

# Village of Airmont

251 CHERRY LANE, AIRMONT, NEW YORK  
Mailing Address: P.O. BOX 578, TALLMAN, NEW YORK 10982  
Telephone: 845-357-8111 Fax: 845-357-8307  
Website: www.airmont.org

## APPLICATION CHECKLIST FOR PLANNING BOARD ZONING BOARD OF APPEALS VILLAGE BOARD OF TRUSTEES

### APPLICATION FOR ZONING BOARD OF APPEALS

- Submit: 11 copies* of application.
- Submit: 11 copies* of EAF (*short form*).
- Submit: 11 copies* of Plot Plan drawn to scale.
- Submit: 11 copies* of narrative summary.
- Submit: 11 copies* of decision or order upon which appeal is based and Notice of Appeals to Building Inspector.
- Submit: 11 copies* of any details that will help the Board judge the application.
- Submit: 11 copies* of agreement to pay Professional Consulting Fees.
- Submit:* Filing Fee.

### APPLICATION FOR SITE DEVELOPMENT PLAN APPROVAL

- Submit: 16 copies* of application.
- Submit: 9 copies* of of building floor plans and elevations with samples and Architectural Review Committee's Checklist.
- Submit: 3 copies* of drainage data.
- Submit: 3 copies* of of Engineer's Cost Estimate Form.
- Submit: 16 copies* of of Site Development Plan to include Planimetric Plans, Grading, Drainage & Utility Plans, Landscaping & Lighting Plans and Detail Plans.
- Submit: 16 copies* of EAF (*long form*).
- Submit: 16 copies* of narrative summary.
- Submit: 1 copy* of agreement to pay Professional Consulting Fees.
- Submit:* Filing Fee.

### APPLICATION FOR SKETCH PLAT SUBDIVISION APPROVAL

- Submit: 16 copies* of application.
- Submit: 16 copies* of Sketch Plat (*clearly marked "Sketch"*).
- Submit: 16 copies* of EAF (*short form for minor subdivision, long form for major subdivision*).
- Submit: 16 copies* of narrative summary.
- Submit: 1 copy* of agreement to pay Professional Consulting Fee.
- Submit:* Filing Fee.

#### **APPLICATION FOR PRELIMINARY PLAT SUBDIVISION APPROVAL**

- Submit: 16 copies* of application.
- Submit: 16 copies* of Preliminary Plat (*clearly marked "Preliminary"*).
- Submit: 16 copies* of any additional required SEQRA documentation.
- Submit: 3 copies* of drainage data.
- Submit: 16 copies* of narrative summary describing any and all changes made to the plans.
- Submit: 4 copies* of Construction Plans.
- Submit: 1 copy* of agreement to pay Professional Consulting Fee.
- Submit:* Filing Fee.

#### **APPLICATION FOR FINAL PLAT SUBDIVISION APPROVAL**

- Submit: 16 copies* of application.
- Submit: 16 copies* of Final Plat (*clearly marked "Final"*).
- Submit: 16 copies* of any additional required SEQRA documentation.
- Submit: 3 copies* of drainage data.
- Submit: 16 copies* of narrative summary describing any and all changes made to the plans.
- Submit: 4 copies* of Construction Plans.
- Submit: 1 copy* of agreement to pay Professional Consulting Fee.
- Submit:* Filing Fee.

#### **APPLICATION FOR A SIGN PLAN**

- Submit: 12 copies* of application.
- Submit: 12 copies* of plan.
- Submit: 12 copies* of narrative summary.
- Submit: 1 copy* of agreement to pay Professional Consulting Fee.
- Submit:* Filing Fee.

#### **APPLICATION TO APPEAR BEFORE CDRD (Informal)**

- Submit: 5 copies* of application.
- Submit: 5 copies* of plan.
- Submit: 5 copies* of narrative summary.
- Submit: 1 copy* of agreement to pay Professional Consulting Fee.
- Submit:* Filing Fee.

#### **APPLICATION TO APPEAR BEFORE PLANNING BOARD (Informal)**

- Submit: 12 copies* of application.
- Submit: 12 copies* of plan.
- Submit: 12 copies* of narrative summary.
- Submit: 1 copy* of agreement to pay Professional Consulting Fee.
- Submit:* Filing Fee.

