

## Town of Haverstraw Zoning Board of Appeals LEGAL NOTICE

Please take notice the Town of Haverstraw Zoning Board of Appeals shall hold a Public Hearing to consider the application of Nathan Weber (22 Dunnigan Dr., Pomona) to construct a new 533 sq. ft. elevated Side Yard Deck.

The following Variance(s) required:

1. Side Yard: Required 20' Ft., proposed 9.5' Ft.  
A 10.5' Ft. Variance is required

Said property being located on the North side of Dunnigan Dr. and West of Riverglen Dr. and located on the Town of Haverstraw Tax Map as Section: 25.16 Block: 01 Lot: 04.

Said Public Hearing shall be held on Wednesday, May 08, 2024 at 7:00 PM in the large meeting room of Haverstraw Town Hall, One Rosman Road, Garnerville.

All interested parties are invited to attend and will be heard by the board.

By Order of the Zoning Board of Appeals of the Town Of Haverstraw

Gregg Lawless, Acting Chairman  
Christie Tomm Addona, Zoning Board Attorney  
Annette Hendrie, Chief Clerk  
April 17, 2024

# The Town of Haverstraw

## Building Department

1 Rosman Road  
Garnerville, NY 10993  
Phone: 845-942-3710  
Fax: 845-786-7647

George T. Behn, Jr.  
*Building Inspector II*

Erich J. Desch  
*Deputy Building Inspector*

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3/20/2024

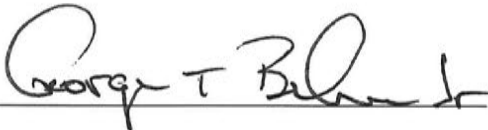
RE: The variances required to construct a new 533 sq/ft, elevated side yard deck. In the R-15 Zoning District.

Owner: Nathan Weber  
Address: 22 Dunnigan Dr. Pomona, NY 10970  
Project Name: Weber Renovations  
Site Location: 22 Dunnigan Dr. Pomona, NY 10970  
SBL: 25.16-1-4

To Whom It May Concern,

The following area variance is required:

- Side Yard Setback: Required, 20', Proposed, 9.5'; a **10.5' Variance is required.**



George T. Behn Jr. *Building Inspector II*

**APPLICATION REVIEW FORM**

**PART I**

Name of Municipality Town of Haverstraw Date 04/09/24

*Please check all that apply:*

<input type="checkbox"/> Planning Board	<input type="checkbox"/> Municipal Board
<input checked="" 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 # 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 checked="" type="checkbox"/> Variance	

Project Name: 22 Dunnigan Drive

Tax Map Designation:  
Section 25.16 Block 1 Lot(s) 4  
Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

Location: On the north side of Dunningan  
0 feet west of Riverglen Drive in the  
town/village of Haverstraw

Street Address: 22 Dunnigan Drive

Acreage of Parcel 0.39 Zoning District R-15  
School District North Rockland Postal District Haverstraw  
Fire District Haverstraw Ambulance District Haverstraw  
Water District Veolia Sewer District Haverstraw Joint Regional

Project Description: *(If additional space required, please attach a narrative summary.)*  
Construction of a deck.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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. no

Are there streams on the site? If yes, please provide the names. no

Are there wetlands on the site? If yes, please provide the names and type. no

Project History: Has this project ever been reviewed before? no

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: Tziporah Uhr Phone # 347 831 6761  
 Address 22 Dunnigan Drive Pamona NY 10970  
Street Name & Number (Post Office) State Zip code

Property Owner: Nathan Weber Phone # 347 668-8866  
 Address 22 Dunnigan Drive Pamona NY 10970  
Street Name & Number (Post Office) State Zip code

Engineer/Architect/Surveyor: Paul Gdanski, PE, PLLC Phone # (917)418-0999  
 Address 633 Woodmont Lane Sloatsburg, NY 10974  
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

**General Municipal Law Review:**

This property is within 500 feet of:  
 (Check all that apply)

N/A

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.

- |   |   |
|---|---|
| <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 Division of Environmental Resources  |
| <input type="checkbox"/> RC Drainage Agency          | <input type="checkbox"/> RC Dept. of 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 _____ |  |
| <input type="checkbox"/> Other _____                 |  |

APPLICATION REVIEW FORM

Applicant's Combined Affidavit and Certification

State of New York )
County of Rockland ) ss.:
Town/Village of Haverstraw )

Teiporah Uhr, 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 Haverstraw, 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 Haverstraw 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**

**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 Haverstraw 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 [Signature]  
Print Applicant's Name Tziporah Ubr

SWORN to before me this 09 day of April, 2024

Annette Hendrie  
Notary Public

ANNETTE HENDRIE  
NOTARY PUBLIC, STATE OF NEW YORK  
No. 01HE6434492  
Qualified in Orange County  
My Commission Expires 06/06/2026



**APPLICATION REVIEW FORM**

**Affidavit of Ownership/Owner's Consent**

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

I, Nathan Weber being duly sworn, hereby  
depose and say that I reside at: 22 Dunnigan Drive

in the county of U.S.A. in the state of New York.

I am the (\* Co ) owner in fee simple of premises located at:  
22 Dunnigan Drive

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 # 2022-000 29012

Said premises have been in my/its possession since 8/10/22. Said premises are also  
known and designated on the Town of Haverstraw Tax Map as:  
section 25.16 block 1 lot(s) 4.

