

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.
<input type="checkbox"/> <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

APPLICATION REVIEW FORM

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

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.

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.

APPLICATION REVIEW FORM

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

General Municipal Law Review:

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

_____ State or County Road	_____ State or County Park
_____ New York State Thruway	_____ County Stream
_____ Municipal Boundary	_____ County Facility

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

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:

_____ 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 _____	

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

APPLICATION REVIEW FORM

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

Owners of Nearby Properties

The following are all of the owners of property within five hundred (500) feet of the subject premises (you may attach a list):

[illegible]

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

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 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.

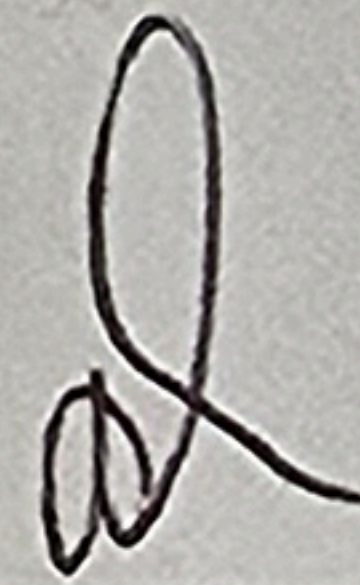
D. I do hereby depose and say that all the above statements and statements contained in the papers submitted herewith are true, knowing that a person who knowingly and intentionally violates this section is guilty of a misdemeanor.

APPLICATION REVIEW FORM

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.

