

**TOWN OF NORTH SALEM
ZONING BOARD OF APPEALS
APPLICATION FOR AN APPEAL**

1. Copy of filed Building Permit application, with Objection from the Building Inspector (WHEN appropriate).
2. Application **complete**, with all necessary signatures and notarized where required.
3. FEE: \$75.00 (check, payable to the Town of North Salem), for cost of Public Hearing Notice only.
4. ***** Original + 7 copies** of completed application with all required signatures. Do not copy instructions page and schedule page. Copies are for each of the Board Members, one for Counsel to the Board, one for the Zoning Enforcement Officer and the original is for the permanent record. **If any parts of section A. (3) on page 1 are checked, additional copies of application may be required.**
5. Eight sets of plans (when appropriate), along with 8 copies of survey and any other back-up information being provided. Please provide 8 copies of the section of the Town Tax Map that includes your property and neighboring lots. If plans are provided, they should include to-scale and dimensionally correct floor plan(s), and elevations.
6. Notification of Property Owners sent by Certified Mail- Return Receipt Requested to all property owners within **200** feet of property perimeter. Residents of cooperatives must notify property owners within **50** feet and the co-op. Please **DO NOT** mail notifications before having your application reviewed. Sample letter may be found in the application package. **Please include a list of names and addresses of those to whom this letter is mailed with your application (8 copies).** **Stamped Post Office Receipts (white) to be submitted with applications.** Certified Mail Receipts (green cards) to be submitted at the meeting.
7. Site inspections by ZBA members usually take place the Saturday or Sunday before the Public Hearing.

***** NOTE 2-PART FILING SCHEDULE:** Before making copies, return completed application including all required signatures (notarized where necessary) to Zoning Board Secretary for review not later than the **TUESDAY** before the final filing deadline (**TUESDAY**). It is important to ensure that your application is complete in order to avoid possible omission from the upcoming agenda. A schedule of review, filing and meeting dates is on the Board of Appeals website. All signatures and copies of the application are the sole responsibility of the applicant.

Jennifer Santis
ZBA Secretary
914-669-0245
jsantis@northsalemny.org

ZONING BOARD OF APPEALS
TOWN OF NORTH SALEM
WESTCHESTER COUNTY, NEW YORK

PETITION FOR AN APPEAL

TO THE ZONING BOARD OF APPEALS:

A. STATEMENT OF OWNERSHIP AND INTEREST:

1. The undersigned petitioner(s) _____
owner(s) of the property at _____

in the Town of North Salem in a _____ Zoning District, which property is designated
on the Tax Assessment Map of the Town of North Salem as
Sheet _____ Block _____ Lot _____
Telephone Number _____

2. The above-described property was acquired by the applicant on
_____, _____.

3. Please check appropriate line(s) and circle County or State. The property lies
within 500 feet of:

- ___ any boundary of the Town.
- ___ the boundary of any County or State park or recreation area.
- ___ any County or State highway, parkway, thruway, expressway or road.
- ___ the boundary of a farm operation in an agricultural district.
- ___ any boundary of the unincorporated portion of the Town of North Salem.

B. BASIS FOR PETITION:

Application is hereby made for an appeal per Article XVII, Section 250-108 (A) and 250-109
of the Zoning Ordinance.

D. IDENTIFICATION OF NEIGHBORING PROPERTY OWNERS:

Attached is a list of the names and addresses of the owners of all property within 200 feet of any portion of the property for which a Variance is sought.

Date: _____
_____ (Signature of Petitioner)

STATE OF NEW YORK)
COUNTY OF WESTCHESTER) ss.:

The undersigned petitioner, being duly sworn, deposes and says that he has read the foregoing petition and knows the contents thereof; that the facts set forth Therein are true to the best of his knowledge, information, and belief.

(Signature of Petitioner)

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

(Notary Public)

Received by Secretary of the
Board of Appeals:

Date:
Signed:

TOWN OF NORTH SALEM

DISCLOSURE STATEMENT ACOMPANYING APPLICATION OR PETITION:

A. Identification of Application or Petition:

To: North Salem Board of Appeals

Name of Applicant: _____

Address: _____

Date: _____

Nature of application or petition:

B. Nature and Extent of Interest of any State Officer or Municipal Officer or Employee in this application. (set forth in detail)

C. Statement that no State Officer or Municipal Officer or Employee has an interest in this application.

The undersigned Applicant or petitioner certifies by signature on this Disclosure Statement that, in accordance with the provisions of Section 809 of the General Municipal Law, no State Officer or any Officer or Employee of the Town of North Salem or of any municipality of which the Town is a part has any interest in the person, partnership, or association making the above application, petition or request.

