

Village of Airmont

251 CHERRY LANE, AIRMONT, NEW YORK
Mailing Address: P.O. BOX 578, TALLMAN, NEW YORK 10982
Telephone: 845-414-5522 EXT. 103 Fax: 845-414-5529
Website: www.airmont.org

APPLICATION CHECKLIST FOR: ARCHITECTURAL REVIEW COMMITTEE COMMUNITY DESIGN REVIEW COMMITTEE PLANNING BOARD VILLAGE BOARD OF TRUSTEES ZONING BOARD OF APPEALS

****All Application Requests require a digital submission emailed to planzone@airmont.org**

APPLICATION FOR ZONING BOARD OF APPEALS

Submit: 15 copies of application.

Submit: 15 copies of EAF (*short form*).

Submit: 15 copies of Plot Plan drawn to scale.

Submit: 15 copies of architectural drawings and elevations.

Submit: 15 copies of narrative summary.

Submit: 15 copies of decision or order upon which appeal is based and Notice of Appeals to Building Inspector.

Submit: 15 copies of any details that will help the Board judge the application.

Submit: 1 copy of agreement to pay Professional Consulting Fees.

Submit: Filing Fee.

APPLICATION FOR SITE DEVELOPMENT PLAN APPROVAL

**** Any amended site plan requires resubmission of the previously approved site plan**

Submit: 18 copies of application.

Submit: 13 copies of building floor plans and elevations and Architectural Review Committee's Checklist.

Submit: 3 copies of drainage data.

Submit: 3 copies of Engineer's Cost Estimate Form.

Submit: 18 copies of Site Development Plan to include Planimetric Plans, Grading, Drainage & Utility Plans, Landscaping & Lighting Plans and Detail Plans.

Submit: 18 copies of EAF.

Submit: 18 copies of narrative summary.

Submit: 1 copy of agreement to pay Professional Consulting Fees.

Submit: Filing Fee.

APPLICATION FOR SKETCH PLAT SUBDIVISION APPROVAL

Submit: 18 copies of application.

Submit: 18 copies of Sketch Plat (*clearly marked "Sketch"*).

Submit: 18 copies of EAF (*short form for minor subdivision, long form for major subdivision*).

Submit: 18 copies of narrative summary.

Submit: 1 copy of agreement to pay Professional Consulting Fee.

Submit: Filing Fee.

APPLICATION TO ARCHITECTURAL REVIEW COMMITTEE (Informal) – see page 13

APPLICATION FOR PRELIMINARY PLAT SUBDIVISION APPROVAL

Submit: 18 copies of application.

Submit: 18 copies of Preliminary Plat (*clearly marked "Preliminary"*).

Submit: 18 copies of any additional required SEQRA documentation.

Submit: 3 copies of drainage data.

Submit: 18 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: 18 copies of application.

Submit: 18 copies of Final Plat (*clearly marked "Final"*).

Submit: 18 copies of any additional required SEQRA documentation.

Submit: 3 copies of drainage data.

Submit: 18 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: 14 copies of application.

Submit: 14 copies of plan.

Submit: 14 copies of narrative summary.

Submit: 14 copies of EAF (*short form*).

Submit: 1 copy of agreement to pay Professional Consulting Fee.

Submit: Filing Fee.

APPLICATION TO APPEAR BEFORE CDRC (Informal)

Submit: 7 copies of application.

Submit: 7 copies of plan & EAF (*short form*)

Submit: 7 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: 14 copies of application.

Submit: 14 copies of plan & EAF (*short form*)

Submit: 14 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.

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APPLICATION REVIEW FORM

PART I

Date _____

Please check all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Planning Board | <input type="checkbox"/> Architectural Review Committee | <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"/> Plan 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 EMAIL FAX

_____ PROPERTY OWNER

_____ STREET CITY STATE ZIP

_____ PHONE FAX

ENGINEER / ARCHITECT / SURVEYOR

STREET

CITY

STATE

ZIP

PHONE

EMAIL

FAX

ATTORNEY

STREET

CITY

STATE

ZIP

PHONE

EMAIL

FAX

CONTACT PERSON

STREET

CITY

STATE

ZIP

PHONE

EMAIL

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)*

- | | | |
|---|---|---|
| <input type="checkbox"/> State or County Road | <input type="checkbox"/> State or County Park | <input type="checkbox"/> Long Path |
| <input type="checkbox"/> County Stream | <input type="checkbox"/> Municipal Boundary | <input type="checkbox"/> County or State Facility |

List name(s) of facility checked above:

This property *IS* directly adjacent to:

(Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> State or County Road | <input type="checkbox"/> State or County Park | <input type="checkbox"/> Long Path |
| <input type="checkbox"/> County Stream | <input type="checkbox"/> Municipal Boundary | <input type="checkbox"/> 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

- | | |
|---|--|
| <input type="checkbox"/> R.C. Highway Department | <input type="checkbox"/> NYS Dept. of Transportation |
| <input type="checkbox"/> R.C. Drainage Agency | <input type="checkbox"/> NYS Thruway Authority |
| <input type="checkbox"/> R.C. Dept. of Environmental Health | <input type="checkbox"/> Adjacent Municipality |
| <input type="checkbox"/> R.C. Sewer District #1 | <input type="checkbox"/> Town of Ramapo Sewer Dept. |

PLANNING BOARD AND ZONING BOARD OF APPEALS APPLICANTS ONLY

YOU **MUST** SEND A COPY OF APPLICATION & PLANS TO:

Regional Manager
Orange and Rockland Utilities, Inc.
390 West Route 59
Spring Valley, New York 10977

I have sent copies of the plans and application to Orange and Rockland Utilities, Inc. on _____.
DATE

SIGNATURE *DATE*

**ALL APPLICANTS
SIGNATURE & CERTIFICATION**

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

I, _____ hereby depose and say that all the above statements
contained in the papers submitted herewith are true.

