

Village of Piermont Planning Board
Village of Piermont Building Department
478 Piermont Ave
Piermont, New York 10962
(845) 359-1258

APPLICATION

STEP ONE - APPLICATION REQUIREMENTS FOR SUBMISSION TO THE BOARD:

1. Signed and dated attached Board application, **A DESCRIPTIVE PROJECT NARRATIVE**, and Part I of the Environmental Assessment Form. **MUST BE PROVIDED.**
2. Copy of Deed to present owner of property.
3. Written authorization from owner to appear in front of Board, if Agent.
4. A list of Names/Addresses of all owners of properties within 200 feet of perimeter of site, obtained from the Land Use Boards Office. Application must include a map of lots noting 200 foot radius line as applicable, measuring from all points on property line, not from the center of the site, (excluding public roadways, right of ways, public utility or public entity). Names and addresses must be placed on stamped #10 envelopes, without return address. Do not use a postage meter.
5. Submit **TWO (2) COPIES** of the plans (subdivision or site plans). All plans must be folded to 8. x11 with title box showing. Minimum scale of 1 inch = 30 feet, a Vicinity Map minimum scale of 1inch =1000 feet, a North arrow and a bulk table must be included on plan.

APPLICANTS ARE REQUIRED TO SUBMIT A PDF VERSION.

6. Plans must conform to Village of Piermont Land Development Regulations. Plans must be signed and sealed by a New York State Professional Engineer and Land Surveyor.
7. All **Site Plan** submissions must have a Building Permit Referral/Denial, issued by the Village Building Inspector..

STEP TWO - ONCE APPLICATION IS DEEMED COMPLETE, APPLICANT TO PROVIDE THE FOLLOWING:

8. Submit of the plans submitted and reviewed by the building inspector.
The Site Plans must include on it. Bulk Table, existing and proposed grades in 2'0 intervals, trees, drainage, erosion control, utilities and other design features.
All plans must be folded to 8. x11 with title box showing.
9. **Appropriate Fees: Plan Review Fees and Other Fees: made payable to "Village of Piermont":**

See Posted Fee Schedule.

CONTACT PERSON INFORMATION SHEET:

NAME: _____
MAILING ADDRESS: _____

Street number (PO Box) Street Name

City State Zip Code
TELEPHONE #: _____

CELL PHONE #: _____
FAX #: _____

E-MAIL ADDRESS: _____
Relation to project: _____

1
Name of Municipality: VILLAGE OF PIERMONT Date Submitted: _____

Project Name: _____
Street Address: _____

Tax Map Designation:
Section: _____ Block: _____ Lot(s): _____
Section: _____ Block: _____ Lot(s): _____

Directional Location:
On the _____ side of _____, approximately
_____ feet _____ of the intersection of _____, in
the
Town of _____ in the hamlet/village of _____.

Acreage of Parcel _____ **Zoning District** _____
School District _____ **Postal District** _____
Ambulance District _____ **Fire District** _____
Water District _____ **Sewer District** _____

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

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

Date: _____ Applicant's Signature: _____

Please check all that apply:

APPLICATION REVIEW FORM PART I

Applicant: _____

Phone: _____

Address: _____

Street Name & Number (Post Office) City State Zip Code

Property Owner: _____

Phone: _____

Address: _____

Street Name & Number (Post Office) City State Zip Code

Engineer/Architect/Surveyor: _____

Phone: _____

Address: _____

Street Name & Number (Post Office) City State Zip Code

Attorney: _____

Phone: _____

Address: _____

Street Name & Number (Post Office) City State Zip Code

Street Name & Number (Post Office) City State Zip Code

Contact Person: _____

Phone: _____

Address: _____

Street Name & Number (Post Office) City State Zip Code

APPLICATION REVIEW FORM

3

FILL IN WHERE APPLICABLE.

(IF THE FOLLOWING DOES NOT APPLY PLEASE MOVE ON TO THE NEXT PAGE)

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

4

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.

Signature: _____

Mailing Address: _____

SWORN to before this _____ day of _____, 20____

Notary Public

Owner/Applicant's Consent Form to Visit Property

I, _____, owner/applicant of the property described

in the 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 Signature

SWORN to before this _____ day of _____, 20____

Notary Public

APPLICATION REVIEW FORM

5

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 in the county of _____ in the state of _____.

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 Liber _____ of conveyances, page _____.

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 statement of fact contained in said

application are true, and agree to be bound by the determination of the board.

Owner Signature: _____

Mailing Address: _____

SWORN to before this _____ day of _____, 20____

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 that 5% of any class of stock.

APPLICATION REVIEW FORM

6

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/she 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/she 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 set forth:

2. To the _____ of the Town/Village of _____, 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 of 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 known 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. 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 ORANGETOWN 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 Piermont.

6. 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.

Signature: _____

Mailing Address: _____

SWORN to before this _____
_____ day of _____, 20____

Notary Public

APPLICATION REVIEW FORM

8

AFFIDAVIT

State of New York)

County of Rockland) SS.:

Town/Village of _____)

application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information

Name of Action or Project: _____

Project Location (describe, and attach a location map): _____

Brief Description of Proposed Action: _____

Name of Applicant or Sponsor: _____

Telephone: _____

E-Mail: _____

Address: _____

City/County/State/Zip Code: _____
Do the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?

If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.

NO YES

2. Does the proposed action require a permit, approval or funding from any other government Agency?

If Yes, list agency(s) name and permit or approval:

NO YES

3. a. Total acreage of the site of the proposed action? _____ acres

b. Total acreage to be physically disturbed? _____ acres

c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres

4. Check all land uses that occur on, are adjoining or near the proposed action:

5. Urban Rural (non-agriculture) Industrial Commercial Residential (suburban)

Aquatic Forest Agriculture Other(Specify):

Parkland

SEAF 2019

[Page 2 of 3](#)

5. Is the proposed action,

a. A permitted use under the zoning regulations?

b. Consistent with the adopted comprehensive plan?

NO YES N/A

6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?

NO YES

7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?

If Yes, identify:

NO YES

8. a. Will the proposed action result in a substantial increase in traffic above present levels?

b. Are public transportation services available at or near the site of the proposed action?

c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?

NO YES

9. Does the proposed action meet or exceed the state energy code requirements?

If the proposed action will exceed requirements, describe design features and technologies:

NO YES

10. Will the proposed action connect to an existing public/private water supply?

If No, describe method for providing potable water:

NO YES

11. Will the proposed action connect to existing wastewater utilities?

If No, describe method for providing wastewater treatment:

NO YES

Archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?

NO YES

13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain

wetlands or other waterbodies regulated by a federal, state or local agency?

b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?

If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres:

NO YES

12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?

b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for

14. Identify the typical habitat types that occur on, or are likely to be found on the project site.

Check all that apply:

- Shoreline
- Forest Agricultural/grasslands early mid-successional Wetland
- Urban Suburban

15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or

Federal government as threatened or endangered?

NO YES

16. Is the project site located in the 100-year flood plan? NO YES

17. Will the proposed action create storm water discharge, either from point or non-point sources?

If Yes,

a. Will storm water discharges flow to adjacent properties?

b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?

If Yes, briefly describe:

NO YES

18. Does the proposed action include construction or other activities that would result in the impoundment of water

or other liquids (e.g., retention pond, waste lagoon, dam)?

If Yes, explain the purpose and size of the impoundment: _____

NO YES

19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?

If Yes, describe:

NO YES

20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or

completed) for hazardous waste?

If Yes, describe:

NO YES

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

Applicant/sponsor/name: _____

Date: _____

Signature: _____

Title: _____