

The Town of Haverstraw

Building Department

1 Rosman Road
Garnerville, NY 10993
Phone: 845-942-3710
Fax: 845-786-7647

George T. Behn, Jr.
Building Inspector II

Erich J. Desch
Deputy Building Inspector

5/23/2024

RE: THE VARIANCES REQUIRED TO LEGALIZE A 16' X 19'6" REAR YARD DECK, WHICH WAS CONSTRUCTED WITHOUT A BUILDING PERMIT. ADDITIONALLY TO LEGALIZED TWO ORIGINAL NONE CONFORMING BULK REQUIREMENTS. SAID PARCEL IS LOCATED IN THE R-15 ZONING DISTRICT.

Owner: Rafael Cespedes

Address: 7 Allison Circle, Garnerville, NY 10923

Site Location: 7 Allison Circle, Garnerville, NY 10923

SBL: 22.17-3-62

To whom it may concern,

The following variances required are:

1. Rear Yard Setback: Required is 30' provided is 22.3', Therefore: **A 7.7' Variance Is Required.**
2. Lot Width, (As Per The Average Density Bulk Requirements On The Original Site Plan Approved On 5/22/85): Required is 90' provided is 75.79', Therefore: **A 14.21' Variance Is Required.**
3. Lot Frontage, (As Per The Average Density Bulk Requirements On The Original Site Plan Approved On 5/22/85): Required is 100' provided is 63.24', Therefore: **A 36.76' Variance Is Required.**



George T. Behn Jr. Building Inspector II

Town of Haverstraw Zoning Board of Appeals

LEGAL NOTICE

Please take notice the Town of Haverstraw Zoning Board of Appeals shall hold a Public Hearing to consider the application of Rafael Cespedes, 7 Allison Circle, Garnerville to legalize a 16' x 19'6" Rear Yard Deck and two original, non-conforming bulk requirements.

The following Variances are required:

1. Rear Yard Set Back: 30' is required, 22.3' is provided
A 7.7' Ft. Variance is required
2. Lot Width: 90' is required, 75.79' is provided
A 14.21' Variance is required
3. Lot Frontage: 100' is required, 63.24' is provided
A 36.76' Variance is required

Said property being located on the North side of Allison Circle and located approx. 206 Ft. North of Madison Ave. and on the Town of Haverstraw Tax Map as Section-20.17, Block-03, Lot-62.

Said Public Hearing shall be held on Thursday, February 13, 2025 at 7:00 PM in the large meeting room of Haverstraw Town Hall, One Rosman Road, Garnerville.

All interested parties are invited to attend and will be heard by the board.

By Order Of the Zoning Board of Appeals of the Town Of Haverstraw
Wilbur Aldridge, Acting Chairman
Christie Tomm Addona, Planning and Zoning Board Attorney
Annette Hendrie, Planning and Zoning Board Chief Clerk
January 28, 2025

ROCKLAND COUNTY DEPARTMENT OF PLANNING
 REFERRAL FORM FOR GENERAL MUNICIPAL LAW REVIEWS

received
 01/27/2025

Municipality HAVERSTOWN Date Sent _____

Board Planning ZBA Town/Village Meeting Date 02/13/2025

File Name RAFAEL CES PEDES
 Contact Person _____
 Address 7 ALLISON CIRCLE
GARNAVILLE, NY 10923

Referral Agencies

(Please indicate the agencies that have also received copies of this application)

- RC Highway Department
- RC Division of Environmental Resources
- RC Drainage Agency
- RC Department of Environmental Health (Sewers, Water, Mosquito Code, Underground Tanks)
- RC Sewer District #1
- NYS Department of Environmental Conservation
- NYS Department of Transportation
- NYS Thruway Authority
- NY-NJ Trail Conference (Long Path)
- Palisades Interstate Park Commission
- US Army Corps of Engineers
- Cornell Cooperative Extension of Rockland County
- Adjacent Municipality _____
- Other _____

