

PLANNING BOARD
 ZONING BOARD
 VILLAGE BOARD

VILLAGE OF
 PIERMONT ON THE HUDSON
 LETTER OF APPEAL

ZBA # 20-06

NAME: John McAvoy DATE: 10/6/20
 SECTION: 78.21 BLOCK 1 LOT 15
 ADDRESS: 407 Valentine Avenue Piermont NY 10968
 PHONE: HOME 845-536-0964 CELL _____ WORK _____
 CURRENT ADDRESS: SAME

DEAR MR. / MRS. McAvaoy,

Please be advised that the Building Permit Application, which you submitted on (date) 10/2/12, has been denied. I have enclosed a copy of your application where you will find noted below the reason for your denial.

As per the Code of the Village of Piermont, Article 19, §210- ZONE R 7.5 § 210-37

BULK TABLE:	Required	Existing	Proposed	Variance	Existing Non-Conforming
Min Lot Area	7500	6552.58	6552.58	YES	YES
Min Lot Width	75	79.19	79.19	NO	NO
Req Front Yard	25	26.33	26.33	NO	NO
Req Side Yard	10	.96 / 1.72	.96 / 1.72	YES	YES
Total Side Yard	25	16.8/11.18	16.8/11.18	YES	YES
Req Rear Yard	30	5.51	5.51	YES	YES
Max Bldg Ht	32	25.5	25.5	NO	NO
Floor Area Ratio	30%	44.1%	45%	YES	YES
Max Lot Coverage	33%	50.2%	51.6%	YES	YES

- §210-77A: Site plan development Approval required by Planning Board- Y ~~X~~
- §210-77D: Minor Construction regulations apply- ~~X~~ N
- §210-116A: Requires 25' Conservation Easement (on site plan) Y ~~X~~
- §112-5, 112-6, 112-10, 112-11 Flood Damage Prevention (contact Village Engineer) Y ~~X~~
- §185-9A Article II, Tree Preservation Protection and Landscaping Y ~~X~~

1. New Variances Required for (1) FAR .9% Increase (2) Lot Coverage 1.4% Increase
2. All other Variances are existing non-conforming

*The Clerk Secretary to the Boards will assist you in the preparation necessary to appear before the planning/zoning board(s). *The Clerk Treasurer will assist you in the preparation necessary to appear before the village board.

Sincerely,



Building Inspector, Village of Piermont

CC: Mayor Chris Sanders
 Debbie Arbolino: Clerk Secretary to Boards
 Denise Ehrhart: Clerk Treasurer

PLEASE KEEP FOR YOUR RECORDS

APPLICATION REVIEW FORM
PART I

Name of Municipality: VILLAGE OF PIERMONT Date _____

Please check all that apply:

<input type="checkbox"/> Planning Board	<input type="checkbox"/> Town Board
<input type="checkbox"/> Zoning Board of Appeals* <i>*(Fill out Part II of this form.)</i>	<input type="checkbox"/> Historical Board
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Architectural Board
<input type="checkbox"/> Number 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"/> Zoning Code Amendment	<input type="checkbox"/> Conditional Use
<input type="checkbox"/> Variance	<input type="checkbox"/> Zone Change

Applicant Name: JOHN McAVOY

Project Name: McAVOY ADDITION

Tax Map Designation:

Section 78.21 Block 1 Lot(s) 15

Section _____ Block _____ Lot(s) _____

Location: On the EAST side of VALENTINE AVE.
±200 feet S of the intersection of S. PIERMONT AVE
in the town of ORANGETOWN hamlet/village of PIERMONT

Acreage of Parcel .152 Zoning District R-7.5

School District SOUTH ORANGETOWN Postal District PIERMONT

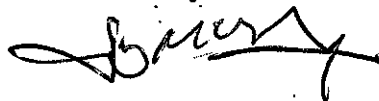
Fire District PIERMONT Ambulance District SOAC

Water District SVEZ Sewer District ORANGETOWN

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

DEMOLITION OF A 1 STORY ADDITION & REPLACE
WITH LARGER 1 STORY ADDITION

The undersigned agrees to an extension of the statutory time limit for scheduling of a public hearing.



