

PART I

Name of Municipality VILLAGE OF WESLEY HILLS Date _____

Please check all that apply:

<input checked="" type="checkbox"/> Planning Board	<input type="checkbox"/> Municipal Board
<input type="checkbox"/> Zoning Board of Appeals* <i>(Fill out Part II of this form.)</i>	<input type="checkbox"/> Historical Board
	<input type="checkbox"/> Architectural Board
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Pre-preliminary/Sketch
<input type="checkbox"/> Number of Lots	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Final
<input type="checkbox"/> Special Permit	<input type="checkbox"/> Conditional Use
<input type="checkbox"/> Zoning Code Amendment	<input type="checkbox"/> Zone Change
<input type="checkbox"/> Variance	

Applicant: _____ **Phone #** _____

Address: _____

Street Name & Number (Post Office)

Project Name: _____

Tax Map Lot No. _____ Map Date _____

_____ Current Zoning _____

Location: On the _____ side of _____,
_____ feet _____ of _____ in the
town of _____ hamlet/village of _____.

Acreage of Parcel _____ **Zoning District** _____

School District _____ **Postal District** _____

Fire District _____ **Ambulance District** _____

Water District _____ **Sewer District** _____

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

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) Total size of building(s) in square feet _____
- 2) Proposed addition _____
- 3) Number of dwelling units _____

If **special permit**, list special permit use and what the property will be used for.

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 you appeared before. _____

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

Property Owner: _____ Phone # _____

Address _____

Street Name & Number (Post Office) State Zip code

Engineer/Architect/Surveyor: _____ Phone # _____

Address _____

Street Name & Number (Post Office) State Zip code

Attorney: _____ Phone # _____

Address _____

Street Name & Number (Post Office) State Zip code

Contact Person: _____ Phone # _____

Address _____

Street Name & Number (Post Office) State Zip code



VILLAGE OF WESLEY HILLS

432 Route 306
Wesley Hills, New York 10952
(845) 354-0400 Fax: (845) 354-4097

AFFIDAVIT OF OWNERSHIP

STATE OF NEW YORK }
COUNTY OF ROCKLAND } SS:
VILLAGE OF WESLEY HILLS }

_____ being duly sworn, deposes and
says that he/she resides at _____

in the County of Rockland, State of New York; that he/she is the owner in
fee of all that certain lot, piece or parcel of land situated, lying and being
in the Village of Wesley Hills, and designated on the Town of Ramapo
Map as Section No. _____ Lot No. _____ and that he/she hereby
authorizes the attached application to be submitted in his/her behalf and
that the statements of fact contained in said application are true.

The applicant is the (owner) (contract vendee) of the said property.

Owner: _____

Address: _____

Sworn to before me this

_____ day of _____ 20____

Notary Public

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 K, L, M, AND N.

- | | |
|--|---|
| <input type="checkbox"/> State or County Road | <input type="checkbox"/> State or County Park |
| <input type="checkbox"/> County/State Land or Right-of-Way | <input type="checkbox"/> County Stream |
| <input type="checkbox"/> Municipal Boundary | <input type="checkbox"/> County Facility |

List name(s) of facility checked above. _____

Location of Parcel(s) _____

Referral Agencies: *(Please check with the Village Office to make sure that the appropriate agencies, as needed, receive copies of your application and plans for their review.)*

- | | |
|--|--|
| <input type="checkbox"/> RC Highway Department | <input type="checkbox"/> Town of Ramapo Dept. of Public Works |
| <input type="checkbox"/> RC Drainage Agency | <input type="checkbox"/> RC Dept. of Planning |
| <input type="checkbox"/> RC Soil and Water Cons. Dist. | <input type="checkbox"/> RC Dept. of Environmental Health |
| <input type="checkbox"/> NYS Dept. of Transportation | <input type="checkbox"/> NYS Dept. of Environmental Conservation |
| <input type="checkbox"/> RC Sewer District #1 | <input type="checkbox"/> Town of Ramapo Building Dept. |
| <input type="checkbox"/> Rockland County 911 | |

Adjacent Municipality _____

(AS APPLICABLE)

TO ALL APPLICANTS - YOU MUST SEND A COPY 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 _____.

