

**APPLICATION TO ZONING BOARD OF APPEALS
VILLAGE OF DOBBS FERRY**

Note: Eight copies of the application must be filed with the Clerk of the Board, no later than 2:00 p.m., twenty-one (21) days prior to the date of the meeting.

Date Filed: Nov 17, 2020

Applicant's Name: Christine Jacob Telephone: 336-509-0528

Property Location: 110 Buena Vista Drive

Sheet: 3.160, Block: 142, Lots/Parcel: 25

The undersigned applicant requests a hearing before the Zoning Board of Appeals based on the following:
(check one)

☒ Appeals decision of Building Inspector ☐ Special Permit

Every application or appeal must be accompanied by an accurate plot plan to scale showing location of all existing structures, and also drawings showing the exact location, dimensions, and the nature of all proposed structures. These requirements will ordinarily be best met with surveys and architect's drawings. The Board may require that surveys and/or drawings be prepared and signed by duly accredited surveyors, engineers, or architects. Applicant is required to show proof of title to or legal interest in the premises, by deed or contract of sale, or other document. This application or appeal is made pursuant to the authorization contained in the Building Zoning Ordinance:

Article: _____ Section: _____ Subdivisions: _____

The basis of the relief sought by the undersigned pursuant to the provisions of the Building Zoning Ordinance is as follows: (Set forth briefly all pertinent facts and use additional sheets if necessary).

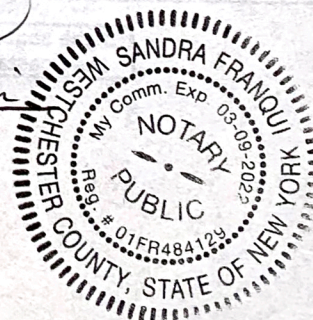
1. The required rear yard setback is 25', the proposed setback is 14.55', thus requiring a variance for 10.45' at the rear yard.
2. The required side yard setback is 10', the proposed addition to the non-conforming setback is 7.1', thus requiring a variance for 2.9' at the side yard.

Christine Jacob
Applicant

STATE OF NEW YORK)
COUNTY OF WESTCHESTER) ss:

On this 17th day of Nov., 2020 before me personally came Christine Jacob who came duly sworn deposes and says that he/she read the foregoing application and knows the content thereof and that the same is true to his/her own knowledge.

Sandra Franqui
Notary Public



PROJECT I.D. NUMBER

617.21
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 Christine Jacob	2. PROJECT NAME Jacob Residence
3. PROJECT LOCATION: 110 Buena Vista Drive Municipality County Westchester	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc. or provide map) 110 Buena Vista Drive, Dobbs Ferry, NY 10522	
5. IS PROPOSED ACTION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Expansion <input type="checkbox"/> Modification/Alteration	
6. DESCRIBE PROJECT BRIEFLY: A rear addition at the first floor to enlarge the kitchen. A second floor extension to provide space for a master bedroom	
7. AMOUNT OF LAND AFFECTED: Initially 0209 acres Ultimately 0224 acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, describe briefly. Side yard, and rear yard variances required.	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) and permit/approvals Building Permit and 2 variances.	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, list agency name and permit/approval	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Applicant/Sponsor Name: Christine Jacob 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.

PART II--ENVIRONMENTAL ASSESSMENT (To be completed by Agency)

<p>A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)</p> <p>C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic patterns, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly: No</p> <p>C2. Aesthetic, agricultural, archaeological, historic or other natural or cultural resources; or community or neighborhood character? Explain briefly. No</p> <p>C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly. No</p> <p>C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly. No</p> <p>C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly. No</p> <p>C6. Long term, short term, cumulative, or other affects not identified in C1-C5? Explain briefly. No</p> <p>C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly. No</p>	
<p>D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CEA?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, explain briefly.</p>	

PART III--DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D or Part II was checked yes, the determination and significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

- ☐ Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.
- ☐ Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide on attachments as necessary, the reasons supporting this determination:

Name of Lead Agency

Print or Type Name of Responsible Officer in Lead Agency

Title of Responsible Officer

Signature of Responsible Officer in Lead Agency

Signature of Preparer (If different from responsible officer)

Date

(Note: In the event of joint tenancy, the singular will be construed as necessary)
The following documents must be submitted or the application will not be accepted:

- | | | |
|-------|---|--------------|
| 1. | Copy of deed or contract of sale | <u> X </u> |
| 2. | Application completely filled out | <u> X </u> |
| 3. | Environmental Assessment form | <u> X </u> |
| 4. | Survey of property | <u> X </u> |
| 5. __ | Plans showing profiles of proposed alteration/addition | <u> X </u> |
| 6. | Copy of denial from Building Inspector or Architectural Board of Review | <u> X </u> |

Note: Certification of noticing to area property owners must be submitted to the Village Clerk's Office no later than 2:00 p.m. on the Friday preceding the meeting.