

Village of West Haverstraw Site Plan/Subdivision Check-List

Art. XVI, Chapter 250-82

- 1) **1 Fully Completed Site Plan Application plus 15 copies**
- 2) Proper Filing Fee (\$750.00)
- 3) Proper Filing Fee (\$35.00 per parking space – if revision of site plan and parking is not being altered fee does not apply)
- 4) **Sixteen (16) copies of the proposed development plan prepared by a licensed professional engineer or architect with the following information included:**

Chapter 250-82 D

- a) ☐ The names of all owners of record of all adjacent properties.
- b) ☐ Existing zoning boundaries.
- c) ☐ Boundaries of the property, building and setback lines, if different from those required in the zoning provisions of this Chapter, in line of existing streets and lots as shown on the Village's Official Map. Reservations, easements and areas dedicated to public use, if known, shall be shown.
- d) ☐ A violations search for the proposed site development plan.
- e) ☐ A survey showing all lengths, in feet and decimals of a foot, and all angles shall be given to the nearest second or closer if deemed necessary by the surveyor.
- f) ☐ A copy of any covenants or deed restrictions that is intended to cover all or any part of the tract.
- g) ☐ Existing buildings – a drawing showing the location of the existing buildings on all adjacent properties within 10 feet of the adjacent properties.
- h) ☐ Topographic data – existing contours with intervals of two feet or less, referred to a datum satisfactory to the Board.
- i) ☐ The location of existing watercourse, marshes, wooded areas, rock outcrops, single trees with a diameter of six inches or more, measured four feet above the base of the trunk, and other significant existing features.
- j) ☐ The title of the development, date, north point, scale, name and address of the record owner, engineer, architect, land planner or surveyor preparing the site development plan.
- k) ☐ The proposed use or uses of the land and buildings and proposed location of the buildings.
- l) ☐ All means of vehicular access to the land and egress from the site onto public streets.
- m) ☐ The width of streets and sidewalks abutting the lot in question.
- n) ☐ The location and design of any off-street parking areas or loading areas.
- o) ☐ The location of all existing and proposed waterlines, valves, hydrants, grades and pipe size and all sewer lines.
- p) ☐ The proposed location, direction, power and time of proposed outdoor lighting.
- q) ☐ Existing and proposed stormwater drainage system, including culvers. Data shall include depth, grades and pipe size and calculations.
- r) ☐ Proposed electric and telephone lines.
- s) ☐ The location of all uses not requiring a structure.
- t) ☐ The necessary tabulated computations to establish conformity with bulk and density regulations, showing required, proposed and identified variances, if any.
- u) ☐ All proposed lots, easements and public community areas; and all existing and proposed streets with profiles indicating grading and cross sections showing widths of roadways, the location and widths of sidewalks and location and size of utility lines. All lengths shall be in feet and hundredths of foot, and all angles shall be given to the nearest second.
- v) ☐ All proposed grades, including spot elevations.
- w) ☐ The proposed screening and/or landscaping as shown on a planting plan.
- x) ☐ Where the applicant wishes to develop in stages, a site plan indicating ultimate development shall be presented for approval.
- y) ☐ Elevations of all principal and accessory buildings incorporating the design and/or screening of any projection from the roof and a clear indication of material and colors to be utilized on the exterior of any structure.
- z) ☐ The Planning Board may require additional data where it is warranted due to special conditions of the site or complexity of the proposed development.

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

Municipality _____ Date _____

Board _____ Planning _____ ZBA _____ Town/Village _____

Filename _____

Contact Person _____

Address _____

Referral Agencies

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

_____ RC Highway Department

_____ RC Park Commission

_____ RC Environmental Management Council

_____ RC Drainage Agency

_____ RC Department of Environmental Health

_____ RC Sewer District #1

_____ NYS Department of Environmental Conservation

_____ NYS Department of Transportation

_____ NYS Thruway Authority

_____ Palisades Interstate Park Commission

_____ Adjacent Municipality _____

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

Location of Parcel (s) _____

_____ Acreage of Parcel (s) _____

The Property in Question Lies Within 500 Feet of:

___ County Road _____ Village, Town, or County Boundary

___ County Stream _____ State Road, Thruway, or Parkway

___ County or State Park _____ County or State Land or Right-of-way

___ 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	☐ Pre-preliminary/Sketch
☐ Number of Lots	☐ Preliminary
☐ Site Plan	☐ Final
☐ Special Permit	☐ 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 of _____ hamlet/village of _____.