Signature

Date

Applicant's Signature and Certification

State of New York)
County of Rockland) SS.:
Town/Village of _____)

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

Mailing Address

SWORN to before this
_____ day of _____, 20_____

Notary Public

Owner/Applicant's Consent Form to Visit Property

I, _____, owner/applicant of the property
described in application submitted to the town/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 for the purposes incidental
to the within application at a reasonable time during the day and upon reasonable notice
to the owner or tenant in possession.

Owner/Applicant

SWORN to before this
_____ day of _____, 20_____

Notary Public

APPLICATION REVIEW FORM
Affidavit of Ownership/Owner's Consent

State of New York)
County of Rockland) SS.:
Town/Village of _____)

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 _____

Tax Map Lot – No. _____ Map Date _____
Current Zoning _____

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. Also, I do hereby give permission to the Village of Wesley Hills, its agents,
servants and employees to enter upon the above described property solely for the
purposes incidental to the within application at reasonable times upon reasonable notice
to the owner or tenant in possession.

Owner _____
Mailing Address _____

SWORN to before this
_____ day of _____, 20_____

Notary Public

* *If owner is a 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.*

APPLICATION REVIEW FORM
Affidavit Pursuant to Section 809 of the General Municipal Law

State of New York)
County of Rockland) SS.:
Town/Village of _____)

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 that 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 post office address

certifies that he 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 _____ of the Town/Village of
(Board, Commission or Agency)
_____, Rockland County, New York:

Application, petition or request is hereby submitted for:

- () Variance or modification from the requirement of Section _____;
- () Special permit per the requirements of Section _____;
- () Review and approval of proposed subdivision plat;
- () Exemption from a plat or official map;
- () 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 _____ tax map, the property is know as:

Tax Map Lot – No. _____

APPLICATION REVIEW FORM

4. There is no state officer, Rockland County Officer or employee or town/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 town/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 of the Town/Village of _____ 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 ownership: A list of all directors, officers and stockholders of each corporation owning more than five (5%) percent 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 Town/Village of _____.

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.

Mailing Address _____

SWORN to before this

_____ day of _____, 20_____

APPLICATION REVIEW FORM

Notary Public

APPLICATION REVIEW FORM

DISCLAIMER

APPLICANT TAKES FULL RESPONSIBILITY FOR RESEARCHING THE TAX MAP FOR THE LIST OF NAMES OF PROPERTY OWNERS ON THE ENCLOSED ***AFFIDAVIT OF MAILING LIST***, AND SUPPLYING THE NECESSARY AMOUNT OF SELF-ADDRESSED STAMPED ENVELOPES.

THE APPLICANT'S ENVELOPES MUST COINCIDE WITH THE LIST. THE CLERK'S RESPONSIBILITY IS LIMITED TO CHECKING NAMES ON THE ENVELOPES AGAINST THE AFOREMENTIONED AFFIDAVIT BEFORE MAILING THEM.

RECEIPT OF THIS DISCLAIMER IS ACKNOWLEDGED

APPLICANT

DATED

APPLICATION REVIEW FORM

AFFIDAVIT

State of New York)
County of Rockland) SS.:
Town/Village of _____)

I, _____ being duly sworn deposes and says that
he is the applicant, agent or attorney for applicant, in the matter of the petition before the
_____ (board) in the town/village
of _____ affecting property located at
_____, Rockland County, New York.

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

Table with 3 columns: SECTION/BLOCK/LOT, NAME, ADDRESS. Multiple empty rows for data entry.

SWORN to before this
_____ day of _____, 20_____

Notary Public

APPLICATION REVIEW FORM

VILLAGE OF WESLEY HILLS

432 Route 306
Wesley Hills, New York 10952
(845) 354-0400 Fax: (845) 354-4097

AFFIDAVIT OF POSTING

STATE OF NEW YORK }
COUNTY OF ROCKLAND } SS:
VILLAGE OF WESLEY HILLS }

_____ being duly sworn, deposes and says that he/she is the
applicant in the matter of an application before the Village of Wesley Hills Planning Board
affecting property located at _____, Wesley Hills, Town of
Ramapo, Rockland County, New York.

That on the _____ day of _____ 200__, he/she posted the posters provided by the
Planning Board of the Village of Wesley Hills giving notice of the hearing on this application in a
conspicuous place visible from every street along the frontage of the plot affected by this
application.

