

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) _____

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 _____

Tax Map Lot No. _____ Map Date _____
_____ 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:

<input type="checkbox"/> Planning Board	<input type="checkbox"/> Municipal 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"/> Architectural Board
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Pre-preliminary/Sketch
<input type="checkbox"/> Number of Lots	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Final
<input type="checkbox"/> Special Permit	<input type="checkbox"/> Conditional Use
<input type="checkbox"/> Zoning Code Amendment	<input type="checkbox"/> Zone Change
<input type="checkbox"/> Variance	

Applicant: _____ Phone # _____

Address _____

Street Name & Number(Post Office)

State Zip code

Project Name: _____

Tax Map Lot No. _____ Map Date _____

_____ Current Zoning _____

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.

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

APPLICATION REVIEW FORM

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 type="checkbox"/> State or County Road | <input type="checkbox"/> State or County Park |
| <input type="checkbox"/> Long Path | <input type="checkbox"/> County Stream |
| <input type="checkbox"/> Municipal Boundary | <input type="checkbox"/> 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.)*

- | | |
|--|--|
| <input type="checkbox"/> RC Highway Department | <input type="checkbox"/> RC Park Commission |
| <input type="checkbox"/> RC Drainage Agency | <input type="checkbox"/> RC Environmental Management Council |
| <input type="checkbox"/> RC Soil and Water Cons. Dist. | <input type="checkbox"/> RC Dept. of Environmental Health |
| <input type="checkbox"/> NYS Dept. of Transportation | <input type="checkbox"/> NYS Dept. of Environmental Conservation |
| <input type="checkbox"/> NYS Thruway Authority | <input type="checkbox"/> Palisades Interstate Park Comm. |
| <input type="checkbox"/> Adjacent Municipality _____ | |

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

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 _____, 20____

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 _____, 20____

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 19/20 _____. Said premises are
also known and designated on the Town of _____

Tax Map Lot - No. _____ Map Date _____
Current Zoning _____

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, 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:

Tax Map Lot - No. _____

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 _____, 20_____

Notary Public

APPLICATION REVIEW FORM

AFFIDAVIT

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

I, _____ being duly sworn deposes and says
that he is the applicant, agent or attorney for applicant, in the matter of the petition before
the _____ (board) in the town/village
of _____ affecting property located at
_____, Rockland County, New York.

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

Table with 3 columns: TAX MAP LOT NO., NAME, ADDRESS. Multiple empty rows for data entry.

SWORN to before this
_____ day of _____, 20__

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 _____, 20_____

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.*).