VILLAGE OF WEST HAVERSTRAW ZONING BOARD OF APPEALS
130 SAMSONDALE AVENUE, WEST HAVERSTRAW, NY 10993
(845) 947-2800 PHONE

Adaris Ortiz – Clerk to the Board

APPLICATION TO THE VILLAGE OF WEST HAVERSTRAW ZONING BOARD OF APPEALS

INSTRUCTIONS

Please forward the following to the Zoning Board of Appeals:

1. One original application **fully completed** and notarized plus nineteen **(19) copies**
2. Application fee of $_____, (to be determined by clerk, per Village Fee Schedule) check made payable to the Village of West Haverstraw
3. **Twenty** plot plans/surveys drawn to scale showing the property in question **(Completed Bulk Table is required on all submissions)**
4. Copy of decision or order of administrative official on which appeal is based (This only pertains to applicants who are asking for a review of an administrative decision)
5. Any details that will help the Board judge your case – Statements from neighboring property owners, building plans, map of area, etc.
6. Affidavit of Disclosure pursuant to Section 809 of the General Municipal Law
7. Consent form to visit property
8. Reimbursement form

PLEASE NOTE:
*You must return 20 complete sets (one original and nineteen copies) to the Zoning Board Clerk **three weeks before** the next scheduled meeting date in order to be placed on the agenda. The Zoning Board of Appeals meets the second Wednesday of the month at 7:00 p.m.*

FOR THE WORKSHOPS AND MEETINGS:
You must be prepared to make all presentations on a computer/projector. Please have a laptop or a flash drive that can connect to a laptop with any maps, site plans, surveys, etc.

VILLAGE OF WEST HAVERSTRAW ZONING BOARD OF APPEALS

130 SAMSONDALE AVENUE
WEST HAVERSTRAW, NY 10993

RECEIVED (DATE) _____ - _____ - _____

CLERK SIGNATURE _____

Applicant Name: _____ Day No._____

Address: _____ Evening No._____

_____

Attorney: _____ Phone No._____

Address: _____

_____

TO THE ZONING BOARD OF APPEALS:

Appeal is hereby taken and/or Application is used for:

- ☐ Variance from the requirement of Section 250-18
- ☐ Special Permit per the requirements of Section 250-75 (C)
- ☐ Review of an Administrative decision of the Building Inspector
- ☐ An order to issue a Building Permit
- ☐ An interpretation of the Zoning Law
- ☐ Certification of an existing non-conforming structure or use
- ☐ Other (explain) _____

Property Use: (Single Family, Two Family, Commercial)_____

To permit construction, maintenance and/or use of: _____

_____

_____

_____

The street address is _____ Zone_____

Premises affected are situated on the _____ side of _____
(N – S – E –W)

and _____ feet _____ from the intersection of _____
(N – S – E – W)

From the Village of West Haverstraw Tax Map, the property is known as:

Section_____Block_____ Lot_____

Has this property ever been denied or granted any approvals for Permits, Special Permits, Zone Changes or Variances from the Village of West Haverstraw?_____ If yes, specify _____

_____

_____

When and Which Board(s)?_____

_____

_____

Is this property within 500 feet of a State or County Park, State of County Stream, State or County Road, Parkway, Village, Town or County Boundary or County owned land?_____

_____

If so, specify which of the above:_____

_____

PLEASE INDICATE ALL VARIANCES NEEDED:

		Required	Provided
☐	Lot Area	_____	_____
☐	Lot Width	_____	_____
☐	Building Coverage	_____	_____
☐	Impervious Lot Coverage	_____	_____
☐	Number of Stories	_____	_____
☐	Height	_____	_____
☐	Front Setback	_____	_____
☐	Side Setback/Total Side Setback	_____	_____
☐	Rear Setback	_____	_____
☐	Rear/Side Yard	_____	_____

VILLAGE OF WEST HAVERSTRAW ZONING BOARD OF APPEALS
130 SAMSONDALE AVENUE
WEST HAVERSTRAW, NY 10993

PART A – AFFIDAVIT OF APPELLANT

STATE OF NEW YORK)
COUNTY OF ROCKLAND) SS
VILLAGE OF WEST HAVERSTRAW)

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

Appellant Signature:_____

Mailing Address:_____

_____

SWORN TO BEFORE ME THIS
_____DAY OF_____ 20___

_____
NOTARY PUBLIC, COUNTY OF ROCKLAND
STATE OF NEW YORK

PART B – AFFIDAVIT OF OWNERSHIP

STATE OF NEW YORK)
COUNTY OF ROCKLAND) SS
VILLAGE OF WEST HAVERSTRAW)

_____ Being duly sworn, deposed and says that he/she resides at
(Owner)

_____ in _____
(Street Address) (City)

County of _____in the State of, that he/she is the owner in fee of all that certain lot, piece or parcel of land situated, lying and being in the Village of West Haverstraw aforesaid and designated as Section_____ Lot_____ Block_____ of the Village of West Haverstraw Tax Map and that hereby authorized the filing of this application on his/her behalf and that the statements of fact contained in said application are true under penalty of perjury.

