

VILLAGE OF DOBBS FERRY - LWRP CONSISTENCY REVIEW

COASTAL ASSESSMENT FORM (CAF)

Name of applicant: Christine Jacob

Mailing address: 110 Buena Vista Drive

Dobbs Ferry, NY 10522

Telephone number: 1.336.509.0528

Tax Lot # 3.160 142 25

Application number, if any: \_\_\_\_\_

**A. INSTRUCTIONS** (Please print or type all answers)

1. All applicants, including the Village of Dobbs Ferry and other agencies, shall complete this CAF for proposed actions subject to **Local Law # 10-05 - LWRP Consistency Law**. This assessment is intended to supplement other information used by the Dobbs Ferry Planning Board in making a determination of consistency with the Coastal Management Policies set forth in the Dobbs Ferry Local Waterfront Revitalization Program (LWRP).

2. All applicants shall complete Sections B and C of this Coastal Assessment Form. If the proposed action meets any of the criteria listed in Section C, Section D must be completed.

3. In Section D, a proposed action should be evaluated as to its potential beneficial and/or adverse effects upon the coastal area and how it may affect the achievement of the specific policy standards contained in the LWRP and the LWRP Consistency Law.

4. Once evaluated, a proposed action may need to be analyzed in more detail and, if necessary, modified prior to making a determination that it is consistent with the LWRP policy standards. If an action cannot be certified as consistent with the LWRP policy standards, it shall not be undertaken.

**B. DESCRIPTION OF SITE AND PROPOSED ACTION**

1. Type of action (check appropriate response):

(a) Directly undertaken (e.g. capital construction, planning activity, agency regulation, land transaction) Single family home addition

(b) Financial assistance (e.g. grant, loan, subsidy) \_\_\_\_\_

(c) Permit, approval, license, certification Building Permit

(d) Party or Agency undertaking action: \_\_\_\_\_

2. Describe nature and extent of action: \_\_\_\_\_  
A rear addition at the first floor to enlarge the kitchen \_\_\_\_\_  
~~A second floor extension to provide space for a master bedroom \_\_\_\_\_~~

3. Location of action (Street or Site Description) : \_\_\_\_\_  
110 Buena Vista Drive, Dobbs Ferry, NY \_\_\_\_\_

### C. COASTAL ASSESSMENT CRITERIA

Please check any of the following criteria that describe the proposed action.

- \_\_\_\_\_ 1. The proposed action has direct contact with coastal waters, i.e. the Hudson River and/or its tributaries - Wickers Creek and the Saw Mill River.
- \_\_\_\_\_ 2. The proposed action utilizes coastal waters, either directly or indirectly.
- \_\_\_\_\_ 3. The proposed action involves natural features such as tree cover, hillsides, steep slopes, ridgelines and wetlands that either effect or are affected by coastal waters.
- \_\_\_\_\_ 4. The proposed action demonstrates a relationship to coastal waters. The relationship may be recreational, cultural, historic, or business.
- \_\_\_\_\_ 5. The proposed action has a direct visual relationship with coastal waters and their waterfronts.

If the proposed action meets any of the above criteria, Section D must be completed.

### D. COASTAL ASSESSMENT

The following thirteen questions are based directly on the Coastal Management Policies set forth in Section III of the Dobbs Ferry LWRP. The preparer of this form should review these policies which are available online at [www.dobbsferry.com/content/waterfront](http://www.dobbsferry.com/content/waterfront) and also on file in the Village of Dobbs Ferry Clerk's office. Please answer every question and provide a brief explanation. If necessary, you may attach further explanation or refer to other available documentation relating to the proposed action.

Planning Bd.

Applicant

1. ☐

1. Does the proposed action foster a pattern of development in the coastal area that enhances community character, open space preservation, use of existing infrastructure, use of a coastal location?

\_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ Not Applicable

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2. ☐

2. Does the proposed action preserve historic and archaeological resources?

\_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ Not Applicable

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3. ☐

3. Does the proposed action protect existing scenic resources or enhance visual quality in the community?

\_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ Not Applicable

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4. ☐

4. Does the proposed action minimize loss of life, structures, and natural resources from flooding and erosion?

\_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ Not Applicable

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5. ☐

5. Does the proposed action protect or improve water resources?

\_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ Not Applicable

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6. ☐

6. Does the proposed action protect or restore ecological resources, including significant fish and wildlife habitats, wetlands, and rare ecological communities?

\_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ Not Applicable

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7. ☐

7. Does the proposed action protect and/or improve air quality?

\_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ Not Applicable

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8. ☐

8. Does the proposed action minimize environmental degradation from solid waste and hazardous substances and wastes?

\_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ Not Applicable

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9. ☐

9. Does the proposed action improve public access to and recreational use of public lands and waters?

\_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ Not Applicable

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10. ☐

10. Does the proposed action protect water-dependent uses, promote siting of new water-dependent uses in suitable locations, and/or support efficient harbor operation?

\_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ Not Applicable

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11. ☐

11. Does the proposed action promote the sustainable use of fish and wildlife resources?

\_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ Not Applicable

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12. ☐

12. Does the proposed action protect agricultural lands?

\_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ Not Applicable

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13. ☐

13. Does the proposed action promote appropriate use and development of energy and mineral resources?

\_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ Not Applicable

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**Consistency  
Determination**

**E. FURTHER REMARKS OR ADDITIONAL INFORMATION:**

☐ Yes

☐ No

If assistance or further information is needed to complete this form, please contact Village of Dobbs Ferry Clerk at 914-693-2203 ext. 204..

Preparer's

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

Title: \_\_\_\_\_ Agency: \_\_\_\_\_ Date: \_\_\_\_\_