

ROCKLAND COUNTY DEPARTMENT OF PLANNING
REFERRAL FORM FOR GENERAL MUNICIPAL LAW REVIEWS

Municipality _____ Date Sent _____

Board _____ Planning _____ ZBA _____ Town/Village _____ Meeting Date _____

File Name _____
Contact Person _____
Address _____

Referral Agencies

(Please indicate the agencies that have also received copies of this application)

- _____ RC Highway Department
_____ RC Division of Environmental Resources
_____ RC Drainage Agency
_____ RC Department of Environmental Health (Sewers, Water, Mosquito Code, Underground Tanks)
_____ RC Sewer District #1
_____ NYS Department of Environmental Conservation
_____ NYS Department of Transportation
_____ NYS Thruway Authority
_____ NY-NJ Trail Conference (Long Path)
_____ Palisades Interstate Park Commission
_____ US Army Corps of Engineers
_____ Cornell Cooperative Extension of Rockland County
_____ Adjacent Municipality _____
_____ Other _____

Pursuant to the General Municipal Law Article 12-B, Section

239 (n) _____ Subdivision

239 (l) & (m): _____ Site Plan _____ Variance _____ Special Permit _____ Zone Change/Amendment
_____ Other - Please list _____

Location of Parcel(s) _____

_____ Acreage of Parcel (s) _____
Existing Sq. Footage _____ Proposed Sq. Footage _____

The Property in Question Lies Within 500 Feet of:

- | | |
|--------------------------------|---|
| _____ County Road | _____ State Road, Thruway, or Parkway |
| _____ County Stream | _____ State Park |
| _____ County Park | _____ Village, Town, or County Boundary |
| _____ County or State Facility | _____ The Long Path |

Map _____ Block _____ Lot(s) _____ Map Date _____
Map _____ Block _____ Lot(s) _____ Current Zoning _____

Brief Project Description _____

Variances Needed (if applicable)	Required	Provided
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICATION REVIEW FORM

PART I

Name of Municipality _____ Date _____

Please check all that apply:

☐ Planning Board	☐ Municipal Board
☐ Zoning Board of Appeals*	☐ Historical Board
☐ (Fill out Part II of this form)	☐ Architectural Board
☐ Subdivision _____ # of Lots _____	☐ Pre-preliminary/Sketch
☐ Site Plan	☐ Preliminary
☐ Special Permit	☐ Final
☐ Conditional Use	
☐ Zoning Code Amendment	
☐ Zone Change	
☐ 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:

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 _____

APPLICATION REVIEW FORM

Applicant's Combined Affidavit and Certification

State of New York)

County of Rockland) ss.:

Town/Village of _____)

_____, being duly sworn, deposes and says:

Applicant's Name

I am the applicant in this matter. I make these statements to induce the Town/Village of _____, its boards, commissions, officers, employees, and consultants, to entertain my application, knowing that the Town/Village will rely upon the statements made herein.

1. Verification of Facts. All statements contained in this application and in all documents, drawings, writings, and other communications submitted in connection with this application are true.

2. Consent to Enter. I 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.

3. Affidavit Pursuant to General Municipal Law Section 809. All the following statements and the statements contained in the papers submitted herewith are true and the nature and extent of any interests set forth are disclosed to the extent that they are known to the applicant.

A. I certify that I am the owner, officer, member or agent of owner, of all that certain lot, piece or parcel of land and/or building described in this application **and if not the owner that he has been duly and properly authorized to make this application and to assume responsibility for the owner** in connection with this application for the relief below set forth:

B. There is no state officer, Rockland County officer or employee or town/village officer or employee nor his or her spouse, brother, sister, parent, child or grandchild, or a spouse of any of these relatives who is the applicant or who has an interest in the person, partnership or association making this application, petition or request, or is an officer, director, partner or employee of the applicant, or that such officer or employee, if this applicant is a corporation, legally or beneficially owns or controls any stock of the applicant in excess of 5% of the total of the corporation if its stock is listed on the New

APPLICATION REVIEW FORM

York or American Stock Exchanges; or is a member or partner of the applicant, if the applicant is an association or a partnership; nor that such town/village officer or employee nor any member of his family in any of the foregoing classes is a party to an agreement with the applicant, express or implied, whereby such officer or employee may receive any payment or other benefit, whether or not for service rendered, which is dependent or contingent upon the favorable approval of this application, petition or request.