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) Total size of building(s) in square feet _____
- 2) Proposed addition _____
- 3) Number of dwelling units _____

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

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 you appeared before.

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

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

APPLICATION REVIEW FORM

Attorney: _____ Phone # _____

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

Contact Person: _____ Phone # _____

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

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 K, L, M, AND N.

_____ 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 Park Commission

_____ RC Drainage Agency

_____ RC Environmental Management Council

_____ RC Soil and Water Cons. Dist.

_____ RC Dept. of Environmental Health

_____ NYS Dept. of Transportation

_____ NYS Dept. of Environmental Conservation

_____ NYS Thruway Authority

_____ Palisades Interstate Park Comm.

_____ Adjacent Municipality _____

TO ALL APPLICANTS - YOU MUST SEND COPIES OF APPLICATIONS AND PLANS TO:

Mr. William Speckenbach
Regional Manager
Orange and Rockland
75 West Route 59
Spring Valley, NY 10977

I have informed the above checked agencies and Orange and Rockland on _____.

Signature

Date

APPLICATION REVIEW FORM

Applicant's Signature and Certification

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

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

Mailing Address

SWORN to before this

_____ day of _____, 19____

Notary Public

Owner/Applicant's Consent Form to Visit Property

I, _____, owner/applicant of the property
described in application submitted to the town/village board, 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

SWORN to before this

_____ day of _____, 19____

Notary Public

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 _____.

Said premises have been in my/its possession since 19_____. 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 _____, 19_____

Notary Public

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

APPLICATION REVIEW FORM
Affidavit Pursuant to Section 809 of the General Municipal Law

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

I, _____, being duly sworn, hereby depose and say that all the following statements and the statements contained in the papers submitted herewith are true and that the nature and extent of any interests set forth are disclosed to the extent that they are known to the applicant.

1. Print or type full name and post office address

certifies that he is owner or agent 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:**

2. To the _____ of the Town/Village of
(Board, Commission or Agency)
_____, Rockland County, New York:

Application, petition or request is hereby submitted for:

- ☐ Variance or modification from the requirement of Section _____;
- ☐ Special permit per the requirements of Section _____;
- ☐ Review and approval of proposed subdivision plat;
- ☐ Exemption from a plat or official map;
- ☐ An order to issue a certificate, permit or license;
- ☐ An amendment to the Zoning Ordinance or Official Map or change thereof;
- ☐ Other (*explain*) _____;

To permit construction, maintenance and use of _____

3. Premises affected are in a _____ zone and from the town of _____
_____ tax map, the property is know as Section _____,
Block, _____, Lot(s) _____.

APPLICATION REVIEW FORM

4. 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 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.

5. That 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 ownership: A list of all directors, officers and stockholders of each corporation owning more than five (5%) percent of any class of stock, 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 Town/Village of _____.

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.

Mailing Address _____

SWORN to before this

_____ day of _____, 19____

Notary Public

AFFIDAVIT

That the following are all of the owners of property _____ (distance)
from the premises as to which this application is being taken.

[illegible]

_____ day of _____, 19____

Notary Public

APPLICATION REVIEW FORM

Reimbursement for Professional Consulting Services

The Town/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 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 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 plan or subdivision will not be signed until bill is paid in full.

Applicant _____

SWORN to before this

_____ day of _____, 19____

Notary Public

APPLICATION REVIEW FORM

PART II

Application before the Zoning Board of Appeals

Application, petition or request is hereby submitted for:

- ☐ 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 _____

If an area variance is required, please fill out below:

This application seeks a variance from the provisions of Article _____,
Section(s) _____. Specifically, the applicant seeks a
_____ (*side yard, lot area, height, etc.*) of
_____ (*feet, height, f.a.r., etc.*).