inc. Village of Upper Nyack
County of Rockland
State of New York

Property Owner: Emilio and Kate Collins

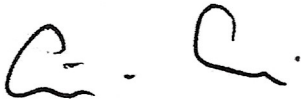
Certifies that he/she resides at 501 North Broadway, Upper Nyack

and that he/she is the owner of all that certain lot, parcel of land and/or building located at

Same

and proposed construction will be performed in accordance with the New York State Building Code; in conformance with the Zoning Ordinance of the Incorporated Village of Upper Nyack; and in accordance with plans and specifications submitted herewith.

Signature



Date

3/28/22

STATEMENT BELOW ONLY TO BE FILLED OUT IN THE EVENT THIS APPLICATION IS MADE BY PERSON OTHER THAN OWNER OF PROPERTY

Inc. Village of Upper Nyack
County of Rockland
State of New York

Agent Name: _____ being duly sworn deposes and says:

That _____ is the owner of the land that is the subject of this permit.
The deponent is duly authorized to make this application by said owner.
That the proposed work is authorized by said owner.

Agent Signature:

Sworn to before me this _____ day of _____ 20____

(Notary Public)

VILLAGE OF UPPER NYACK
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UPPER NYACK, NY 10960
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~~Engineer:~~ ^{SURVEYOR} JAY A. GREENWELL, PLS Phone # 845-357-0830

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OFFICE OF THE BUILDING INSPECTOR
INCORPORATED VILLAGE OF UPPER NYACK
PROPERTY OWNER CERTIFICATION

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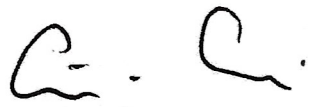
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Date 3/28/22

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County of Rockland
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The deponent is duly authorized to make this application by said owner.
That the proposed work is authorized by said owner.

Agent Signature:

Sworn to before me this _____ day of _____ 20____

(Notary Public)

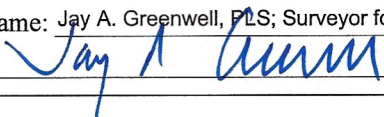
617.20
Appendix B
Short Environmental Assessment Form

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information			
Name of Action or Project: Plot Plan for Proposed Pool -- Collins			
Project Location (describe, and attach a location map): 501 North Broadway, Upper Nyack, NY 10960			
Brief Description of Proposed Action: Applicant desires to construct an in-ground pool at the northeasterly corner of the property, with proposed decking and minor grading .			
Name of Applicant or Sponsor: Emilio and Kate Collins		Telephone: 201-506-3855	
		E-Mail: ecollins72@gmail.com	
Address: 501 North Broadway			
City/PO: Upper Nyack		State: NY	Zip Code: 10960
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input type="checkbox"/>
			YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval: Planning Board--site plan, Arch. Review Board--(possibly)			NO <input type="checkbox"/>
			YES <input checked="" type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		0.15 acres	
b. Total acreage to be physically disturbed?		0.15 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		1.50 acres	
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Parkland			

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: Jay A. Greenwell, PLS; Surveyor for applicant		Date: March 29, 2022
Signature: 		

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept “Have my responses been reasonable considering the scale and context of the proposed action?”

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:	<input type="checkbox"/>	<input type="checkbox"/>
a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.
_____	_____
Name of Lead Agency	Date
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)

PRINT

85 Lafayette Ave.
Suffern, NY 10901
(845) 357-0830
fax 357-0756

Jay A. Greenwell, PLS, LLC
Land Surveying and Land Planning

Collins Narrative Summary

Plot Plan for Proposed Pool

The subject site is known as Tax Lot 60.14-1-7 and consists of 1.5 acres on the east side of North Broadway in the Village of Upper Nyack, in the R-2 zoning district. It lies just opposite the intersection of Old Mountain Road and North Broadway.

The site contains an existing dwelling set well back from the road, with a stream channel running along the front of the driveway in a well-defined stone channel. There are some pockets of steep slopes (> 50%) and the area of the stream channel that reduce the gross lot area from 65,384 sf to 62,307 sf. None of the area of the site that is greater than 50% slope and only 50% of the land in the stream channel contributes to the net.

The site is served by all required utilities, including overhead and partially underground electric / telephone / cable, sewer, gas, and water.

The applicant / owner desires to have an in-ground pool installed near the northeasterly corner of the property, as shown on the plans submitted herewith.

Prepared By Jay A. Greenwell Date 3/29/22

APPLICATION REVIEW FORM

PART I

Name of Municipality VILLAGE OF UPPER NYACK Date 3/29/22

Please check all that apply:

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

Project Name: PLOT PLAN - PROPOSED POOL FOR COLLINS

Tax Map Designation:

Section 60.14 Block 1 Lot(s) 7
Section _____ Block _____ Lot(s) _____

Location: On the EAST side of N. BROADWAY,
OPPOSITE feet _____ of OLD MOUNTAIN RD. in the
town/village of UPPER NYACK

Street Address: 501 N. BROADWAY, UPPER NYACK

Acreage of Parcel 1.50 AC. Zoning District R-2

School District NYACK Postal District 10960

Fire District NYACK Ambulance District NYACK

Water District NYACK Sewer District ORANGETOWN

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

PROPOSED IN-GROUND POOL

APPLICATION REVIEW FORM

If subdivision:

- 1) Is any variance from the subdivision regulations required? NA
- 2) Is any open space being offered? NA If so, what amount? _____
- 3) Is this a standard or average density subdivision? _____

If site plan:

- 1) Existing square footage NA
- 2) Total square footage NA
- 3) Number of dwelling units NA
- POOL*

If **special permit**, list special permit use and what the property will be used for.

NA

Environmental Constraints:

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

Are there **streams** on the site? If yes, please provide the names. UN-NAMED STREAM

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.

NA

APPLICATION REVIEW FORM

Contact Information:

Applicant: EMILIO & KATE COLLINS Phone # 201-506-3855

Address 501 N. BROADWAY UPPER NYACK NY 10960
Street Name & Number (Post Office) State Zip code

Property Owner: SAME Phone # _____

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

Engineer/Architect/Surveyor JAY A. GREENWEL Phone # 845-358-0830

Address 34 WAYNE AVE SUFFERN NY 10901
Street Name & Number (Post Office) State Zip code

Attorney: NA Phone # _____

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

Contact Person: JAY A. GREENWEL Phone # _____

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

General Municipal Law Review:

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 checked="" type="checkbox"/> Municipal Boundary | <input type="checkbox"/> County Facility |

List name(s) of facility checked above. CLARKSTOWN - HUDSON RIVER

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 checked="" 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 checked="" type="checkbox"/> Adjacent Municipality <u>CLARKSTOWN</u> | |
| <input checked="" type="checkbox"/> Other <u>CONSERVATION RESOURCES - NYS</u> | |

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