C. To the extent that the same is known to your applicant, and to the owner of the subject premises **there is disclosed herewith** the interest of the following officer or employee of the State of New York or the County of Rockland or of the Town/Village of _____ in the petition, request or application or in the property or subject matter to which it relates:

(if none, so state)

- a. Name and address of officer or employee _____
- b. Nature of interest _____
- c. If stockholder, number of shares _____
- d. If officer or partner, nature of office and name of partnership _____
- e. If a spouse or brother, sister, parent, child, grandchild or the spouse of any of these blood relatives of such state, county or town/village officer or employee, state name and address of such relative and nature of relationship to officer and employee and nature and extent of office, interest or participation or association having an interest in such ownership or in any business entity sharing in such ownership. _____

f. In the event of corporate or limited liability company ownership: A list of all directors, officers and stockholders of each corporation or members of each limited liability company owning more than five (5%) percent of any class of stock or more than five (5%) percent beneficial interest, must be attached, if any of these are officers or employees of the State of New York, or of the County of Rockland, or of the Village of Montebello.

D. I do hereby depose and say that all the above statements and statements contained in the papers submitted herewith are true, knowing that a person who knowingly and intentionally violates this section is guilty of a misdemeanor.

APPLICATION REVIEW FORM

Affidavit of Ownership/Owner's Consent

State of New York)
County of Rockland) SS.:
Town/Village of _____)

I, _____ being duly sworn, hereby
depose and say that I reside at: _____

_____ in the county of _____ in the state of _____.

I am the (* _____) owner in fee simple of premises located at:

_____ described in a certain deed of said premises recorded in the Rockland County Clerk's
Office in Liber _____ of conveyances, page _____ or as Instrument ID # _____

Said premises have been in my/its possession since _____. Said premises are also
known and designated on the Town of _____ Tax Map as:
section _____ block _____ lot(s) _____.

I hereby authorize the within application on my behalf, and that the statements of fact
contained in said application are true, and agree to be bound by the determination of the
board.

Owner _____
Mailing Address _____

SWORN to before this
_____ day of _____, 20____

Notary Public

* *If owner is a corporation or LLC, fill in the office held by deponent and name of corporation or LLC, and provide a list of all directors, officers, and stockholders owning more than 5% of any class of stock and all members having greater than 5% beneficial interest.*

Owners of Nearby Properties:

SECTION/BLOCK/LOT	NAME	ADDRESS
-------------------	------	---------

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SWORN to before this

_____ day of _____, 20____

Notary Public

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

4. Reimbursement for Professional Consulting Services. I understand that the Town/Village Board, Planning Board, Zoning Board of Appeals, and other municipal boards, in the review of any application described above, may refer any such application presented to it to such engineering, planning, environmental or other technical 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 town/village and each such consultant for the cost of such consultant services upon receipt of the bill.

***The following two paragraphs are optional to add if your municipality establishes escrow accounts:*

(I agree to establish an escrow account with the Town/Village of _____ from which these consultants' fees will be paid. The escrow account will not draw interest, and will be replenished upon notification by the Town/Village. Any additional sums needed to pay the Town's/Village's consultants shall be paid prior to final action on the application. The Town/Village may suspend processing of the application if there is a deficiency in the escrow account.

Permits will not be issued and site plan or subdivision will not be signed until bill is paid in full. Any sums remaining in the escrow account after the consultants have been paid in full will be returned to the applicant. The applicant has the right to examine escrow and payment records upon prior written notice to the Town/Village.)

Applicant's Signature _____

Print Applicant's Name _____

SWORN to before me this

_____ day of _____, 20____

Notary Public

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:
