



**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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JAN 08 2021

Town of Ossining  
Building & Planning Department

**APPLICATION TO THE ZONING BOARD OF APPEALS**

Date Jan 2021

I, We Mondana Rezania (Name of Applicant) Of 252 South Highland Ave. (Street)

Ossining, NY 10562 917-545-9008 email@mrarchitect.net: 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:** 13 Mancuso Dr.  
(Street and Number)

SECTION 89.08 BLOCK 1 LOT 31 ZONE R-15

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:**

Schedule of Bulk Regulation - Attachment 2

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.)

Proposed rear addition encroaches 4'-3" onto the required 32 feet rear yard setback.

Proposed rear yard setback is 27'-9".

We are requesting for 4'-3" variance from required 32 feet rear yard setback.

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

Proposed addition is:

1-to provide needed pantry space and a mud room.

2-to relocate laundry room second floor hallway to the proposed pantry room.

3-proposed sunroom is a means of transition from kitchen to the pantry.

4-Neighbors on the rear of the property (East side) (lots 36, 37 and 82) are far and have no view of the the proposed addition. Neighbor on the north (lot 32) can have a view of the proposed addition.

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



(Signature of Property Owner or Authorized Agent)

# Short Environmental Assessment Form

## Part 1 - Project Information

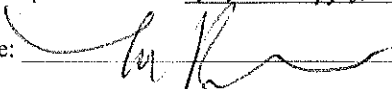
### Instructions for Completing

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.

<b>Part 1 – Project and Sponsor Information</b>			
Name of Action or Project: <b>Rear addition</b>			
Project Location (describe, and attach a location map): <b>13 Mancuso Drive Ossining NY 10562</b>			
Brief Description of Proposed Action: <b>Building a one story addition in the rear of the house.</b>			
Name of Applicant or Sponsor: <b>Mondana Rezania</b>		Telephone: <b>917-545-9008</b>	
		E-Mail: <b>email@mrarchitect.net</b>	
Address: <b>252 South Highland Ave.</b>			
City/PO: <b>Ossining</b>		State: <b>NY</b>	Zip Code: <b>10562</b>
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? 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.			NO <input checked="" type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:			YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? <span style="float: right;">.0043 acres addition</span> b. Total acreage to be physically disturbed? <span style="float: right;">.009 acres addition plus paved walkway</span> c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? <span style="float: right;">.36 acres</span>			NO <input checked="" type="checkbox"/>
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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?	NO	YES	
If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation services available at or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____ _____	<input type="checkbox"/>	<input checked="" 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?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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?	<input checked="" 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?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO	YES
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
_____ Roof leaders will be connected to existing underground storm water drains.		
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)? If Yes, explain the purpose and size of the impoundment:	NO	YES
	<input checked="" 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? If Yes, describe:	NO	YES
	<input checked="" 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? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>  Applicant/sponsor/name: <u>MONDANA REZANIA ARCHITECT</u> Date: <u>1/7/21</u> Signature: <u></u> Title: <u>ARCHITECT</u>		

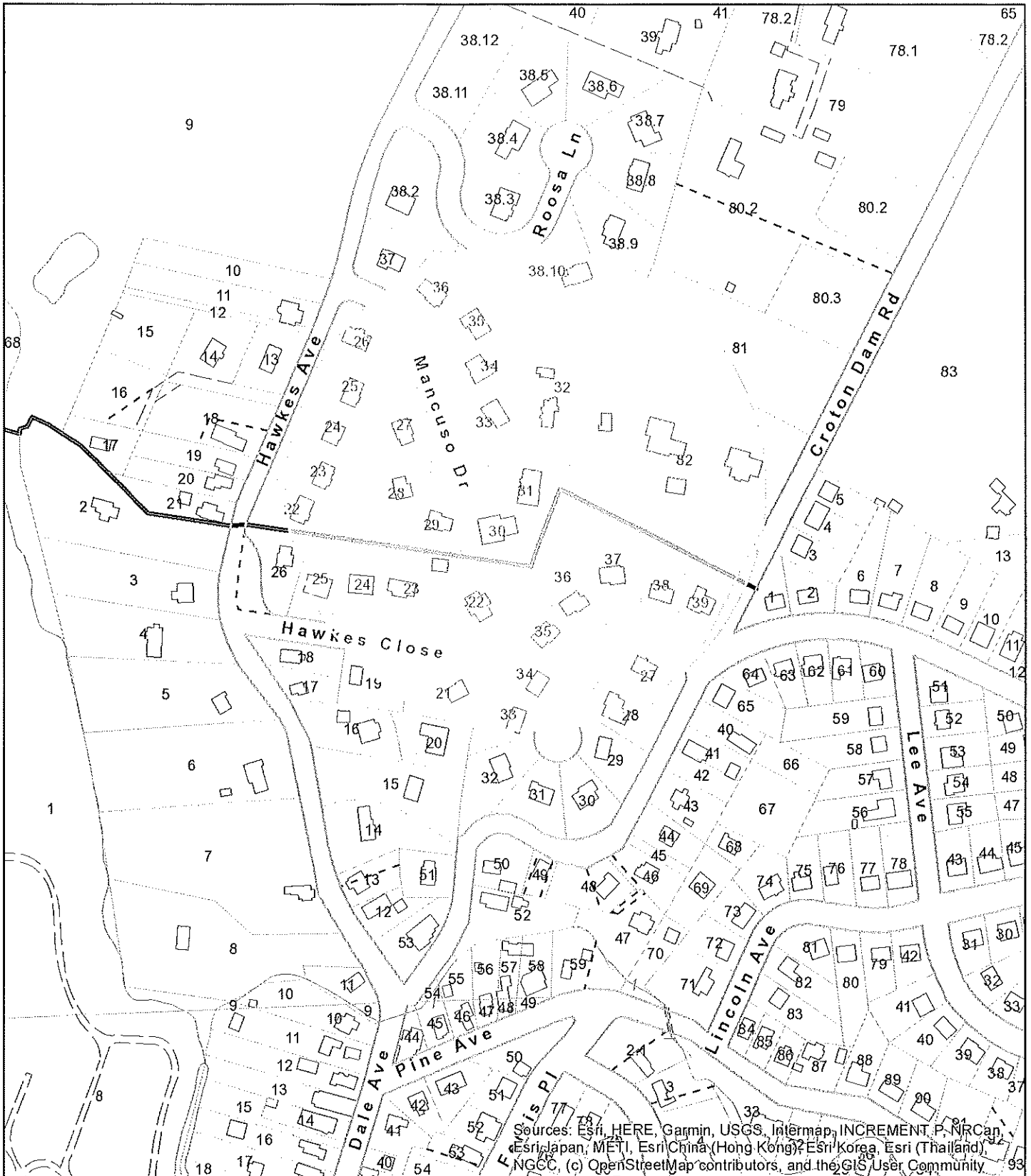


Ossining, NY

1 inch = 283 Feet



December 8, 2020



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