

Date filed:
Fee paid:

Receipt No.:
Initials:

BOARD OF APPEALS ON ZONING

CITY HALL – 515 NORTH AVENUE
NEW ROCHELLE NEW YORK 10801

APPEAL FROM DECISION OF BUILDING OFFICAL VARIANCE AND/OR SPECIAL PERMIT

Applications will NOT be accepted unless all questions are answered and all required Prints and Letters, etc., are submitted.

Appellant:	Address:.....
Phone number:	E-mail address:.....
Owner (If not owner):	Address:.....
Phone number:	E-mail address:.....
Lessee:	Address:.....
Phone number:	E-mail address:.....

For work done at: a copy of which is attached hereto.

The premises affected is situated in New Rochelle, NY and known as Block..... / Lot.....

Information Required

Building size: Wide..... Deep..... High..... Stories.....

Occupancy..... Zoned district.....

Has there been **previous application or appeal** on these premises? Yes No If yes, state result:

.....

Is there a **school or hospital** within 200 feet or in the same block on either side of the street? Yes No

Does appellant rely on a non-conforming use? Yes No

Is proposed change or use prohibited by ordinances of the City other than zoning ordinance? Yes No

The following items must be submitted with this application on or before 12 p.m. of the closing date for filing applications; only COMPLETE APPLICATIONS will be accepted. NO EXCEPTIONS TO THIS CAN BE MADE.

1. Ten (10) copies of full size plans including but not limited to plot plan and where required floor plans and elevations. Plot plan shall be drawn to scale showing the actual shape, dimension, area of the plot, block and lot numbers, existing and proposed structures, all setbacks, screening and parking spaces. Plans to include an area map showing all lots and structures within the notification radius.
2. Ten copies of a statement of principal points on which you base your application, with description of proposed work, if any.
3. Ten copies of the Bureau of Buildings Application Denial.
4. Ten copies of the Board of Appeals on Zoning Application.
5. Ten copies of the Short or Long Environmental form.

**Applications to BAZ must be submitted to the Secretary IN COMPLETE FORM by the mailing date for packages to Board members or case will be adjourned until the next month.

AFFIDAVIT OF OWNER (do not complete if owner is applicant above)

.....being duly sworn, deposes and says, that (s)he resides at:
in the City of in the
 county of the State of that (s)he is the owner in fee for that piece or parcel of land
 situated and lying in the City of New Rochelle aforesaid and known and designated as
 Block Lot(s) and that (s)he hereby authorizes
 to make this application in his/her behalf and that the statement of facts contained in said application is true.

Sworn to before me this day of 20.....

.....
Notary public

.....
Owner's signature

I hereby authorize members of the Board of Appeals on Zoning to conduct site visits of my property prior to my scheduled hearing date. I understand that Board members will appear at my property unannounced to inspect aspects of the property which pertain to my application, and acknowledge that assaulting a Board member may result in seven years in state prison.

.....
Owner's signature

NOTE: After the closing date for filing applications, you will be notified by mail as to your Case Number, date, time, place of hearing and the required distance from the property in question for notification of affected property owners. You will also receive sample of letter to be sent to these property owners by certified mail/return receipt requested.

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	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input 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 type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: _____ Date: _____ Signature: _____	

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 - IMPACT ASSESSMENT (To be completed by Lead Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible) C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly: C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly: C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly: C4. 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: C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly: C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly: C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:	
D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	
E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? <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 of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

<input type="checkbox"/> 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 EAF and/or prepare a positive declaration.	
<input type="checkbox"/> 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	Date
_____	_____
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)