Owner Signature:_____

Mailing Address:_____

_____

SWORN TO BEFORE ME THIS
_____DAY OF_____ 20___

_____
NOTARY PUBLIC, COUNTY OF ROCKLAND
STATE OF NEW YORK

VILLAGE OF WEST HAVERSTRAW ZONING BOARD OF APPEALS
130 SAMSONDALE AVENUE
WEST HAVERSTRAW, NY 10993

GENERAL MUNICIPAL LAW SECTION 809 AFFIDAVIT

_____, BEING DULY SWORN, DEPOSES AND SAYS, THAT HE/SHE IS THE APPLICANT OR AN OFFICER OF THE APPLICANT CORPORATION, THE APPLICANT'S NAME BEING _____ AND THAT NO OFFICER OR EMPLOYEE OF THE VILLAGE OF WEST HAVERSTRAW IS AN OWNER OF THE PREMISES WHICH ARE THE SUBJECT OF THIS APPLICATION, IS THE APPLICANT OR AN OFFICER, DIRECTOR, PARTNER OR EMPLOYEE OF THE APPLICANT, OR IS LEGALLY OR BENEFICIALLY THE OWNER OR CONTROLS STOCK OF A CORPORATE APPLICANT, OR IS A MEMBER OF A PARTNERSHIP, LIMITED LIABLILITY COMPANY OR ASSOCIATION OF THE APPLICANT, OR IS A PARTY TO AN AGREEMENT WITH SUCH APPLICANT, EXPRESSED OR IMPLIED, WHEREEBY HE/SHE MAY RECEIVE ANY PAYMENT OR OTHER BENEFIT, WHETHER OR NOT FOR SERVICES RENDERED, DEPENDING OR CONTINGENT UPON FAVORABLE APPROVAL OF SUCH APPLICATION, PETITION OR REQUEST, EXCEPT:

_____
_____
_____
_____

Signature:_____

SWORN TO BEFORE ME THIS
_____DAY OF_____ 20___

_____
NOTARY PUBLIC, COUNTY OF ROCKLAND
STATE OF NEW YORK

VILLAGE OF WEST HAVERSTRAW ZONING BOARD OF APPEALS
130 SAMSONDALE AVENUE
WEST HAVERSTRAW, NY 10993

OWNER/APPLICANT'S CONSENT FORM TO VISIT PROPERTY

I, _____, owner/applicant of the property described in application submitted to the Village of West Haverstraw, Planning Board, Zoning Board of Appeals, and/or supporting staff, do hereby give permission to members of said Boards and/or supporting staff to visit the property in question at a reasonable time during the day.

_____
Owner/Applicant Signature

SWORN TO BEFORE ME THIS
_____DAY OF_____ 20___

_____
NOTARY PUBLIC, COUNTY OF ROCKLAND
STATE OF NEW YORK

VILLAGE OF WEST HAVERSTRAW ZONING BOARD OF APPEALS
130 SAMSONDALE AVENUE
WEST HAVERSTRAW, NY 10993

REIMBURSEMENT FOR PROFESSIONAL SERVICES

THE VILLAGE BOARD, PLANNING BOARD AND ZONING BOARD OF APPEALS IN THE REVIEW OF ANY APPLICATION DESCRIBED ABOVE, MAY REFER ANY SUCH APPLICATION PRESENTED TO IT TO SUCH ENGINEERING, PLANNING, ENVIRONMENTAL, LEGAL OR OTHER SUCH CONSULTANT AS SUCH BOARD SHALL DEEM REASONABLY NECESSARY TO ENABLE IT TO REVIEW SUCH APPLICATION 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 VILLAGE FOR THE COST OF SUCH CONSULTANT SERVICES UPON RECEIPT OF THE BILL. SUCH REIMBURSEMENT SHALL BE MADE PRIOR TO FINAL ACTION ON THE APPLICATION.

PERMITS WILL NOT BE ISSUED AND SITE PLANS OR SUBDIVISIONS WILL NOT BE SIGNED UNTIL ALL BILLS ARE PAID IN FULL.

APPLICANT SIGNATURE:_____

BILLING ADDRESS:_____

_____

SWORN TO BEFORE ME THIS
_____DAY OF_____ 20___

_____
NOTARY PUBLIC, COUNTY OF ROCKLAND
STATE OF NEW YORK