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 Nathan Weber / Tziporah Uhr  
Mailing Address 22 Dunnigan Dr.  
Ramona NY 10970

SWORN to before this  
09 day of April, 2024  
Annette Hendrie  
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

PART II

Application before the Zoning Board of Appeals

Application, petition, or request is hereby submitted for:

- Area Variance from the requirement of Section 167-9;
- 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*) \_\_\_\_\_;

To permit construction, maintenance and use of Single family residential

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 3,  
 Section(s) 16.7-9. Specifically, the applicant seeks a variance  
 from the requirements from:

Dimension*	Column	Required	Provided
Side Yard Setback		20.0	9.5

\*e.g., front yard, side setback, FAR, etc.

1. Is the requested variance the minimum necessary to relieve the practical difficulty or economic injury? yes

Describe: Deck is a bit squishy for a family of six. Looking for more space for kids to play.

2. Is the variance substantial in relation to the zoning code? no

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? no

Explain: The deck is at the back of the house, and most neighbors have one.

4. Can the alleged practical difficulty or economic injury be overcome by some method other than a variance? no

Explain: only way to get more space is by extending it

APPLICATION REVIEW FORM

5. Will the granting of this variance affect the health, safety, or welfare of the neighborhood or community? no

Explain: Will not affect the neighborhood at all

6. Will there be any affect on governmental facilities or services if this variance is granted? no

Describe: Noone else will be affected by this extension

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: 10

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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:

\_\_\_\_\_

2. Nature of decision:

\_\_\_\_\_

\_\_\_\_\_

3. The decision described above is hereby appealed because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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:

\_\_\_\_\_

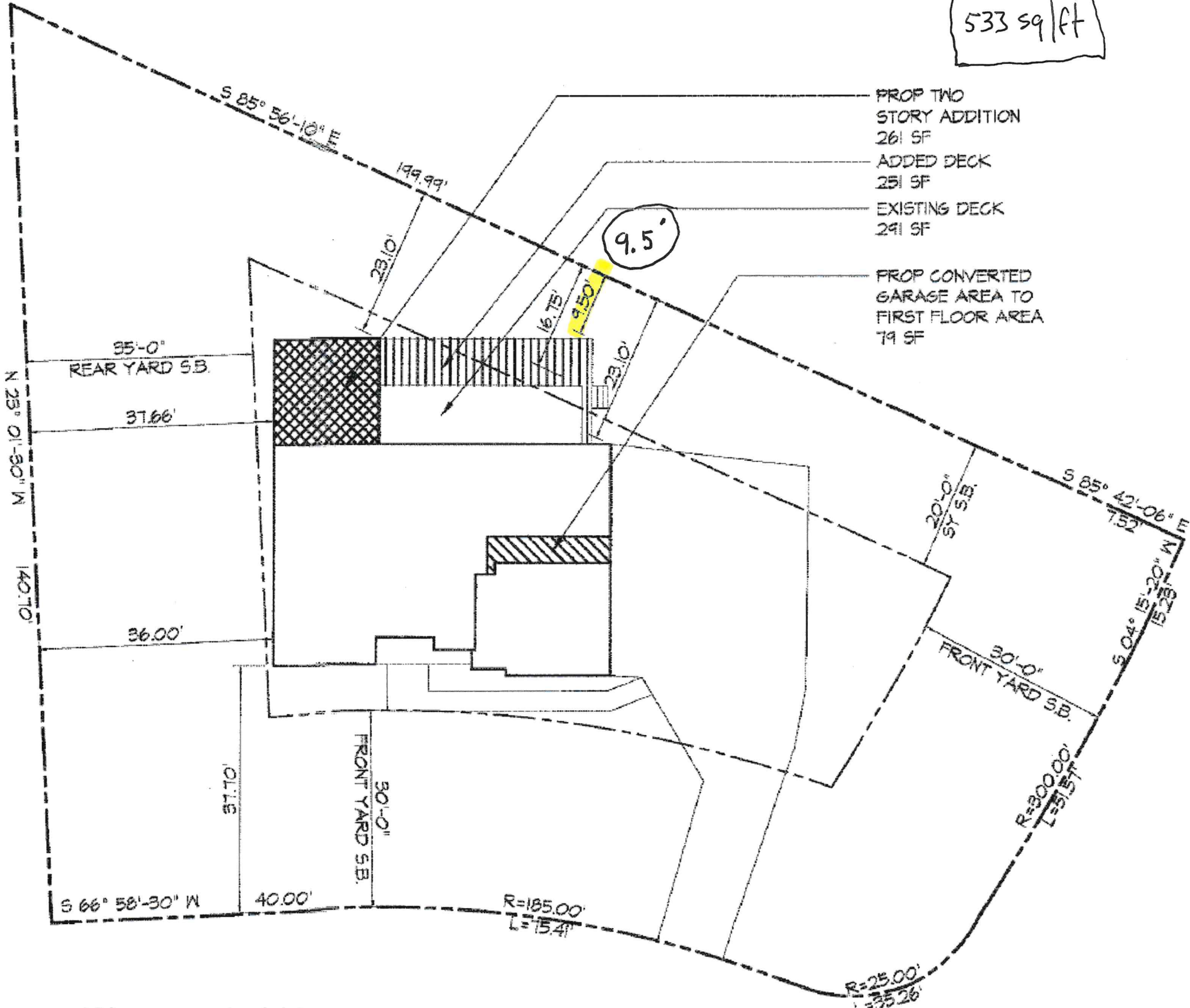
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[Appform.doc revised September 2013]

533 sq/ft



22 Dunnigan Dr.  
Pomona NY 10970

