

**VILLAGE OF UPPER NYACK**  
**328 North Broadway**  
**Upper Nyack, NY 10960**

**Submission of Special Permit Application for Planning Board Review**

Checklist items 1-6 must be submitted and reviewed by Clerk and Building Inspector before application is placed on Planning Board agenda. Planning Board meets monthly; application deadline is 15 business days prior to public hearing.

**CHECKLIST FOR SPECIAL PERMIT IN a RESIDENTIAL or COMMERCIAL ZONE**

1. \_\_\_\_\_ 1 copy of Special Permit application form (enclosed).
2. \_\_\_\_\_ 1 copy of deed
3. \_\_\_\_\_ 1 copy of survey prepared by licensed surveyor/engineer in current owner's name
4. \_\_\_\_\_ 11 copies of Site Plan, signed and sealed by licensed professional  
*REFER TO SITE PLAN CHECKLIST FOR REQUIREMENTS* (enclosed)
5. \_\_\_\_\_ 1 copy of Short or Full Environmental Assessment Form (enclosed)
6. \_\_\_\_\_ Payment of Planning Board Fee at time of submission.

**Requirements prior to appearance before Planning Board:**

- \_\_\_\_\_ Postal receipts for certified letters of neighbor notification, accompanied by:
- \_\_\_\_\_ 1 copy of signed and notarized AFFIDAVIT submitted to clerk 5 days prior to Planning Board Meeting.

**VILLAGE OF UPPER NYACK  
SITE PLAN CHECK LIST**

Project Name: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

The following information must be submitted and included on the proposed site plan at a **minimum scale of 1" = 20'** in a form having sufficient detail to insure a clear understanding of the work to be performed by the Owner or Applicant. A larger scale may be required to show extent of the work.

**Information Required for All Applications:**

- \_\_\_\_\_ Name and address of surveyor or engineer of record
- \_\_\_\_\_ Name and address of Owner of Record
- \_\_\_\_\_ Vicinity Map at a scale not over 1" = 1000'
- \_\_\_\_\_ Bulk Table requirements
- \_\_\_\_\_ Zoning District identification
- \_\_\_\_\_ North reference arrow
- \_\_\_\_\_ Usage of all existing structures
- \_\_\_\_\_ Indication of proposed staging during construction
- \_\_\_\_\_ Location of proposed structures within limit lines
- \_\_\_\_\_ Locate and identify trees that are 8" in diameter or larger
- \_\_\_\_\_ Reference 3- year life of approved Site Plan
- \_\_\_\_\_ Adjacent property owners names and tax lot numbers
- \_\_\_\_\_ Architectural plans & elevations of any additions/proposed bldgs. @ 1/4" = 1'0"
- \_\_\_\_\_ Existing and proposed contours at 2 ft. intervals
- \_\_\_\_\_ Proposed finished floor elevations
- \_\_\_\_\_ Proposed final grade elevations at reference points
- \_\_\_\_\_ Note reference to construction and utility standards
- \_\_\_\_\_ Proposed treatment of ground water flow control
- \_\_\_\_\_ Identify all proposed and existing utility lines and services
- \_\_\_\_\_ Reference requirement for highway tree planting
- \_\_\_\_\_ Outline designated wooded area to remain undisturbed
- \_\_\_\_\_ Locate and describe all Rights of Way
- \_\_\_\_\_ Locate and describe all easements, existing and proposed
- \_\_\_\_\_ Reference all existing restrictive covenants.
- \_\_\_\_\_ Reference all proposed restrictive covenant.
- \_\_\_\_\_ Show treatment of outstanding geological features

**Additional Information Required for Subdivision Plat Applications Only:**

- \_\_\_\_\_ Show name of all proposed roads
- \_\_\_\_\_ Provide plans and profiles of sanitary sewers
- \_\_\_\_\_ Provide plans and profiles of storm drainage system
- \_\_\_\_\_ Reference installation of proposed fire hydrants
- \_\_\_\_\_ Reference installation of proposed street lighting
- \_\_\_\_\_ Provide a tabulation of estimated public improvement costs
- \_\_\_\_\_ Submit an Environmental Assessment Form identifying the project impact on the community

**VILLAGE OF UPPER NYACK  
328 North Broadway  
Upper Nyack, NY 10960**

**APPLICATION FOR SPECIAL PERMIT IN  
RESIDENTIAL and COMMERCIAL ZONES**

TO BE TYPED OR PRINTED IN INK

Submit this application in **duplicate**. In addition, **eleven copies of the site plan** and specifications including a plot plan, drawn to scale, showing the location and size of all existing structures on the site, and/or proposed new construction, including distances from lot lines. (Three copies of building plans if applicable.)

