

Plan Submittal Form

Address: 39 Riverside Place

Application #: A-2021-0715

Project: Sharp Residence

Name: Greg Sharp

Email: gregsharp@casedevelopment.com

Phone: (917) 597-1982

Plans attached are being submitted for:

Building permit application 1 PDF copy & 2 paper copies ¼ scale

Amendment to an application or permit, 2 sealed copies

Final As Built to close permit, 1 sealed copy

Final survey to close permit, 1 sealed copy

Plans attached are submitted at the direction of the Building Inspector for review by the following board:

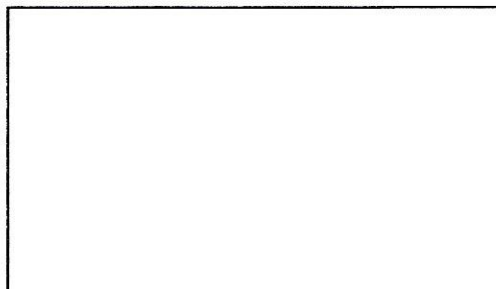
BOT- 1 PDF copy + 5 paper copies ¼ scale

PB - 1 PDF copy + 7 paper copies ¼ scale

ZBA - 1 PDF copy + 4 paper copies ¼ scale

AHRB - 1 PDF copy + 2 paper copies ¼ scale

Received Stamp:



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

**Note:** Four 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: 1-18-2022  
Applicant's Name: Greg Shear Telephone: 917-597-1902  
Property Location: 39 Riverside  
Sheet: 3.00 Block: 36 Lots/Parcel: 26

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:

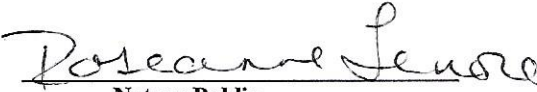
Article: \_\_\_\_\_ Section: \_\_\_\_\_ Subdivisions: \_\_\_\_\_

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).

  
\_\_\_\_\_  
Applicant

STATE OF NEW YORK  
COUNTY OF WESTCHESTER ) ss:

On this 18 day of January 2022 before me personally came Greg Shear, 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.

  
\_\_\_\_\_  
Notary Public

ROSEANNE TENORE  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01TE6138230  
Qualified in Westchester County  
My Commission Expires December 19, 2025

PROJECT I.D. NUMBER

A2021-0715

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	Greg Sharp	2. PROJECT NAME	Sharp Residence
3. PROJECT LOCATION: Municipality	Dobbs Ferry	County	Westchester
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc. or provide map) 39 Riverside Place			
5. IS PROPOSED ACTION: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input checked="" type="checkbox"/> Modification/Alteration			
6. DESCRIBE PROJECT BRIEFLY: Replacement of Existing Single Family Home with new single family home in same location.			
7. AMOUNT OF LAND AFFECTED: Initially <u>0.14</u> acres Ultimately <u>0.14</u> 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.			
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, list agency(s) and permit/approvals			
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:		Date: 1/18/2022	
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.

OVER



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

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. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)	
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
C2. Aesthetic, agricultural, archaeological, historic or other natural or cultural resources; or community or neighborhood character? Explain briefly.	no
C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly.	no
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
C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly.	no
C6. Long term, short term, cumulative, or other affects not identified in C1-C5? Explain briefly.	no
C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly.	no
D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CEA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, explain briefly.	

## 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