#### **APPLICATION TO APPEAR BEFORE BOARD OF TRUSTEES (Informal)**

- Submit: 7 copies* of application.
- Submit: 7 copies* of plan.
- Submit: 7 copies* of EAF (*short form*).
- Submit: 7 copies* of narrative summary.
- Submit: 1 copy* of agreement to pay Professional Consulting Fee.
- Submit:* Filing Fee.

# Village of Airmont

251 CHERRY LANE, AIRMONT, NEW YORK  
Mailing Address: P.O. BOX 578, TALLMAN, NEW YORK 10982  
Telephone: 845-357-8111 Fax: 845-357-8307  
Website: www.airmont.org

## APPLICATION REVIEW FORM

### PART I

Date \_\_\_\_\_

*Please check all that apply:*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Planning Board   | <input type="checkbox"/> Architectural Board       | <input type="checkbox"/> Zoning Board of Appeals                    |
| <input type="checkbox"/> C.D.R.C. ( <i>Informal</i> )                                 | <input type="checkbox"/> Village Board of Trustees |   |
| <input type="checkbox"/> Subdivision ( <i>indicate Sketch, Preliminary or Final</i> ) |  |   |
| Number of Lots  | <input type="checkbox"/> Sketch                    | <input type="checkbox"/> Preliminary <input type="checkbox"/> Final |
| <input type="checkbox"/> Site Development Plan  |  |   |
| <input type="checkbox"/> Sign Plan Review   |  |   |
| <input type="checkbox"/> Special Permit   | <input type="checkbox"/> Conditional Use           | <input type="checkbox"/> Zoning Code Amendment                      |
| <input type="checkbox"/> Zone Code Change   | <input type="checkbox"/> Appeals to Zoning Board*  | <input type="checkbox"/> Other ( <i>specify</i> ) _____             |

\* *Fill out Part I and Part II of this form*

PROJECT NAME \_\_\_\_\_

APPLICANT

STREET

CITY

STATE

ZIP

PHONE

FAX

PROPERTY OWNER

STREET

CITY

STATE

ZIP

PHONE

FAX

ENGINEER / ARCHITECT / SURVEYOR

STREET

CITY

STATE

ZIP

PHONE

FAX

ATTORNEY

STREET

CITY

STATE

ZIP

PHONE

FAX

CONTACT PERSON

STREET

CITY

STATE

ZIP

PHONE

FAX

**TAX MAP DESIGNATION**

SECTION

BLOCK

LOT(S)

SECTION

BLOCK

LOT(S)

**LOCATION**

On the \_\_\_\_\_ side of \_\_\_\_\_,

approximately \_\_\_\_\_ feet \_\_\_\_\_ of \_\_\_\_\_.

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

School District \_\_\_\_\_ Postal District \_\_\_\_\_

**PROJECT DESCRIPTION**

---

---

---

---

**IF SUBDIVISION**

1. Is any variance from the Subdivision Regulations being requested?

- Yes     No

*If yes, list variances on separate sheet and attach to application.*

2. Is any open space being offered?

- Yes     No

*If yes, what amount?*

**IF SITE DEVELOPMENT PLAN**

Are any waivers from the Site Development Plan Rules and Regulations being requested?

- Yes     No

*If yes, list waiver(s) on separate sheet and attach to application.*

**PROJECT HISTORY**

Has this project ever been reviewed before?

- Yes     No

*If yes, list case number, name, date and the Board you appeared before:*

---

---

---

List Tax map section, block & lot numbers of all other abutting properties in the same ownership as this project:

---

---

---

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

- State or County Road
- State or County Park
- Long Path
- County Stream
- Municipal Boundary
- County or State Facility

List name(s) of facility checked above:

---

---

---

This property *IS* directly adjacent to:  
(Check all that apply)

- State or County Road
- State or County Park
- Long Path
- County Stream
- Municipal Boundary
- County or State Facility

List name(s) of facility checked above:

---

---

---

***IF ANY ITEM ABOVE IS CHECKED, A REVIEW OF THE PLAN MUST BE CONDUCTED BY THE ROCKLAND COUNTY COMMISSIONER OF PLANNING UNDER THE STATE GENERAL MUNICIPAL LAW, SECTIONS 239 K, L, M AND/OR N UNLESS WAIVED FROM REVIEW.***

**REFERRAL AGENCIES**

- R.C. Highway Department
- R.C. Drainage Agency
- R.C. Dept. of Environmental Health
- R.C. Sewer District #1
- NYS Dept. of Transportation
- NYS Thruway Authority
- Adjacent Municipality
- Town of Ramapo Sewer Dept.