Date: _____

Signed: _____

AFFIDAVIT
Regarding Town of North Salem
Application Processing Restrictive Law
(Code of the Town of North Salem, Chapter 37)

I hereby certify that to the best of my knowledge no outstanding fees under the Standard Schedule of Fees of the Town of North Salem exist for the property identified below. Furthermore, I hereby certify that to the best of my knowledge, no outstanding violation of local laws or ordinances of the Town of North Salem exists with respect to the cited property or any structure or use existing thereon.

Property tax identification (please verify that the sheet, block and lot number(s) provided are correct. See tax bill or contact Town Assessor's Office):

Sheet _____ Block _____ Lot _____

Owner: _____ Agent: _____

Address of property subject to application: _____

Type of Application: _____

Submitted to:

(Identify Board or Department)

Signed _____ Signed _____
Owner of Record/Date Agent for Permit Application/Date

Notary Public/ _____ Notary Public/ _____
Date Date

Confirmations (**Do not sign if note below applies**):

Signed _____
Building Inspector/Date

Signed _____ Signed _____
Planning Board Secretary/Date Town Clerk/Date

Note: The processing and approval of any and all applications for approval and issuance of any permit or certificate of occupancy or use by any board or official of the Town of North Salem is prohibited for any property owner who has fees outstanding under the Standard Schedule of Fees of the Town of North Salem. The process of applications is similarly prohibited when there are outstanding violations of any local laws or ordinances of the Town of North Salem on the property for which the approval is being requested. If the confirmations cannot be provided, an application cannot be processed. In accordance with the Code of the Town of North Salem, Chapter 37, Section 37-5, an applicant may make a written request to the Town of North Salem Town Board for a waiver of provisions of the Code Chapter 37.

This Affidavit must be completed and submitted with any and all application(s) to the Town of North Salem in accordance with Code Chapter 37.

NOTICE TO PROPERTY OWNERS

TO: _____

ADDRESS: _____

PLEASE TAKE NOTICE:

That an application has been made to the Zoning Board of Appeals of the Town of North Salem (by) (on behalf of) _____

for an **APPEAL** under Article XVII Section 250-109 of the Zoning Ordinance so as to

regarding the premises at (street/ road name) _____

Sheet _____ Block _____ Lot _____

This notice has been sent to you as owner of property within 200 feet of the perimeter of the property concerned (or 50 ft. for co-ops).

This application has been set for a Public Hearing on Thursday, the _____ day of _____, 20 ____ at 7:30 p.m., at which hearing you may appear either in person or by your authorized representative and present any objections which you may have to the granting of this application.

Location of Public Hearing: Town Meeting Hall, 66 June Road, North Salem, NY 10560.

All written objections should be filed one (1) day prior to the date of the Public Hearing. The objector must describe the property he/she owns.

This notice is sent to you by the applicant, by order of the Zoning Board of Appeals of the Town of North Salem.

Respectfully,

Applicant

Applicant

Dated: _____

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information				
Name of Action or Project:				
Project Location (describe, and attach a location map):				
Brief Description of Proposed Action:				
Name of Applicant or Sponsor:		Telephone:		
		E-Mail:		
Address:				
City/PO:		State:	Zip Code:	
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input type="checkbox"/>	YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:			NO <input type="checkbox"/>	YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ acres				
b. Total acreage to be physically disturbed? _____ acres				
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres				
4. Check all land uses that occur on, are adjoining or near the proposed action:				
5. Urban Rural (non-agriculture) Industrial Commercial Residential (suburban)				
<input type="checkbox"/> Forest Agriculture Aquatic Other(Specify):				
<input type="checkbox"/> Parkland				

5. Is the proposed action, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest Agricultural/grasslands Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
49. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: _____ Date: _____ Signature: _____ Title: _____		