

**APPLICATION REVIEW FORM**

**PART I**

**VILLAGE OF MONTEBELLO**

Date \_\_\_\_\_

*Please check all that apply:*

<input type="checkbox"/> Planning Board	<input type="checkbox"/> Village Board
<input type="checkbox"/> Zoning Board of Appeals*	<input type="checkbox"/> Historic Preserv. Comm.
<i>*(Fill out Part II of this form)</i>	<input type="checkbox"/> Architectural Review Board
<input type="checkbox"/> CDRC	
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Number of Lots
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Informal
<input type="checkbox"/> Architectural Review	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Stream and Wetlands Permit	<input type="checkbox"/> Final
<input type="checkbox"/> Special Permit	<input type="checkbox"/> Cert. of Appropriateness
<input type="checkbox"/> Zoning Code Amendment	<input type="checkbox"/> Zone Change
<input type="checkbox"/> Variance	<input type="checkbox"/> Other _____

**Project Information**

**Project Name:** \_\_\_\_\_

**Tax Map Designation:**

Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

**Location:** On the \_\_\_\_\_ side of \_\_\_\_\_,  
\_\_\_\_\_ feet \_\_\_\_\_ of \_\_\_\_\_ in the  
Village of Montebello.

**Street Address:** \_\_\_\_\_

**Acreage of Parcel** \_\_\_\_\_ **Zoning District** \_\_\_\_\_

**School District** SUFFERN CENTRAL S.D. **Postal District** SUFFERN 10901

**Fire District** \_\_\_\_\_ **Ambulance District** RAMAPO VALLEY

**Water District** VEOLIA WATER **Sewer District** ROCKLAND #1

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

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**If subdivision:**

- 1) Is any variance from the subdivision regulations requested? \_\_\_\_\_
- 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 \_\_\_\_\_

If **special permit**, list special permit use and what the property is proposed to be used for.

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**Environmental Constraints:**

Are there **slopes greater than 15%**? \_\_\_\_\_

Are there **streams, flood plains, lakes, or other land under water** on the site? \_\_\_\_\_

If yes, please provide the names. \_\_\_\_\_

Are there **wetlands** on the site? \_\_\_\_\_

If yes, please provide the names and type. \_\_\_\_\_

If yes to any of the above, please indicate the amount and show the gross and net area per section 195-14.A. \_\_\_\_\_

**\*\*SHOW ENVIRONMENTAL CONSTRAINTS ON SEPARATE DRAWINGS.\*\* \***

**Project History:** Has this project or property ever been reviewed before? \_\_\_\_\_

If so, provide a narrative, including the list case number, name, date, and the board(s) that reviewed it, together with 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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### **General Municipal Law Review:**

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

- |   |   |
|---|---|
| <input type="checkbox"/> State or County Road   | <input type="checkbox"/> State or County Park |
| <input type="checkbox"/> New York State Thruway | <input type="checkbox"/> County Stream        |
| <input type="checkbox"/> Municipal Boundary     | <input type="checkbox"/> County Facility      |

List name(s) and/or numbers of facility(ies) checked above. \_\_\_\_\_

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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.

### **Referral Agencies:**

- |  |  |
|--|--|
| <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 _____ |  |

### **Contact Information**

Applicant: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

Street Name & Number (Post Office) State Zip code

Property Owner: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

Street Name & Number (Post Office) State Zip code

Engineer: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

Street Name & Number (Post Office) State Zip code

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Surveyor: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

Street Name & Number (Post Office) State Zip code

Architect: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

Street Name & Number (Post Office) State Zip code

Attorney: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

Street Name & Number (Post Office) State Zip code

Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

Street Name & Number (Post Office) State Zip code

**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 \_\_\_\_\_.



## APPLICATION REVIEW FORM

### Applicant's Combined Affidavit and Certification

State of New York )  
County of Rockland ) ss.:

\_\_\_\_\_, being duly sworn, deposes and says:  
*Applicant's Name*

I am the applicant in this matter. I make these statements to induce the Village of Montebello, 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

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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 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 Village of Montebello 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.

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**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.

I agree to establish an escrow account with the Village of Montebello 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 \_\_\_\_\_

SWORN to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public



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

State of New York)  
County of Rockland) SS.:

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 Ramapo 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's Signature \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_

SWORN to before me 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.*

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**PART II**

**Application before the Zoning Board of Appeals**

Application, petition or request is hereby submitted for:

- ( ) Use Variance from the requirement of Section \_\_\_\_\_
- ( ) Area Variance from the requirement of the Bulk Table (Section 195-13);
- ( ) Area Variance (other than Bulk Table) Section \_\_\_\_\_
- ( ) Review of an administrative decision of the Building Inspector;
- ( ) 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

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*If an area variance is required, please fill out below:*

This application seeks a variance from the provisions of:

\_\_\_\_ Bulk Table (Section 195-13) Use Group \_\_\_\_\_

\_\_\_\_ Section(s) \_\_\_\_\_

Specifically, the applicant seeks variance from the requirements from:

<u>Dimension*</u>	<u>Column</u>	<u>Required</u>	<u>Provided</u>

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

Applicant's initials: \_\_\_\_\_

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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:
  - \_\_\_ Interpretation of the Zoning Ordinance or Map; or
  - \_\_\_ Appeal from decision of Village Official or Officer.
  - \_\_\_ A USE Variance; or
  - \_\_\_ An AREA Variance; or
- 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. INTERPRETATION OF ZONING CODE**

(This section to be completed for an interpretation, only. Use additional pages, if needed)

- 1. Section(s) to be interpreted: 195-\_\_\_\_\_
- 2. An interpretation of the Zoning Code is requested because:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

**B. APPEAL OF DECISION OF VILLAGE OFFICIAL**

(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:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

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**C. USE VARIANCE**

(This page 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:

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2. The problem with this property is due to unique circumstances and not to the general conditions of the neighborhood in that:

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3. The use requested by this variance will not alter the essential character of the neighborhood in that:

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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 are:

- 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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**D. AREA VARIANCE**

(This page to be completed only for an AREA variance. Use additional pages, if needed)

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 I/we wish the Board to consider in this case are

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_