

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*	<input type="checkbox"/> Historical Board
(Fill out Part II of this form.)	<input type="checkbox"/> Architectural Review
<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.

_____ State or County Road	_____ State or County Park
_____ County/State Land or Right-of-Way	_____ County Stream
_____ Municipal Boundary	_____ 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.)*

_____ RC Highway Department	_____ Town of Ramapo Dept. of Public Works
_____ RC Drainage Agency	_____ RC Dept. of Planning
_____ RC Soil and Water Cons. Dist.	_____ RC Dept. of Environmental Health
_____ NYS Dept. of Transportation	_____ NYS Dept. of Environmental Conservation
_____ RC Sewer District #1	_____ Town of Ramapo Building Dept.
_____ 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

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.*

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. _____

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____

Notary Public

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 LABELED 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

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

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

SWORN to before this

Notary Public

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 _____ 20____, 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 _____ 20____

Notary Public

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/permits/6191.html>