Date: _____ Applicant's Signature 10/1/2020

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? _____
- 4) The Number of Lots _____

If site plan:

- 1) Total size of building(s) in square feet 2934 INCLUDES SHED
- 2) Proposed addition 240
- 3) Number of dwelling units ONE

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. NO

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.

NONE

Applicant: JOHN McAVOY Phone # 845-536-0964

Address 407 VALENTINE AVE. PIERMONT, NY 10976
Street Name & Number (Post Office) State Zip code

Property Owner: SAME Phone # _____

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

Engineer/Architect/Surveyor: KIER B. LEVEAQUE Phone # 845-358-2359

Address 99 THIRD AVE. NYACK, NY 10960
Street Name & Number (Post Office) State Zip code

APPLICATION REVIEW FORM

Attorney: _____ Phone # _____

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

Contact Person: KIER B. LEVESQUE Phone # 845-388-2359

Address 49 THIRD AVE NYACK, NY 10960
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.

- | | |
|---|----------------------------|
| <input checked="" type="checkbox"/> State or <u>County Road 340</u> | _____ State or County Park |
| _____ Long Path | _____ County Stream |
| <input checked="" type="checkbox"/> Municipal Boundary | _____ County Facility |

List name(s) of facility checked above. COUNTY ROAD 340
MUNICIPAL BOUNDARY - ORANSCOTT TOWNS

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 Planning | _____ RC Dept. of Environmental Health |
| _____ RC Sewer District #1 | _____ Palisades Interstate Park Comm |
| _____ NYS Dept. of Transportation | _____ NYS Dept. of Environmental Conservation |
| _____ NYS Thruway Authority | _____ 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]
Signature
10/11/2020
Date

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

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

I, John McAvey, 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

407 Valentine Ave
Sparkill NY

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 ZONING BOARD of the Town/Village of
(Board, Commission or Agency)
PIERMONT, 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 1 STORY ADDITION
TO REPLACE AN EXISTING 1 STORY ADDITION AND
ENLARGE THE ADDITION

3. Premises affected are in a R-7.5 zone and from the town of
ORANGE TOWN tax map, the property is know as Section 78.21,
Block, 1, Lot(s) 15

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 1 STORY ADDITION
TO ONE FAMILY DWELLING

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

_____ (feet, height, f.a.r., etc.).

PROJECT I.D. NUMBER

617.20

SEQR

Appendix C

State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
 For UNLISTED ACTIONS Only

PART I - PROJECT INFORMATION (To be completed by Applicant or Project sponsor)

1. APPLICANT/SPONSOR KIER B. LEVESQUE	2. PROJECT NAME McAVOY ADDITION
3. PROJECT LOCATION: 407 VALENTINE AVE PIERMONT, NY Municipality <u>VILLAGE OF PIERMONT</u> County <u>ROCKLAND</u>	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map) SITE PLAN PROVIDED	
5. IS PROPOSED ACTION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY: REMOVE 1 STORY ADDITION AND REPLACE WITH LARGER 1 STORY ADDITION	
7. AMOUNT OF LAND AFFECTED: Initially <u>.005</u> acres Ultimately <u>.003</u> acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, describe briefly <u>FLOOR AREA RATIO & LOT COVERAGE VARIANCE REQUIRED</u>	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open space <input type="checkbox"/> Other Describe: <u>SINGLE FAMILY HOMES</u>	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list agency(s) and permit/approvals <u>BUILDING PERMIT, PLANNING BOARD, ZONING BOARD OF THE VILLAGE OF PIERMONT</u>	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list agency name and permit/approval	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>NO</u>	

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Applicant/Sponsor name: KIER B. LEVESQUE ARCHITECT

Date: 8/19/20

Signature: Kier B. Levesque

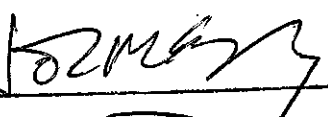
If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment.

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 

STATE OF NEW YORK)
 s.s.)
COUNTY OF ROCKLAND)

On the 1st day of October in the year 2020
Before me, the undersigned, personally appeared

Personally known to me or proved to me on the basis of satisfactory Evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.



