

**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
- \_\_\_ County Stream
- \_\_\_ County Park
- \_\_\_ County or State Facility
- \_\_\_ State Road, Thruway, or Parkway
- \_\_\_ State Park
- \_\_\_ Village, Town, or County Boundary
- \_\_\_ The Long Path

**Map** \_\_\_\_\_ **Block** \_\_\_\_\_ **Lot(s)** \_\_\_\_\_ **Map Date** \_\_\_\_\_  
**Map** \_\_\_\_\_ **Block** \_\_\_\_\_ **Lot(s)** \_\_\_\_\_ **Current Zoning** \_\_\_\_\_

**Brief Project Description** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Variances Needed (if applicable)</b>	<b>Required</b>	<b>Provided</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

# APPLICATION REVIEW FORM

## PART I

Name of Municipality \_\_\_\_\_ Date \_\_\_\_\_

*Please check all that apply:*

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

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## 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.**

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**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.

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

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# 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

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## 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.

APPLICATION REVIEW FORM

Owners of Nearby Properties:

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

SECTION/BLOCK/LOT                      NAME                                      ADDRESS

Lined area for listing property owners with columns for SECTION/BLOCK/LOT, NAME, and ADDRESS.

(use additional paper if needed)

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*) \_\_\_\_\_;
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To permit construction, maintenance and use of \_\_\_\_\_

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#### 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:

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**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:

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2. Nature of decision:

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3. The decision described above is hereby appealed because:

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**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:

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