Memo

Memo Date: 8-23-19

Dear Applicant,

Moving forward in an effort to better serve you the Building Department would like for you to follow these steps in filing your Village Board, Zoning Board and Planning Board applications:

- Fill in the parts of the application that apply to your property.

- Send a copy of the entire submission via email @ JJordan@VillageSpringValley.org (*Include PDF of ALL plans)

- Hand in seven (8) hard copies of plans and application on items that will need a GML Review. (If a review is not needed please submit copies with one application)

- One week before each meeting you will need to supply the VB, ZBA and PB Secretary with copies of maps for the Board members Seven (7) on VB, seven (7) on PB & six (6) on ZBA).

- ALL APPLICATIONS on Planning Board AND Zoning Board Appeals REQUIRE A $1,000.00 RETAINER!!

Any questions please feel free to contact The Village of Spring Valley Secretary to Planning and Zoning Boards, Janay Jordan (845) 352-1100 EXT 113.
APPLICATION REVIEW FORM

PART I

Name of Municipality: VILLAGE OF SPRING VALLEY  Date ________________

Please check all that apply:

Planning Board  Village Board
Zoning Board of Appeals*  Historical Board
*(Fill out Parts I & II of this form)  Architectural Board

Subdivision  # of Lots
Site Plan  Pre-iminary/Sketch
Special Permit  Preliminary
Conditional Use  Final
Zoning Code Amendment
Zone Change
Variance  ☐ Area  ☐ Use  Meeting Date ________________

Project Name: ____________________________________________

Tax Map Designation:
Section_______ Block_______ Lot(s)_______
Section_______ Block_______ Lot(s)_______

Location: On the ________ side of ________________________
________________________ feet __________________ of ____________________ in the
Village of Spring Valley.

Project Street Address: ___________________________________

Acreage of Parcel__________ Zoning District__________
School District EAST RAMAPO  Postal District SPRING VALLEY
Fire District SPRING VALLEY  Ambulance District SPRING HILL
Water District UNITED WATER  Sewer District ROCKLAND #1

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

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Page 1 of 12
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 ______________
4) Number of Buildings _________________

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

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

Contact Person: ___________________________________________ Phone # ______
Address ____________________________________________________________________________

Street Name & Number (Post Office) State Zip code

Architect: ___________________________________________ Phone # ______
Address ____________________________________________________________________________

Street Name & Number (Post Office) State Zip code

Engineer/Surveyor: ___________________________________________ Phone # ______
Address ____________________________________________________________________________

Street Name & Number (Post Office) State Zip code

Attorney: ___________________________________________ 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 Route Route 45  ___ Town of Clarkstown  ___ Thruway
___ State Route 59  ___ Pascack Brook  ___ State or County Facility
___ Town of Ramapo  ___ Rail Road

Referral Agencies: (Please make sure that the appropriate agencies as needed received copies of your application and plans for their review.)

___ RC Sewer District #1  ___ NYS Dept. of Transportation  ___ Town of Ramapo
___ RC Drainage Agency  ___ NYS Thruway Authority  ___ United Water New York
___ RC Division of Environmental Resources  ___ RC Dept. of Health  ___ NY-NJ Transit Corp.
___ RC Dept. of Environmental Conservation  ___ Orange & Rockland Utilities

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Applicant's Combined Affidavit and Certification

State of New York  
County of Rockland  
Village of Spring Valley

Applicant's Name, being duly affirmed, deposes and says:

I am the applicant in this matter. I make these statements to induce the Village of Spring Valley, its boards, commissions, officers, employees, and consultants, to entertain my application, knowing that the 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 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 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 office 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 Village of Spring Valley 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 Spring Valley.

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 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 village and each such consultant for the cost of such consultant services upon receipt of the bill.

5. Application Fee(s)
I, ________________________, have paid to the 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 Village 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.

I agree to establish an escrow account with the Village of Spring Valley from which these consultants' fees will be paid. The escrow account will not draw interest, and will be replenished upon notification by the Village. Any additional sums needed to pay the Village's consultants shall be paid prior to final action on the application. The 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 Village.

Applicant's Signature __________________________________________
Print Applicant's Name __________________________________________

Affirmed to before me this

_____ day of ________________________, 20__

___________________________________________
Notary Public

______________________________________________________________________________
I have received from ______________________ the sum of ______________________ on this date

___________________________________________
Village Clerk/Treasurer

Reviewed by the ______________________ on ________________

Action Taken:

Page 6 of 12
Affidavit of Ownership/Owner's Consent

State of New York
County of Rockland SS.: Village of Spring Valley

I, ____________________________________________________________________________, being duly affirmed, 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 ________ Ramapo / Clarkstown 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

Affirmed 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.
Owners of Nearby Properties:

That the following are all of the owners of property within 500 feet radius from the premises as to which this application is being taken.

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<tr>
<th>SECTION/BLOCK/LOT</th>
<th>NAME</th>
<th>ADDRESS</th>
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(use additional paper if needed)

Affirmed to before this

__________________________

day of ___________ 20__

__________________________

Notary Public
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) ____________________________;

To permit construction, maintenance and use of ____________________________

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 Village 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.
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:

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<tr>
<th>Dimension*</th>
<th>Column</th>
<th>Required</th>
<th>Provided</th>
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<td>Lot Width</td>
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<td>Lot Area</td>
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<td>Street Frontage</td>
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<td>Total Side Yard</td>
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<td>Building Height</td>
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<td>Number of Stories</td>
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<td>Floor Area Ratio</td>
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<td>Number of Parking Spaces</td>
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<tr>
<td>Parking in Front Yard</td>
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<tr>
<td>Enlargement of a Non-Conforming Use</td>
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*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:

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 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:
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 December 2013]