PH # 845-461-1305

NO GML

Pursuant to the General Municipal Law Article 12-B, Section

239 (n) Subdivision
 239 (l) & (m): Site Plan Variance Special Permit Zone Change/Amendment
 Other - Please list _____

Location of Parcel(s) 7 ALLISON CIRCLE

Existing Sq. Footage _____ Acreage of Parcel (s) 0.30
 Proposed Sq. Footage _____

The Property in Question Lies Within 500 Feet of:

- County Road State Road, Thruway, or Parkway
- County Stream State Park
- County Park Village, Town, or County Boundary
- County or State Facility The Long Path

NONE

Map 2047 Block 3 Lot(s) 62 Map Date _____
 Map _____ Block _____ Lot(s) _____ Current Zoning R-15

Brief Project Description LEGALIZE A PECK

Variations Needed (if applicable)

Variations Needed (if applicable)	Required	Provided
<u>LOT WIDTH</u>	<u>90</u>	<u>75.79</u>
<u>LOT FRONTAGE</u>	<u>100</u>	<u>63.29</u>
<u>REAR YARD</u>	<u>30</u>	<u>22.3</u>

APPLICATION REVIEW FORM

PART I

Name of Municipality HAVERSTRAW Date _____

Please check all that apply:

<input type="checkbox"/> Planning Board	<input type="checkbox"/> Municipal Board
<input checked="" type="checkbox"/> Zoning Board of Appeals* (Fill out Part II of this form)	<input type="checkbox"/> Historical Board
<input type="checkbox"/> Subdivision _____ # of Lots _____	<input type="checkbox"/> Architectural Board
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Pre-preliminary/Sketch
<input type="checkbox"/> Special Permit	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Final
<input type="checkbox"/> Zoning Code Amendment	
<input type="checkbox"/> Zone Change	
<input type="checkbox"/> Variance	

Project Name: 7 ALLISON CIRCLE

Tax Map Designation:
Section 2017 Block 3 Lot(s) 62
Section _____ Block _____ Lot(s) _____

Location: On the NORTH side of ALLISON CIRCLE,
260' feet NORTH of MADISON AVE in the
town/village of HAVERSTRAW

Street Address: 7 ALLISON CIRCLE
Acreage of Parcel 0.30 Zoning District R-15
School District JRSB NRCS Postal District GARFRENCH
Fire District THEELLS-ROOSVILLE Ambulance District HAVERSTRAW
Water District VFOLIA Sewer District JRSB

Project Description: (If additional space required, please attach a narrative summary.)
LEGALIZE AN NEWLY CONSTRUCTED DECK

APPLICATION REVIEW FORM

If subdivision:

- 1) Is any variance from the subdivision regulations required? _____
- 2) Is any open space being offered? ____ If so, what amount? NA
- 3) Is this a standard or average density subdivision? _____

If site plan:

- 1) Existing square footage NA
- 2) Total square footage _____
- 3) Number of dwelling units _____

If special permit, list special permit use and what the property will be used for.

NA

Environmental Constraints:

Are there slopes greater than 25%? If yes, please indicate the amount and show the gross and net area. _____

Are there streams on the site? If yes, please provide the names. _____

Are there wetlands on the site? If yes, please provide the names and type. _____

Project History: Has this project ever been reviewed before? NO

If so, provide a narrative, including the list case number, name, date, and the board(s) you appeared before, and the status of any previous approvals.

List tax map section, block & lot numbers for all other abutting properties in the same ownership as this project.