SIGNATURE

STREET *CITY* *STATE* *ZIP*

Sworn to before me this _____ day of _____, 20_____.

NOTARY PUBLIC

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 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, NEW YORK

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 **R-** zone and from the Town of Ramapo Tax Map, the property is known as Section _____ Block _____ Lot(s) _____.

3. 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.

4. 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)

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. Architectural plans signed and sealed by the architect.
4. It would be preferable to the ARC if the Architect would appear at this meeting with the applicant.
5. Materials Check List (bring samples to the meeting):

	COLOR	MATERIAL	MANUFACTURER
Roof:	_____	_____	_____
Siding:	_____	_____	_____
Decorative Siding:	_____	_____	_____
Windows:	_____	_____	_____
Trim:	_____	_____	_____
Shutters:	_____	_____	_____
Doors:	_____	_____	_____

For applications to Architectural Review Committee (Informal):

Submit: 4 copies of application.

Submit: 4 copies of site plan.

Submit: 4 copies of renderings and elevations.

Submit: 4 copies of narrative summary.

Submit: 1 copy of agreement to pay Professional Consulting Fee.

Submit: Completed ARC checklist.

Submit: Filing Fee.

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 _____ of Airmont's Zoning Code.
- Special Permit per the requirements of Article _____ Section _____ of Airmont's Zoning Code.
- 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: _____

<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>UNIT PRICE</u>	<u>COST</u>	<u>AMOUNT COMPLETED</u>
Roadway (30') _____	L.F. _____	_____	_____	_____
Concrete Curb _____	L.F. _____	_____	_____	_____
Concrete Sidewalk _____	L.F. _____	_____	_____	_____
STORM DRAIN				
_____ Pipe _____	L.F. _____	_____	_____	_____
_____ Pipe _____	L.F. _____	_____	_____	_____
_____ Pipe _____	L.F. _____	_____	_____	_____
Catch Basins _____	each _____	_____	_____	_____
Manholes _____	each _____	_____	_____	_____
Concrete Headwalls _____	each _____	_____	_____	_____
Monumentation _____	each _____	_____	_____	_____
Street Signs _____	each _____	_____	_____	_____
Miscellaneous _____	each _____	_____	_____	_____
Plantings _____	_____	_____	_____	_____
			SUBTOTAL	_____
			6% Inspection Fee	_____
			<i>(Make check payable to Village of Airmont)</i>	
SEWERS				
_____ Pipe _____	L.F. _____	_____	_____	_____
_____ Pipe _____	L.F. _____	_____	_____	_____
Manholes _____	each _____	_____	_____	_____
			SUBTOTAL	_____
			6% Inspection Fee	_____
			<i>(Make check payable to Village of Airmont)</i>	
SEWERS				
Street Frontage (<i>in feet</i>) _____	_____	_____	_____	_____
(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: 845-414-5522 EXT. 103 Fax: 845-414-5529
Website: www.airmont.org

AGREEMENT TO PAY PROFESSIONAL CONSULTING FEES

MEMORANDUM

Pursuant to the Village of Airmont Code Section §106-22, it is the applicant's responsibility to pay all professional consulting fees, public hearing notice fees and any other fees incurred as a result of site plan review and your meeting with the Community Design Review Committee, Planning Board, Architectural Review Committee, Board of Trustees and/or 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.***

<i>Eve Mancuso; Village Engineer</i>	\$171.00	<i>hourly</i>
<i>Dennis Letson; Alt. Village Engineer</i>	\$160.00	<i>hourly</i>
<i>Al Fusco, Village Engineer</i>	\$125.00	<i>hourly</i>
<i>Valerie Monastra, Village Planner</i>	\$160.00	<i>hourly</i>
<i>Dan Kraushaar, Asst. Village Attorney</i>	\$180.00	<i>hourly</i>

The Village will provide a stenographer to any applicant at any Planning Board or Zoning Board of Appeals meeting. By checking the box to the left, the applicant agrees to pay any fees incurred by the Village for a stenographer. If this box is not checked, a stenographer will NOT be provided.

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

In the event the applicant and/or property owner fails to reimburse the village for the fees incurred by the review of its professionals, the Village may re-levy the delinquent payments as an additional tax on the property which is the subject of the application.

The undersigned is aware of the above regulations of the Village of Airmont Code §106-22, Local Law No. 14-93 and has reviewed said law and code and agrees to be bound by same.

DATE

SIGNATURE OF PROPERTY OWNER

DATE

SIGNATURE OF APPLICANT/REPRESENTATIVE

REVISED 9/14/2021