Signature of Applicant

Sworn to before me this
_____ day of _____ 200__

Notary Public

APPLICATION REVIEW FORM

PART II

Application before the Zoning Board of Appeals

Application, petition or request is hereby submitted for:

- 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 _____

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

This application seeks a variance from the provisions of Article _____, Section(s) _____. Specifically, the applicant seeks a _____ (*side yard, lot area, height, etc.*) of _____ (*feet, height, max. building coverage, etc.*).

APPLICATION REVIEW FORM

AS APPLICABLE, COMPLETE THE FOLLOWING:

- 1) SHORT ENVIRONMENTAL ASSESSMENT FORM
- 2) FULL ENVIRONMENTAL ASSESSMENT FORM

For access to the above State Environmental Quality Review forms:

<http://www.dec.ny.gov/public/6191.html>

SHORT ENVIRONMENTAL ASSESSMENT FORM

INSTRUCTIONS:

Environmental Assessment

- (a) In order to answer the questions in this short EAF, it is assumed that the preparer will use currently available information concerning the project and the likely impacts of the action.
- (b) If any question has been answered Yes, the project may be significant and a completed full Environmental Assessment Form (LEAF) is necessary.

1. Will project result in a large physical change to the project site or physically alter more than one acre of land? Yes No
2. Will there be a change to any unique or unusual land form found on the site or to any site designated a unique natural area or critical environmental area by a local or state agency? Yes No
3. Will project alter or have any effect on an existing body of water? Yes No
4. Will project have an impact on ground water quality? Yes No
5. Will project affect drainage flow on adjacent sites? Yes No

Instructions for Short Environmental Assessment Form (continued)

APPLICATION REVIEW FORM

6. Will project affect any threatened or endangered plant or animal species? ___Yes ___No
7. Will project result in an adverse affect on air quality? ___Yes ___No
8. Will project have an effect on visual character of the community or scenic views or vistas known to be important to the community? ___Yes ___No
9. Will project adversely impact any site or structure of historic, pre-historic, or paleontological importance or any site designated as a critical environmental area by a local agency? ___Yes ___No
10. Will project have an effect on existing or future recreational opportunities? ___Yes ___No
11. Will project result in traffic problems or cause a major effect to existing transportation systems? ___Yes ___No
12. Will project regularly cause objectionable odors, noise, glare, vibration, or electrical disturbance as a result of the project's operation? ___Yes ___No
13. Will project have any impact on public health or safety? ___Yes ___No
14. Will project affect the existing community by directly causing a growth in permanent population of more than 5 percent over a one-year period OR have a major negative effect on the character of the community or neighborhood? ___Yes ___No
15. Is there public controversy concerning the project? ___Yes ___No

PREPARER'S SIGNATURE: _____ DATE: _____

REPRESENTING _____

APPLICATION REVIEW FORM

ROCKLAND COUNTY DEPARTMENT OF PLANNING REFERRAL FORM FOR GENERAL MUNICIPAL LAW REVIEWS

Municipality VILLAGE OF WESLEY HILLS Date _____

Board: _____ Planning _____ ZBA _____ Town/Village

Filename _____

Contact Person _____ Phone _____

Address _____

Referral Agencies: *(Please indicate the agencies that have also received copies of this application.)*

- | | |
|--|---|
| _____ RC Highway Department | _____ NYS Department of Transportation |
| _____ RC Drainage Agency | _____ RC Dept. of Environmental Health |
| _____ NYS Dept. of Transportation | _____ NYS Dept. of Environmental Conservation |
| _____ RC Sewer District #1 | _____ RC Park Commision |
| _____ NYS Thruway Authority | _____ RC Environmental Management Council |
| _____ Palisades Interstate Park Commission | |
| _____ Adjacent Municipality _____ | |

Pursuant to the General Municipal law Article 12-B, Section

- 239(n) _____ Subdivision
239 (l) & (m) _____ Site Plan, _____ Variance, _____ Special Permit, _____ Zone Change/Amendment
_____ Other

Location of Parcel(s) _____

The Property in Question Lies Within 500 feet of:

- | | |
|----------------------------|--|
| _____ County Road | _____ Village, Town, or County Boundary |
| _____ County Stream | _____ State Road, Thruway, or Parkway |
| _____ County or State Park | _____ County or State Land or Right-of-way |
| _____ The Long Path | |

Map _____ Block _____ Lot(s) _____ Map Date _____
Map _____ Block _____ Lot(s) _____ Current Zoning _____

Brief Project Description: _____

Variences Needed (if applicable)	Required	Provided
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICATION REVIEW FORM