Plans and specifications must bear the stamp/seal and signature of a licensed professional. Further information may be required by the Building Inspector, as provided by the Zoning Ordinance of the Village of Upper Nyack, if such is considered necessary for approval of this application.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Owner(s) \_\_\_\_\_ Phone # \_\_\_\_\_

Owner(s) Address: \_\_\_\_\_

Agent Name (Engineer/Architect/Attorney): \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

NARRATIVE DESCRIPTION of all existing and/or proposed uses: Please attach.

PLEASE COMPLETE THE FOLLOWING

**Property Location:** On the \_\_\_\_\_ side of \_\_\_\_\_ Street/Avenue,  
and \_\_\_\_\_ feet from the intersection of \_\_\_\_\_ and \_\_\_\_\_

**County Tax ID Number:** \_\_\_\_\_

**Zoning District:** \_\_\_\_\_ **Zoning Code:** \_\_\_\_\_

**Site Acreage in square feet:** \_\_\_\_\_

**Building Size:**

	Present	Addition	Completed
Front in Feet			
Rear in Feet			
Max depth in feet			
Number of stories			

**Building Setbacks:**

	Minimum Distance in feet	Maximum distance in feet
From Street line to Bldg.		
From Side lot line to Bldg.		
From rear lot line to Bldg.		

**New Building** \_\_\_\_\_ **Altered Building** \_\_\_\_\_ **Demolition Required** \_\_\_\_\_

**Distance of building from nearest stream, river or waterway:** \_\_\_\_\_

**Sewage Disposal:** Public Sewers \_\_\_\_\_ Septic System \_\_\_\_\_

Does the existing and/or proposed use comply with the Zoning Ordinance of the Village of Upper Nyack (Section 17:4) \_\_\_\_\_

If not, or if a variance is required, give specifics:

Has a prior variance or Special Permit ever been granted? \_\_\_\_\_

If yes, give specifics:

Does the existing and/or proposed use comply with the Zoning Ordinance of the Village of Upper Nyack **Off-Street Parking Facilities** in Commercial and Residential Districts (Section: 6:1)? \_\_\_\_\_

OFFICE OF THE BUILDING INSPECTOR  
VILLAGE OF UPPER NYACK

Village of Upper Nyack  
County of Rockland  
State of New York

Print or Type Name \_\_\_\_\_

certifies that he/she resides at \_\_\_\_\_

and that he/she is the owner of all that certain lot/piece/parcel of land and/or building

located at \_\_\_\_\_

and that the Special Permit is in conformance with the Zoning Ordinance of the Village of Upper Nyack

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Statement below to be filled out only in the event this application is made by person OTHER THAN owner of property

Village of Upper Nyack  
County of Rockland  
State of New York

\_\_\_\_\_ being duly sworn deposes and says:

1. That \_\_\_\_\_ is the owner of the land that is the subject of this permit.
2. The deponent is duly authorized to make this application by said owner.
3. That the proposed work is authorized by said owner.

Signed \_\_\_\_\_  
(Applicant)

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

\_\_\_\_\_  
(Notary Public)

**THIS PAGE FOR OFFICIAL USE**  
**THE VILLAGE OF UPPER NYACK**  
**OFFICE OF THE BUILDING INSPECTOR**

**SPECIAL PERMIT**

Special Permit for:

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

Location \_\_\_\_\_

Zone \_\_\_\_\_

Owner/Agent \_\_\_\_\_

Applicant \_\_\_\_\_

Date of Application \_\_\_\_\_ 20 \_\_\_\_\_

Building Inspector \_\_\_\_\_

Planning Board Chairman \_\_\_\_\_

Special Permit Decision Granted \_\_\_\_\_ 20 \_\_\_\_\_

(Decision Document Attached.)

617.20  
**Appendix C**  
**State Environmental Quality Review**  
**SHORT ENVIRONMENTAL ASSESSMENT FORM**  
**For UNLISTED ACTIONS Only**

**PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)**

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres    Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, list agency(s) name and permit/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: _____ Date: _____ Signature: _____	

**If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment**