HANNAH ROSS
NOTARY PUBLIC-STATE OF NEW YORK
No. 01RO6321562
Qualified in Rockland County
My Commission Expires 03-23-2023

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 Piermont 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 None

b. Nature of interest NA

c. If stockholder, number of shares NA

d. If officer or partner, nature of office and name of partnership NA

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. None

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 NA

I, John McAvooy, 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

[Signature]
407 Valerius Ave
Spartanburg, N.Y. 10976

STATE OF NEW YORK)
COUNTY OF ROCKLAND)

On the 1st day of October in the year 2020
Before me, the undersigned, personally appeared

Personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

[Signature]

APPLICATION REVIEW FORM

Affidavit of Ownership/Owner's Consent

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

I, John McAuloy being duly sworn, hereby
depose and say that I reside at: 407 Valentine Ave
Sparkill NY
in the county of Rockland in the state of New York.

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 78.21 block 1 lot(s) 15

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
407 Valentine Ave
Sparkill, NY 10976

STATE OF NEW YORK)
s.s.)
COUNTY OF ROCKLAND)

On the 1st day of October in the year 2020
Before me, the undersigned, personally appeared

Personally known to me or proved to me on the basis of satisfactory
Evidence to be the individual(s) whose name(s) is (are) subscribed to the
within instrument and acknowledged to me that he/she/they executed
the same in his/her/their capacity(ies), and that by his/her/their signature(s)
on the instrument, the individual(s), or the person upon behalf of which the
individual(s) acted, executed the instrument.

Hannah Ross
Notary Public

HANNAH ROSS
NOTARY PUBLIC-STATE OF NEW YORK
No. 01RO6321562
Qualified in Rockland County

* 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

Applicant's Signature and Certification

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

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

Mailing Address

407 Valentine Av
Sparkill NY
10970

STATE OF NEW YORK)
COUNTY OF ROCKLAND)

On the _____ day of _____ in the year _____
Before me, the undersigned, personally appeared

Personally known to me or proved to me on the basis of satisfactory
Evidence to be the individual(s) whose name(s) is (are) subscribed to the
within instrument and acknowledged to me that he/she/they executed
the same in his/her/their capacity(ies), and that by his/her/their signature(s)
on the instrument, the individual(s), or the person upon behalf of which the
individual(s) acted, executed the instrument.

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.

[Signature]
Owner/Applicant

STATE OF NEW YORK)
COUNTY OF ROCKLAND)

On the 1st day of October in the year 2020
Before me, the undersigned, personally appeared

Personally known to me or proved to me on the basis of satisfactory
Evidence to be the individual(s) whose name(s) is (are) subscribed to the
within instrument and acknowledged to me that he/she/they executed
the same in his/her/their capacity(ies), and that by his/her/their signature(s)
on the instrument, the individual(s), or the person upon behalf of which the
individual(s) acted, executed the instrument.

Hannah Ross

HANNAH ROSS
NOTARY PUBLIC-STATE OF NEW YORK
No. 01RO6321562
Qualified in Rockland County
My Commission Expires 03-23-2023

SWIS	PRINT KEY	NAME	ADDRESS
392405	78.21-1-12	Michael A Hyznenko	419 Valentine Av, Piermont, NY 10968 3 Justine Ct. Palisades NY 10964
392405	78.21-1-13	Daniel M Sherman	415 Valentine Ave, Sparkill, NY 10976
392405	78.21-1-14	Grace S Mitchell	P.O. Box 55, Sparkill, NY 10976
392405	78.21-1-15	John Mcavoy	P.O. Box 252, Sparkill, NY 10976
392405	78.21-1-16	Rosalisa Orofino Newman Marcia Robins	405 Valentine Av, Sparkill, NY 10976
392405	78.21-1-17	Jeremy Bieger	17 Union St, Sparkill, NY 10976
392405	78.21-1-18	Giacomo Marino	496 Valentine Ave, Sparkill, NY 10976 P.O. Box 195 Sparkill, NY 10976
392405	78.21-1-19	Michael Palmenti	Box 231, Sparkill, NY 10976

78.21-1-15 Abutting properties within 200 ft.