

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)

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SUBMITTAL REQUIREMENTS

SUBMIT **TWO (2)** 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 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 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: _____

Project Street Address: _____

Section: _____ Block: _____ Lot(s): _____ Zoning District: _____

Applicant: _____

Address: _____

Phone #: _____ Email: _____

Owner: _____

Address: _____

Phone #: _____ Email: _____

Design Professional: _____

Address: _____

Phone #: _____ Email: _____

Design Professional: _____

Address: _____

Phone #: _____ Email: _____

Design Professional: _____

Address: _____

Phone #: _____ Email: _____

Attorney: _____

Address: _____

Phone #: _____ Email: _____

Other Representative (specify) _____

Address: _____

Phone #: _____ Email: _____

**VILLAGE OF UPPER NYACK
ZONING BOARD OF APPEALS APPLICATION FORM**

Project Name: _____

Applicant Name: _____

Project Street Address: _____

Section: _____ Block: _____ Lot(s): _____ Zoning District: _____

APPLICATION IS FOR (CHECK ALL THAT APPLY):

_____ **Area Variance**

_____ **Use Variance**

Use Requested: _____

_____ **Interpretation/Appeal**

Description of Proposed Project:

Are approvals from the Village of Upper Nyack Planning Board or Architectural Review Board 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?

FOR AREA VARIANCES ONLY
(ALL QUESTIONS MUST BE ANSWERED)

1. Describe the improvement for which the variance is needed.

2. Describe the extent of the Variance(s)(use additional sheets if more space is needed).

IMPROVEMENT	REQUIRED DIMENSION	PROPOSED DIMENSION	EXTENT OF DEVIATION FROM CODE	
			Ft/sqft/# as applicable	%

AREA VARIANCE STANDARD
(use additional sheets if more space is needed)

3. Explain the benefit the applicant is seeking to achieve by the grant of the variance.

4. Will the grant of the proposed variance cause an undesirable change in the character of the surrounding neighborhood or cause a detriment to nearby property owners?

5. Explain how the granting of the variance is consistent with the character of the surrounding neighborhood.

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 any 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?

_____ YES _____ NO

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

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 County Clerk's
Office in Instrument No. _____.

Said premises have been in my/its possession since _____.

Said premises are also known and designated on the Village of Upper Nyack Tax Map as:
Section: _____ Block: _____ Lot(s): _____.

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.

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: _____
Owner Name: _____
Mailing Address: _____

Sworn to before me this ____ day of _____ 20__.

_____ Notary Public

NON-OWNER APPLICANT SIGNATURE PAGE

NON-OWNER APPLICANT'S CERTIFICATION

I, _____, 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: _____

Applicant Name: _____

Mailing Address: _____

Sworn to before me this ____ day of _____ 20__.

Notary Public

CERTIFICATION OF OWNERSHIP/OWNER'S CONSENT

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 County 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 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: _____

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 ALL THAT APPLY):

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

STATE OF NEW YORK) ss:

COUNTY OF _____)

_____, 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]:

_____.

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

_____ (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):

_____(Signed)

Sworn to before me this ____ day of _____ 20__.

Notary Public

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

PART I

Name of Municipality _____ Date _____

Please check all that apply:

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

Project Name: _____

Tax Map Designation:

Section _____ Block _____ Lot(s) _____

Section _____ Block _____ Lot(s) _____

Location: On the _____ side of _____,
 _____ feet _____ of _____ in the
 town/village of _____.

Street Address: _____

Acreage of Parcel _____ Zoning District _____

School District _____ Postal District _____

Fire District _____ Ambulance District _____

Water District _____ Sewer District _____

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

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.

Environmental 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.

List tax map section, block & lot numbers for all other abutting properties in the same ownership as this project.

APPLICATION REVIEW FORM

Contact Information:

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 # _____

Address _____

Street Name & Number (Post Office) State Zip code

Contact Person: _____ Phone # _____

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.

_____ State or County Road

_____ State or County Park

_____ Long Path

_____ County Stream

_____ Municipal Boundary

_____ 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.)*

_____ 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.

APPLICATION REVIEW FORM

PART II*

Application before the Zoning Board of Appeals

Application, petition, or request is hereby submitted for:

- ☐ Area Variance from the requirement of Section _____;
- ☐ Use 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 _____

Previous Appeal:

- a. A previous appeal ___ has, or ___ has not, been made with respect to this property.
- b. Such appeal was in the form of:
 - ___ An AREA Variance; or
 - ___ A USE Variance; or
 - ___ Appeal from decision of Town Official or Officer; or
 - ___ Interpretation of the Zoning Ordinance or Map; or
 - ___ Other
- c. The previous appeal described above was appeal number _____,
dated _____ and was _____ (Granted/Denied).

TO ALL APPLICANTS: Complete all relevant information by the section or sections pertaining to your appeal ONLY. You may also include extra pages to supplement this form with a narrative explanation. At the time of the hearing, you must present written documentation in support of all the statements made in this application. You must also substantiate all financial information supplied.

APPLICATION REVIEW FORM

A. AREA VARIANCE *(This section to be completed only for an AREA variance. Use additional pages, if needed.)*

This application seeks a variance from the provisions of Article _____, Section(s) _____. Specifically, the applicant seeks a variance from the requirements from:

Dimension*	Column	Required	Provided

**e.g., front yard, side setback, FAR, etc.*

1. Is the requested variance the minimum necessary to relieve the practical difficulty or economic injury? _____

Describe: _____

2. Is the variance substantial in relation to the zoning code? _____

Explain: _____

3. Will a substantial change be produced in the character of the neighborhood, or a substantial detriment to adjoining property owners be created, if this variance is granted? _____

Explain: _____

4. Can the alleged practical difficulty or economic injury be overcome by some method other than a variance? _____

Explain: _____

APPLICATION REVIEW FORM

5. Will the granting of this variance affect the health, safety, or welfare of the neighborhood or community? _____

Explain: _____

6. Will there be any affect on governmental facilities or services if this variance is granted? _____

Describe: _____

7. Other factors I/we wish the Board to consider in this case are _____

B. USE VARIANCE *(This section to be completed only for a USE variance. Use additional pages, if needed.)*

1. This property cannot be used for any uses currently permitted in this zone because: _____

2. The problem with this property is due to unique circumstances and not to the general conditions of the neighborhood in that: _____

3. The use requested by this variance will not alter the essential character of the neighborhood in that: _____

4. The amount paid for the entire parcel was: _____

5. The date of purchase of the property was: _____

6. The present value of the entire property is: _____

7. The monthly expenses attributed to normal and usual maintenance of the property are: _____

8. The annual taxes on the property are: _____

APPLICATION REVIEW FORM

9. The current income from the property is: _____

10. The amount of mortgages and other encumbrances on the property in question is:

- a. Date of mortgage: _____
- b. Scheduled maturity (payoff) date: _____
- c. Present monthly payment amount: _____
- d. Current principal balance: _____
- e. Current interest rate: _____

11. Other factors I/we wish the Board to consider in this case are:

C. APPEAL OF DECISION OF BUILDING INSPECTOR *(This section to be completed for an appeal, only. Use additional pages, if needed.)*

1. Name and position of official making the decision:

2. Nature of decision:

3. The decision described above is hereby appealed because:

D. INTERPRETATION OF ZONING CODE *(This section to be completed for an interpretation, only. Use additional pages, if needed.)*

1. Section(s) to be interpreted: _____

2. An interpretation of the Zoning Code is requested because:

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