

Plan Submittal Form

Address: _____

Application #: _____

Project: _____

Name: _____

Email: _____

Phone: _____

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:

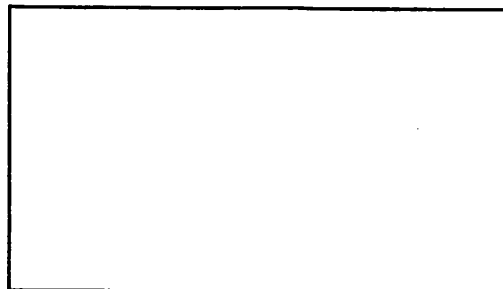
BOT- 1 PDF copy + 5 paper copies ¼ scale

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: 2-14-23

Applicant's Name: Jason and Lindsay Jerutis **Telephone:** 917-331-1884

Property Location: 99 Oliphant Ave., Dobbs Ferry, NY 10522

Sheet: 3.120 **Block:** 110 **Lots/Parcel:** 49

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:

300 Attachment 2 Appendix B,
Dimensional Tables, Table B-1 OF Districts
Dimensional Standards & Tables B-3, B-4, and
B-5 (Sliding Scales)

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).

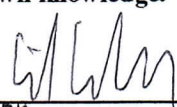
	<u>CODE PROVISION</u>	<u>EXISTING CONDITION</u>	<u>PROPOSED CONDITION</u>
Maximum Lot Coverage by Impervious Surfaces	30%	36%	37%
Minimum Rear Yard Setback	40 FT.	37.7 FT	37 FT
Minimum Side Yard Setback	12 FT.	8.5 FT	8.5 FT / 9 FT TO ADDITION



Applicant

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

On this 14 **day of** February, 20 23 **before me personally came** Lindsay Jerutis, **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.**



ERIK LEVI CARLSON
NOTARY PUBLIC-STATE OF NEW YORK **Notary Public**
No. 01CA6443904
Qualified in Westchester County
My Commission Expires 11-14-2026

(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>to be submitted</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.

ZONING WORKSHEET

Address	SBL	Zone	Use
99 Oliphant Ave., Dobbs Ferry, NY 10522	3.120 110 49	OF-4	SINGLE-FAMILY RES.

Table 1: Floor Areas

Story	Existing Area	Existing Habitable Area	Area of Renovation	New Area
BASEMENT	1,116 SF	866 SF	0 SF	0 SF
FIRST FLOOR	1,255 SF	1,255 SF	615 SF	94 SF
SECOND FLOOR	1,191 SF	1,191 SF	431 SF	0 SF

Table 2: Building Dimensions

	Existing	Proposed	Minimum Allowable
Lot Area (ft.²)	14,852.8 SF	14,852.8 SF	10,000 SF
Lot Width (ft.)	114.2 FT	114.2 FT	100 FT
Lot Depth (ft.)	151.1 FT	151.1 FT	100 FT
Coverage by Building (%)	11.4 %	12 %	16.5%
Coverage by Impervious Surfaces (%)	36 %	37 %	30%
Front Yard Set Back (ft.)	70.1 FT	70.1 FT	40 FT
Rear Yard Set Back (ft.)	37.7 FT	37.0 FT	40 FT
Side Yard Set Back, Each (ft.)	8.5 FT 36.5 FT	8.5 FT / 9.0 FT TO ADDITION 36.5 FT	12 FT 18 FT
Side Yard Set Back, Both (ft.)	45 FT	45 FT	30 FT

Table 3: Height

	Existing	Proposed	Allowed
Number of Stories	2 STORIES	2 STORIES	2 1/2 STORIES
Grade to Ridge (OF+MDR-1)	29.7 FT	29.7 FT	30 FT SET LIMITS
Grade to Eave (OF+MDR-1)	19.3 FT	19.3 FT	28 FT SET LIMITS
Grade to Mid-point of Roof (All Other)	N/A	N/A	N/A

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?			NO	YES
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.			<input type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency?			NO	YES
If Yes, list agency(s) name and permit or approval:			<input type="checkbox"/>	<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:				
<input type="checkbox"/> Urban	<input type="checkbox"/> Rural (non-agriculture)	<input type="checkbox"/> Industrial	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential (suburban)
<input type="checkbox"/> Forest	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Aquatic	Other(Specify):	
Parkland				

5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations? Side Yard, Rear Yard and Impervious Coverage variance required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<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 <input type="checkbox"/>	YES <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 <input type="checkbox"/>	YES <input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
b. Are public transportation services available at or near the site of the proposed action?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<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 <input type="checkbox"/>	YES <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 <input type="checkbox"/>	YES <input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO <input type="checkbox"/>	YES <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 <input type="checkbox"/> <input type="checkbox"/>	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 <input type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/>	

PRINT FORM

VILLAGE OF DOBBS FERRY - LWRP CONSISTENCY REVIEW

COASTAL ASSESSMENT FORM (CAF)

Name of applicant: _____

Mailing address: _____

Telephone number: _____

Tax Lot # _____

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) _____

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

(c) Permit, approval, license, certification _____

(d) Party or Agency undertaking action: _____

2. Describe nature and extent of action: _____

3. Location of action (Street or Site Description) : _____

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 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

2. ☐

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

____ YES ____ NO ____ Not Applicable

3. ☐

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

____ YES ____ NO ____ Not Applicable

4. ☐

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

____ YES ____ NO ____ Not Applicable

5. ☐

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

____ YES ____ NO ____ Not Applicable

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

7. ☐

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

____ YES ____ NO ____ Not Applicable

8. ☐

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

____ YES ____ NO ____ Not Applicable

9. ☐

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

____ YES ____ NO ____ Not Applicable

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

11. ☐

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

____ YES ____ NO ____ Not Applicable

12. ☐

12. Does the proposed action protect agricultural lands?

____ YES ____ NO ____ Not Applicable

13. ☐

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

____ YES ____ NO ____ Not Applicable

**Consistency
Determination**

☐ Yes

☐ No

E. FURTHER REMARKS OR ADDITIONAL INFORMATION:

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: _____