APPLICATION REVIEW FORM

Contact Information:

Applicant: RAFAEL CESPEDES Phone # 845-461-1305
Address JALIGONCA GARDEN VILLAGE NY 10923
Street Name & Number (Post Office) State Zip code

Property Owner: SAME Phone # _____
Address _____
Street Name & Number (Post Office) State Zip code

Engineer/Architect/Surveyor: CELENTANO Phone # 845-300-6317
Address 31205 MANHATTAN THERES NY 10984
Street Name & Number (Post Office) State Zip code

Attorney: _____ Phone # _____
Address _____
Street Name & Number (Post Office) State Zip code

Contact Person: _____ Phone # _____
Address _____
Street Name & Number (Post Office) State Zip code

General Municipal Law Review:

This property is within 500 feet of:
(Check all that apply)

IF ANY ITEM IS CHECKED, A REVIEW MUST BE DONE BY THE ROCKLAND COUNTY COMMISSIONER OF PLANNING UNDER THE STATE GENERAL MUNICIPAL LAW, SECTIONS 239 L, M, N, AND NN.

- | | |
|---|---|
| <input type="checkbox"/> State or County Road | <input type="checkbox"/> State or County Park |
| <input type="checkbox"/> Long Path | <input type="checkbox"/> County Stream |
| <input type="checkbox"/> Municipal Boundary | <input type="checkbox"/> County Facility |

List name(s) of facility checked above. MA

Referral Agencies: (Please make sure that the appropriate agencies as needed received copies of your application and plans for their review.)

- | | |
|--|--|
| <input type="checkbox"/> RC Highway Department | <input type="checkbox"/> RC Division of Environmental Resources |
| <input type="checkbox"/> RC Drainage Agency | <input type="checkbox"/> RC Dept. of Health |
| <input type="checkbox"/> NYS Dept. of Transportation | <input type="checkbox"/> NYS Dept. of Environmental Conservation |
| <input type="checkbox"/> NYS Thruway Authority | <input type="checkbox"/> Palisades Interstate Park Comm. |
| <input type="checkbox"/> Adjacent Municipality _____ | |
| <input type="checkbox"/> Other _____ | |

APPLICATION REVIEW FORM

Applicant's Combined Affidavit and Certification

State of New York)

County of Rockland) ss.:

Town/Village of Haverstraw)

Rafael Cespedes, being duly sworn, deposes and says:
Applicant's Name

I am the applicant in this matter. I make these statements to induce the Town/Village of Haverstraw, its boards, commissions, officers, employees, and consultants, to entertain my application, knowing that the Town/Village will rely upon the statements made herein.

1. Verification of Facts. All statements contained in this application and in all documents, drawings, writings, and other communications submitted in connection with this application are true.

2. Consent to Enter. I hereby give permission to members of said boards and/or supporting staff to visit the property in question at a reasonable time during the day.

3. Affidavit Pursuant to General Municipal Law Section 809. All the following statements and the statements contained in the papers submitted herewith are true and the nature and extent of any interests set forth are disclosed to the extent that they are known to the applicant.

A. I certify that I am the owner, officer, member or agent of owner, of all that certain lot, piece or parcel of land and/or building described in this application **and if not the owner that he has been duly and properly authorized to make this application and to assume responsibility for the owner** in connection with this application for the relief below set forth:

B. There is no state officer, Rockland County officer or employee or town/village officer or employee nor his or her spouse, brother, sister, parent, child or grandchild, or a spouse of any of these relatives who is the applicant or who has an interest in the person, partnership or association making this application, petition or request, or is an officer, director, partner or employee of the applicant, or that such officer or employee, if this applicant is a corporation, legally or beneficially owns or controls any stock of the applicant in excess of 5% of the total of the corporation if its stock is listed on the New

APPLICATION REVIEW FORM

York or American Stock Exchanges; or is a member or partner of the applicant, if the applicant is an association or a partnership; nor that such town/village officer or employee nor any member of his family in any of the foregoing classes is a party to an agreement with the applicant, express or implied, whereby such officer or employee may receive any payment or other benefit, whether or not for service rendered, which is dependent or contingent upon the favorable approval of this application, petition or request.

