



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 & Email bldgdept@townofossining.com

APPLICATION TO THE ZONING BOARD OF APPEALS

Date _____

I, We _____ Of _____
(Name of Applicant) (Street)

_____: 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:** _____
(Street and Number)

SECTION _____ BLOCK _____ LOT _____ ZONE _____

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_____ subsection_____ paragraph_____

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.)

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

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 bldgdept@townofossining.com and a nonrefundable fee of **\$350.00 payable to Town of Ossining.**

(Signature of Property Owner or Authorized Agent)



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AUTHORIZATION TO SUBMIT APPLICATION

I, _____ am the owner of the property located at:

_____.

I authorize _____ to submit

this [] Planning Board or [] Zoning Board application in my behalf.

Property Owner Signature

State of New York

County of Westchester

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

ZONING

200 Attachment 2

**BULK REGULATIONS FOR ONE-FAMILY RESIDENCES
IN THE R-40, R-30, R-20, R-20A, R-15, R-10, R-7.5 and R-5 DISTRICTS
[Amended 3-9-1993 by L.L. No. 3-1993; 4-12-2011 by L.L. No. 1-2011]**

Minimum Requirements	R-40	R-30	R-20	R-20A	R-15	R-10	R-7.5	R-5
Lot areas (square feet)	40,000	30,000	20,000	20,000	15,000	10,000	7,500	5,000
Lot width (feet)	150	125	100	90	90	75	60	50
Lot depth (feet)	150	150	130	130	120	100	100	80
Front yard (feet)	40	35	30	30	30	25	25	25
1 side yard (feet)	20	18	16	16	14	12	10	8
Both side yards (feet)	42	38	34	34	30	26	22	18
Rear yard (feet)	38	36	34	34	32	30	28	26
Livable floor area per dwelling unit (square feet)	850	850	850	850	850	850	750	750
Maximum Permitted								
Building height								
Stories	2½	2½	2½	2½	2½	2½	2½	2½
Feet	35	35	35	35	35	35	35	35
Building coverage (percent)	18	20	22	22	25	27	30	30

Dear Zoning Board Applicant,

The Zoning Board of Appeals must consider the following criteria when reviewing your application. Please review these items prior to submitting your application. For additional information visit our Town website www.townofossining.com and/or <https://ecode360.com/OS0797>

Criteria for Area Variance

Whether an undesirable change will be produced in the character of the neighborhood or detriment to nearby properties will be created by the granting of the area variance;

Whether the benefit sought by the applicant can be achieved by some other method, feasible for the applicant to pursue, other than an area variance;

Whether the requested area variance is substantial;

Whether the proposed variance will have an adverse effect on the physical or environmental conditions in the neighborhood or district;

Whether the alleged difficulty was self-created – this factor is relevant to the decision, but the fact that the difficulty was self-created does not preclude granting the area variance.

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 <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

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

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:		
<input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources?	NO	YES
If Yes,	<input type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe:		

18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)?	NO	YES
If Yes, explain the purpose and size of the impoundment:	<input type="checkbox"/>	<input type="checkbox"/>

19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?	NO	YES
If Yes, describe:	<input type="checkbox"/>	<input type="checkbox"/>

20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?	NO	YES
If Yes, describe:	<input type="checkbox"/>	<input type="checkbox"/>

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: _____ Date: _____ Signature: _____ Title: _____		