

**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: 8/18/2020  
Applicant's Name: NIAL CANN Telephone: 914-478-3448  
Property Location: 14 DEVOR STREET  
Sheet: 3.90, Block: 52, Lots/Parcel: 12

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: 300      Section: 34      Subdivisions: B

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 SEEKS RELIEF FOR SIDEYARD  
AND FRONT YARD SETBACKS.**

  
Applicant

STATE OF NEW YORK      )  
COUNTY OF WESTCHESTER      ) ss:

On this 18<sup>th</sup> day of August, 2020, before me personally came Niall Cann  
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

BRYAN T. HEALY  
Notary Public, State of New York  
Registration No. 01HE6338394  
Qualified in Westchester County  
Commission Expires February 1, 2024  
Done in accordance  
with NYS E.O. 202.7

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 <u>NIALL CAIN</u>	2. PROJECT NAME <u>FURRUGIA/OBREGON ALTERATION</u>
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc. or provide map) <u>14 DEVOTE ST.</u> <u>190 FT FROM STORM ST &amp; DEVOTE ST INTERSECTION</u>	
5. IS PROPOSED ACTION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Expansion <input checked="" type="checkbox"/> Modification/Alteration	
6. DESCRIBE PROJECT BRIEFLY: <u>ADDITION AND ALTERATION TO EXISTING SINGLE-FAMILY HOUSE.</u>	
7. AMOUNT OF LAND AFFECTED: Initially <u>5163</u> sq. ft. Ultimately <u>5153</u> sq. ft.	
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. <u>FRONT &amp; SIDEYARD VARIANCES REQ'D</u>	
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: <u>NIALL CAIN</u>	Date: <u>8/17/2020</u>
Signature: <u>[Signature]</u>	

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)**

<b>A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAP.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>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.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)</b>	
<b>C1.</b> 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:	
<b>C2.</b> Aesthetic, agricultural, archaeological, historic or other natural or cultural resources; or community or neighborhood character? Explain briefly.	
<b>C3.</b> Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly.	
<b>C4.</b> 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.	
<b>C5.</b> Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly.	
<b>C6.</b> Long term, short term, cumulative, or other affects not identified in C1-C5? Explain briefly.	
<b>C7.</b> Other impacts (including changes in use of either quantity or type of energy)? Explain briefly.	
<b>D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CEA?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?</b> <input type="checkbox"/> Yes <input 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 EAP 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

# ZONING WORKSHEET

Address	SBL	Zone	Use
14 DEVOE	3.90/52/12	MDR1	SINGLE FAMILY

**Table 1: Floor Areas**

Story	Existing Area	Existing Habitable Area	Area of Renovation	New Area
2 1/2	1597.25 (INCL. PENT)	1105.05	1105.05	589.6

(BUILDING TO BE FULLY SPRINKLERED)

**Table 2: Building Dimensions**

	Existing	Proposed	Minimum Allowable
Lot Area (ft. <sup>2</sup> )	5153 SF	NO CHANGE	5,000
Lot Width (ft.)	40 FT	"	30 FT
Lot Depth (ft.)	127.9	"	120 FT
Coverage by Building (%)	649 SF (12.2%)	1,115 SF (21.6%)	1391 SF (27%)
Coverage by Impervious Surfaces (%)	1019 SF (31.4%)	2127 SF (41%)	2782.6 (54%)
Front Yard Set Back (ft.)	6.3 FT	6.4 FT	20 FT
Rear Yard Set Back (ft.)	29.0 FT	73.10 FT	25 FT
Side Yard Set Back, Each (ft.)	0.3 FT	2.8 FT	10 FT
Side Yard Set Back, Both (ft.)	12.01 FT	18.1 FT	20 FT

**Table 3: Height**

	Existing	Proposed	Allowed
Number of Stories	2 1/2	2 1/2	2 1/2
Grade to Ridge (OF+MDR-1)	28.7 FT	26.0 FT	35 FT
Grade to Eave (OF+MDR-1)	19.9 FT	19.9 FT	28 FT
Grade to Mid-point of Roof (All Other)	24.5 FT	23.75 FT	