

ROCKLAND COUNTY DEPARTMENT OF PLANNING
REFERRAL FORM FOR GENERAL MUNICIPAL LAW REVIEWS

Municipality GARNERVILLE Date Sent 11-15-21
Board _____ Planning _____ ZBA X Town/Village _____ Meeting Date _____
File Name LASPINA
Contact Person JOHN FERRARO RA NCARB 37 MAPLE AVENUE NEW CITY NY 10956
Address 26 FREDERICK STREET
GARNERVILLE NY 10923

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 X Special Permit _____ Zone Change/Amendment
_____ Other – *Please list* _____

Location of Parcel(s) 26 ~~23~~ FREDERICK STREET GARNERVILLE NY 10923

_____ Acreage of Parcel (s) .36
Existing Sq. Footage 2710 Proposed Sq. Footage 2823

The Property in Question Lies Within 500 Feet of:

_____ County Road _____ State Road, Thruway, or Parkway
_____ County Stream _____ State Park
_____ County Park _____ Village, Town, or County Boundary
_____ County or State Facility _____ The Long Path

Map 20.14 Block 4 Lot(s) 75 Map Date _____
Map _____ Block _____ Lot(s) _____ Current Zoning _____

Brief Project Description DECK ADDITION AT REAR OF HOUSE

Variances Needed (*if applicable*)
REAR YARD

Required
35 FT

Provided
23.8 FT

APPLICATION REVIEW FORM

PART I

Name of Municipality TOWN OF HAVERSTRAW Date 11-15-21

Please check all that apply:

<input type="checkbox"/> Planning Board	<input type="checkbox"/> Municipal Board
<input checked="" type="checkbox"/> Zoning Board of Appeals*	<input type="checkbox"/> Historical Board
(*Fill out Parts I & II of this form)	<input type="checkbox"/> Architectural Board
<input type="checkbox"/> Subdivision <input type="checkbox"/> # 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: LASPINA

Tax Map Designation:

Section 20.14 Block 4 Lot(s) 75
Section _____ Block _____ Lot(s) _____

Location: On the WEST side of FREDERICK STREET,
125' feet NORTH of NORTH PARK DRIVE in the
town/village of HAVERSTRAW

Street Address: 26 FREDERICK STREET GARNERVILLE NY 10923

Acreage of Parcel 036 Zoning District R-15

School District _____ Postal District 10923

Fire District _____ Ambulance District _____

Water District _____ Sewer District _____

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

19'-7" X 19'-7" UPPER LEVEL DECK ON EXISTING HIGH RANCH

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.

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.

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

APPLICATION REVIEW FORM

Contact Information:

Applicant: JOHN FERRARO RA NCARB Phone # 845-624-0758

Address 37 MAPLE AVENUE NEW CITY NY 10956
Street Name & Number (Post Office) State Zip code

Property Owner: LASPINA Phone # 845-304-8392

Address 26 FREDERICK STREET GARNERVILLE NY 10923
Street Name & Number (Post Office) State Zip code

Engineer/Architect/Surveyor: JOHN FERRARO RA Phone # 845-624-0758

Address 37 MAPLE AVENUE NEW CITY NY 10956
Street Name & Number (Post Office) State Zip code

Attorney: _____ Phone # _____

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

Contact Person: SAME AS APPLICANT 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)

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 _____

**All applicants must send copies of their applications and plans to:

Orange and Rockland, Regional manager, 75 West Route 59, Spring Valley, NY 10997.

APPLICATION REVIEW FORM

Applicant's Combined Affidavit and Certification

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

JOHN FERRARO

, 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 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.

APPLICATION REVIEW FORM

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 NONE
- b. Nature of interest NONE
- c. If stockholder, number of shares NONE
- d. If officer or partner, nature of office and name of partnership NONE
- 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 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 Town/Village of HAVERSTRAW.

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.

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.

APPLICATION REVIEW FORM

Affidavit of Ownership/Owner's Consent

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

I, JULIA LASPINA being duly sworn, hereby
depone and say that I reside at: 26 FREDERICK STREET
GARNERVILLE, NY 10923
in the county of ROCKLAND in the state of NEW YORK.

I am the (* OWNER) owner in fee simple of premises located at:
26 FREDERICK STREET GARNERVILLE NY 10923

described in a certain deed of said premises recorded in the Rockland County Clerk's
Office in Liber 77 of conveyances, page 72 or as Instrument ID # 3856.

Said premises have been in my/its possession since 2021. Said premises are also
known and designated on the Town of HAVERSTRAW Tax Map as:
section 20.14 block 4 lot(s) 75.

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

JULIA LASPINA
26 FREDERICK STREET
GARNERVILLE NY 10923

SWORN to before this
16th day of November, 2021

Marcelline Shannon

Notary Public

Marcelline Shannon
Notary Public, State of New York
No. 04 SH3138045
Qualified in Rockland County
Commission Expires December 19, 2021

* 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

5. Application Fee(s)

I, JULIA LASPINA, have paid to the Town/Village Clerk and/or Treasurer, the required fee for this application. (The fee is subject to the Schedule of Fees of the municipality). I shall review a copy of the zoning Local Law and Land Development Regulations, and be ready and prepared to review this application when scheduled. The Municipal Board, Planning Board, or Zoning Board of Appeals in the review of any application described above, may refer the subject application to an engineering, planning, environmental, or other technical consultant as such Board shall deem reasonably necessary to enable it to review the application as required by law.

***The following paragraph is 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

Print Applicant's Name

JULIA LASPINA

SWORN to before me this

16 day of November, 2021

Marcelline Shannon

Notary Public

Marcelline Shannon
Notary Public, State of New York
No. 04 513133345
Qualified in Rockland County
Commission Expires December 19, 2021

I have received from _____ the sum of _____ on this date

_____.

Reviewed by the _____ on _____ Municipal Clerk/Treasurer

Action Taken: _____