**AFFIDAVIT OF OWNERSHIP/OWNER'S CONSENT**

State of New York  
County of Rockland  
SS: Village of Airmont

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 \_\_\_\_\_.

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) \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

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

\_\_\_\_\_  
NOTARY PUBLIC

*\*If owner is corporation, fill in the office held by deponent and name of corporation, and provide a list of all directors, officers, and stockholders owning more than 5% of any class of stock.*

**OWNERS CONSENT FORM TO VISIT PROPERTY**

I, \_\_\_\_\_, owner of the property described in application submitted to the Village Board, Planning Board, Zoning Board of Appeals, and/or supporting staff, do 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.

\_\_\_\_\_  
SIGNATURE

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

\_\_\_\_\_  
NOTARY PUBLIC

**AFFIDAVIT PURSUANT TO SECTION 809 OF THE GENERAL MUNICIPAL LAW**

State of New York  
County of Rockland  
SS: Village of Airmont

I, \_\_\_\_\_, being duly sworn, hereby depose and say that 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.

- 1. Print or Type full Name and Address

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

Certifies that he/she is owner or agent 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:

- 2. To the \_\_\_\_\_ Board in the Village of Airmont,  
*PLANNING, ZONING OR VILLAGE, ROCKLAND COUNTY, NEWYORK*

Application, petition or request is hereby submitted for:

- Variance or modification from the requirements of Article \_\_\_\_\_ Section \_\_\_\_\_
- Special permit per the requirements of Article \_\_\_\_\_ Section \_\_\_\_\_

- Exemption from a Plat or official map
- Review and approval of proposed Subdivision Plat
- An order to issue a certificate, permit or license
- An amendment to the Zoning Ordinance or Official Map or change thereof
- Other (*explain*) \_\_\_\_\_

\_\_\_\_\_

To permit construction, maintenance and use of \_\_\_\_\_

\_\_\_\_\_

3. Premises affected are in a \_\_\_\_\_ zone and from the Town of Ramapo Tax Map, the property is known as Section **R-** \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_.

4. There is no state officer, Rockland County Officer or employee or Town of Ramapo Officer or employee, Village of Airmont 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 or that such officer or employee, if the 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 State, County, Town or 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.

5. That 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 the Town of Ramapo or the Village of Airmont 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 of brother, sister, parent, child, grandchild or the spouse of any of these blood relatives of such state, country or town of village officer or employee, state name and address of such relative and nature of relationship of officer and employee and nature and extent of office, interest or participation or association have an interest in such ownership or in any business entity sharing in such ownership:

---

---

---

---

---

---

---

- f. In the event of corporate ownership: A list of all directors, officers and stockholders of each corporation owning more than five percent (5%) of any class of stock, 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 Airmont.

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.

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*STREET*

\_\_\_\_\_  
*CITY*

\_\_\_\_\_  
*STATE*

\_\_\_\_\_  
*ZIP*

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

\_\_\_\_\_  
*NOTARY PUBLIC*



# ARCHITECTURAL REVIEW COMMITTEE (ARC)

Jack Blumenthal/Chairman

Guy Biondi

Jacki Solomon

## CHECKLIST FOR ARCHITECTURAL REVIEW

1. Narrative summary explaining the project and including any facts pertaining to this project which applicant feels may be of interest to this committee.
2. Renderings of proposed building(s) (color if possible), including Elevations and Site Landscaping.
3. It would be preferable to the ARC if the Architect would appear at this meeting with the applicant.
4. Materials Check List:

