



**TOWN OF OSSINING**  
**BUILDING & PLANNING DEPARTMENT**

101 ROUTE 9A, P.O. Box 1166  
OSSINING, N. Y. 10562

PHONE: (914) 762-8419 FAX: (914) 290-4656

Website [www.townofossining.com](http://www.townofossining.com) & Email [bldgdept@townofossining.com](mailto:bldgdept@townofossining.com)

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Town of Ossining  
Building & Planning Department

**APPLICATION TO THE ZONING BOARD OF APPEALS**

Date 4 June 2022

I, We Jo Ann Clark + GENE Zafrin Of 10 Robin Drive  
(Name of Applicant) (Street)

Town of Ossining, NY 10562 : HEREBY  
(Municipality) (State) (Zip Code) (Phone No.) (Email)

( ) APPEAL TO THE ZONING BOARD OF APPEALS FROM THE DECISION OF  
THE BUILDING INSPECTOR AND IN CONNECTION THEREWITH REQUEST

( ) an Interpretation of the Zoning Code or Zoning Map of the Town of Ossining

( ) a Variance from the terms of the Zoning Code of the Town of Ossining, or

( ) a Temporary Certificate of Occupancy.

☒ APPLY TO THE ZONING BOARD OF APPEALS FOR A SPECIAL PERMIT.

1. LOCATION OF PROPERTY: 10 Robin Drive  
(Street and Number)

SECTION 90.14 BLOCK 2 LOT 60 ZONE R-20

A) Is the Property located within a distance of 500 feet of the boundary of any village, town or county, or any boundary of a State park or parkway?

If yes, specify.

Yes \_\_\_\_\_ No ☒

B) Does the Property abut the boundary of any village or town, the boundary of any State or County park or other recreation area, the right-of-way of any stream or drainage channel owned by the county or for which the county has established channel lines, or the boundary of any county or State owned land on which a public building or institution is located? If yes, specify.

Yes \_\_\_\_\_ No ☒

C) If a Special Permit is being applied for, is the property shown on the Hudson River Valley Commission Jurisdiction Map?

Yes \_\_\_\_\_ No ☒

2. PROVISION (S) OF THE ZONING CODE INVOLVED:

Section 200-31.2 subsection 8 paragraph 4

Section \_\_\_\_\_ subsection \_\_\_\_\_ paragraph \_\_\_\_\_

Section \_\_\_\_\_ subsection \_\_\_\_\_ paragraph \_\_\_\_\_

3. DESCRIPTION OF RELIEF REQUESTED (Set forth the circumstances of the case, interpretation that is claimed and details of any variance applied for. Use extra sheet if necessary.)

Our family seeks to obtain a special permit for a preexisting studio in an accessory-building on our property. The building is a 2-carport garage and the studio is located above it. We are new owners of the property (purchased in '21) and understand that a previous owner built the studio without requisite permitting.

4. REASON FOR APPEAL (State precisely grounds on which it is claimed that relief should be granted. Use extra sheet if necessary.)

We are in the process of applying for sponsorship status for Ukrainians seeking shelter in the U.S. Our hope is that we can host a small family in our studio, once it is permitted and fully compliant with the town's zoning regulations. We also seek to complete the permitting process within the 6-month period designated for applying, which closes on July 24<sup>th</sup> of this year.

5. Enclose 10 copies and 1 pdf version of an accurate and intelligible plan, survey, location map, of the Property drawn to a suitable scale email to [blgddept@townofossining.com](mailto:blgddept@townofossining.com) and a nonrefundable fee of \$350.00 payable to Town of Ossining.

  
(Signature of Property Owner or Authorized Agent)

\* In the event that our sponsorship-status application is unsuccessful, we likely will seek a certificate-of-occupancy for an alternative resident to live in the studio.



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## APPLICATION FOR AN ACCESSORY/SECOND DWELLING UNIT

Name of Applicant(s) GENE ZAFRIN + Jo Ann Clark Date 18 May '22  
Address 10 Robin Drive, Ossining, NY 10562  
Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
Location of Property 10 Robin Drive, Ossining, NY 10562  
Tax Designation, Section 90, Plate 14, Block 2, Lot 65 Survey Submitted yes  
Portion of Dwelling occupied by owner:  
Location 10 Robin Drive, Ossining, NY 10562  
No. of Rooms 4 + BRs No. of Bedrooms 4 + nursery  
Square Feet 6500, approx.  
Portion of Dwelling or Lot occupied by tenant: detached  
Location above the garage (of the same property)  
No. of Rooms 1 (open floor plan studio) No. of Bedrooms \_\_\_\_\_  
Square Feet 658 square feet  
Total Square Feet of Dwelling approx. 1400 Floor Plans submitted yes  
Is this application an Original first application to compliance or a Renewal \_\_\_\_\_  
Expiration date of previous grant if a renewal n/a Have there been changes since the previous grant n/a, if yes, please specify \_\_\_\_\_

Number of Vehicles in use for entire residence 1

Is the accessory dwelling unit existing existing proposed \_\_\_\_\_

Signature of Applicant Jo Ann Clark Date 6 June 22

Signature of Building Inspector \_\_\_\_\_ Date \_\_\_\_\_

Application fee of \$300.00 for initial application; \$150.00 for each renewal, provided that no changes are made. The initial term of the special permit shall be one year. Renewal payment shall be for three years provided ownership remains unchanged and all conditions of the permit and of the Town's Zoning Ordinance are met. Annual Inspection of unit is required.