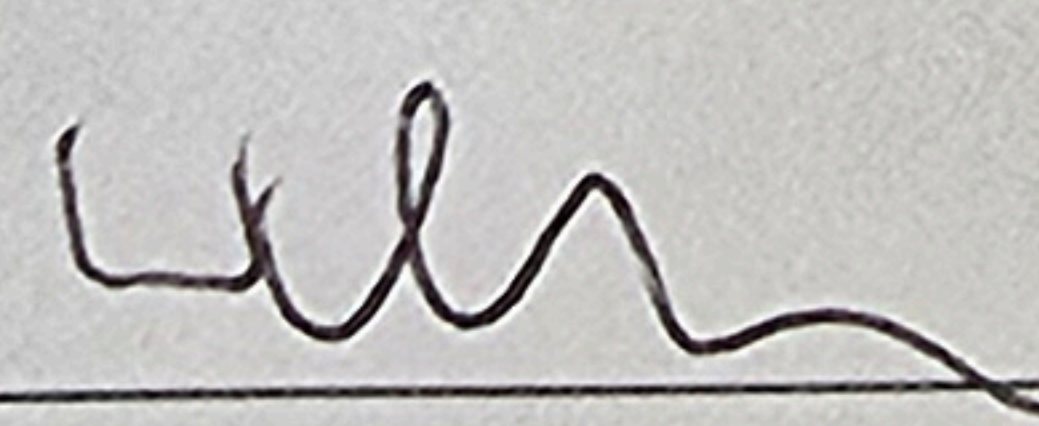
Applicant's Signature x 

11/14/29

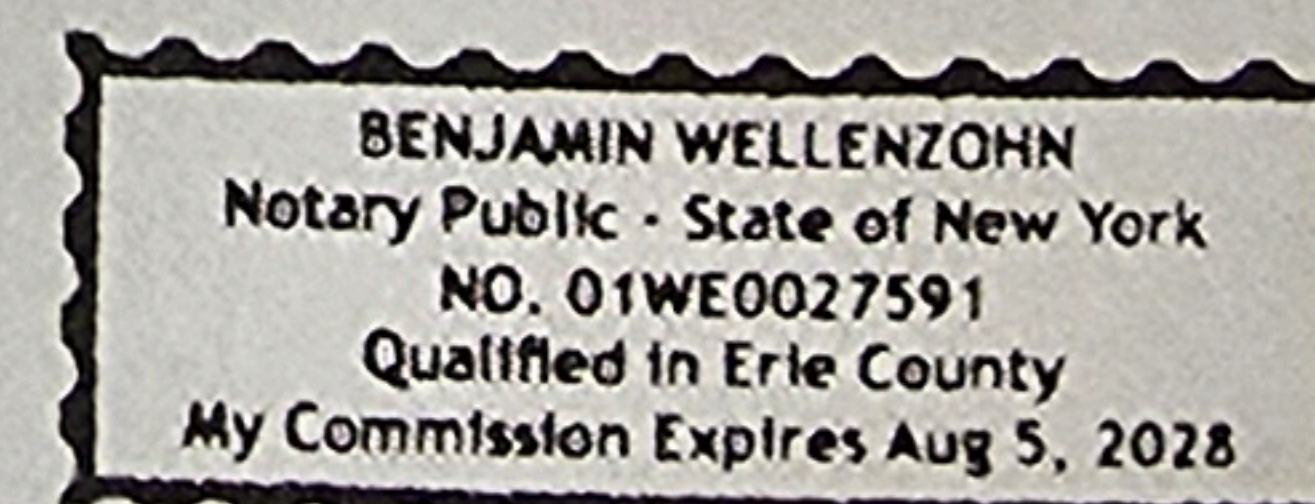
Print Applicant's Name Abe Kohn

SWORN to before me this

14 day of November, 2029

BW 

Notary Public



APPLICATION REVIEW FORM

Affidavit of Ownership/Owner's Consent

State of New York)

County of Rockland) SS.:

I, Abe Kohn being duly sworn, hereby
depose and say that I reside at: 17 Sterling Forest Ave, Suffern, NY 10901

in the county of Rockland in the state of NY

I am the (* Abe Kohn) owner in fee simple of premises located at:
17 Sterling Forest Ave, Suffern, NY 10901

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 48.11 block 1 lot(s) 13

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

x

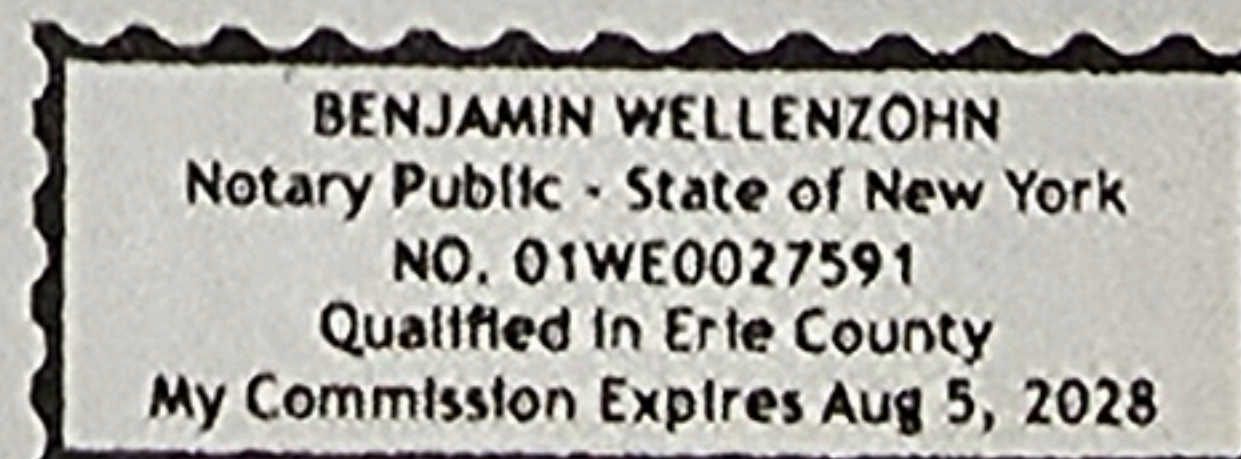
11/14/24
17 Sterling Forest Ave, Suffern,
NY 10901

SWORN to before me this

17 day of November, 2024

BW [Signature]

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:

- ☐ 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

Applicant is proposing to construct an addition the existing home as well as a pool. The proposed construction is within 100 feet of a stream that branches off the Mahwah River.

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 Q & H
- ☐ Section(s) _____

Specifically, the applicant seeks variance from the requirements from:

<u>Dimension*</u>	<u>Column</u>	<u>Required</u>	<u>Provided</u>
Front Setback	4	50 ft	30 ft
Front Yard	5	50 ft	30 ft
Pool Side Yard	8	30 ft	24.9 ft
Development Coverage	13	20%	22.2%
FAR	14	15%	26.5%

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

Applicant's initials: A.K.

APPLICATION REVIEW FORM

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