	<b>COLOR</b>	<b>MATERIAL</b>	<b>MANUFACTURER</b>
Roof:	_____	_____	_____
Siding:	_____	_____	_____
Decorative Siding:	_____	_____	_____
Soffits & Fascia:	_____	_____	_____
Gutters & Leaders:	_____	_____	_____
Windows:	_____	_____	_____
Trim:	_____	_____	_____
Shutters:	_____	_____	_____
Doors:	_____	_____	_____

# APPLICATION REVIEW FORM

## PART II

### Application before the Zoning Board of Appeals

Application, petition or request is hereby submitted for:

- Variance from the requirements of Article \_\_\_\_\_ Section \_\_\_\_\_
- Special Permit per the requirements of Article \_\_\_\_\_ Section \_\_\_\_\_
- Review of an administrative decision or order 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 \_\_\_\_\_  
\_\_\_\_\_

The decision or order of the Building Inspector being appealed is to be submitted together with the Notice of Appeals to Building Inspector. If an area variance is requested, specify the following:

1. The type of variance sought (Lot Area, Front Setback, Side Yard, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. The required bulk dimension(s) is (are): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. The proposed bulk dimension(s) is (are) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# COST ESTIMATE IMPROVEMENT FORM

Name of Project: \_\_\_\_\_ On-Site: \_\_\_\_\_ Off-Site: \_\_\_\_\_

DESCRIPTION	QUANTITY	UNIT PRICE	COST	AMOUNT COMPLETED
Roadway (30')	_____	L.F.	_____	_____
Concrete Curb	_____	L.F.	_____	_____
Concrete Sidewalk	_____	L.F.	_____	_____
<b>STORM DRAIN</b>				
_____ Pipe	_____	L.F.	_____	_____
_____ Pipe	_____	L.F.	_____	_____
_____ Pipe	_____	L.F.	_____	_____
Catch Basins	_____	each	_____	_____
Manholes	_____	each	_____	_____
Concrete Headwalls	_____	each	_____	_____
Monumentation	_____	each	_____	_____
Street Signs	_____	each	_____	_____
Miscellaneous	_____	each	_____	_____
Planting	_____	_____	_____	_____
			TOTAL	_____
			5% Inspection Fee	_____
			<i>(Make check payable to Village of Airmont)</i>	
<b>SEWERS</b>				
_____ Pipe	_____	L.F.	_____	_____
_____ Pipe	_____	L.F.	_____	_____
Manholes	_____	each	_____	_____
			TOTAL	_____
			5% Inspection Fee	_____
			<i>(Make check payable to Village of Airmont)</i>	
Street Frontage (in feet)	_____	_____	_____	_____
(Shade Tree)	_____	_____	_____	_____

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROJECT ENGINEER

# Village of Airmont

251 CHERRY LANE, AIRMONT, NEW YORK  
Mailing Address: P.O. BOX 578, TALLMAN, NEW YORK 10982  
Telephone: 845-357-8111 Fax: 845-357-8307  
Website: www.airmont.org

## AGREEMENT TO PAY PROFESSIONAL CONSULTING FEES

### MEMORANDUM

Pursuant to Local Law No. 14-93 of the Village of Airmont, it is the applicant's responsibility to pay all professional consulting fees incurred as a result of site plan review and your meeting with the Community Design Review Committee, Planning Board, and Zoning Board of Appeals.

You will be receiving bills periodically from the *Village of Airmont Professionals* which must be paid in full in order for the application to continue to be processed. Failure to pay outstanding fees may result in the denial of your application and/or the Village placing a lien on the property. Below find the hourly rates per professional. *Please note: Not all professionals attend every meeting.*

Brian Brooker, Village Engineer	\$120.00 per hour
Eve Mancuso, Asst. Village Engineer	\$120.00 per hour
Elliott Sachs, Asst. Village Engineer	\$109.00 per hour
Stu Turner, Village Planner	\$150.00 per hour
Kristen O'Donnell, Asst. Village Planner	\$ 75.00 per hour
Lino Sciarretta, Asst. Village Attorney	\$125.00 per hour

These fees are subject to change without written notice. Thank you for your anticipated cooperation.

The undersigned is aware of the above regulations of Local Law No. 14-93 and has reviewed said law and agrees to be bound by same.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PROPERTY OWNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT/REPRESENTATIVE