C. To the extent that the same is known to your applicant, and to the owner of the subject premises there is disclosed herewith the interest of the following officer or employee of the State of New York or the County of Rockland or of the Town/Village of _____ in the petition, request or application or in the property or subject matter to which it relates:

(if none, so state)

- a. Name and address of officer or employee _____
- b. Nature of interest _____
- c. If stockholder, number of shares _____
- d. If officer or partner, nature of office and name of partnership _____
- e. If a spouse or brother, sister, parent, child, grandchild or the spouse of any of these blood relatives of such state, county or town/village officer or employee, state name and address of such relative and nature of relationship to officer and employee and nature and extent of office, interest or participation or association having an interest in such ownership or in any business entity sharing in such ownership. _____

NONE

f. In the event of corporate or limited liability company ownership: A list of all directors, officers and stockholders of each corporation or members of each limited liability company owning more than five (5%) percent of any class of stock or more than five (5%) percent beneficial interest, must be attached, if any of these are officers or employees of the State of New York, or of the County of Rockland, or of the Village of Montebello.

D. I do hereby depose and say that all the above statements and statements contained in the papers submitted herewith are true, knowing that a person who knowingly and intentionally violates this section is guilty of a misdemeanor.

APPLICATION REVIEW FORM

Affidavit of Ownership/Owner's Consent

State of New York
County of Rockland) SS.:
(Town/Village of Haverstraw)

I, RAFAEL CESPEDES being duly sworn, hereby
depose and say that I reside at: 7 ALLEN CIRCLE

in the county of ROCKLAND in the state of NEW YORK.

I am the (* OWNER) owner in fee simple of premises located at:

7 ALLEN CIRCLE
described in a certain deed of said premises recorded in the Rockland County Clerk's
Office in Liber _____ of conveyances, page _____ or as Instrument ID # _____.

Said premises have been in my/its possession since 8/27/2020 2020-24235. Said premises are also
known and designated on the Town of Haverstraw Tax Map as:
section 20.17 block 3 lot(s) 62.

I hereby authorize the within application on my behalf, and that the statements of fact
contained in said application are true, and agree to be bound by the determination of the
board.

Owner
Mailing Address

RAFAEL CESPEDES
7 ALLEN CIRCLE
Rafael Cespedes

SWORN to before this
27 day of JAN, 2025

[Signature]
Notary Public

Roger Robinson
Notary Public, State of New York
Reg. No. 01RO6440115
Qualified in Rockland County
Commission Expires 09/06/2026

* If owner is a corporation or LLC, fill in the office held by deponent and name of corporation or LLC, and provide a list of all directors, officers, and stockholders owning more than 5% of any class of stock and all members having greater than 5% beneficial interest.

APPLICATION REVIEW FORM

Owners of Nearby Properties:

That the following are all of the owners of property _____ (distance) from the premises as to which this application is being taken.

SECTION/BLOCK/LOT	NAME	ADDRESS
-------------------	------	---------

GET
FROM
TOWN

[Signature]

(use additional paper if needed)

SWORN to before this
27 day of Jan, 2025

[Signature]

Notary Public

Roger Robinson
 Notary Public, State of New York
 Reg. No. 01RO6440115
 Qualified in Rockland County
 Commission Expires 09/06/2026

APPLICATION REVIEW FORM

PART II

Application before the Zoning Board of Appeals

Application, petition, or request is hereby submitted for:

- Area Variance from the requirement of Section LOT WIDTH, LOT FRONTAGE, REAR YARD;
- Use Variance from the requirement of Section _____;
- Special permit per the requirements of Section _____;
- Review of an administrative decision of the Building Inspector;
- An order to issue a Certificate of Occupancy;
- An order to issue a Building Permit;
- An interpretation of the Zoning Ordinance or Map;
- Certification of an existing non-conforming structure or use;
- Other (explain) _____;

To permit construction, maintenance and use of NEWLY CONSTRUCTED DECK

Previous Appeal:

- a. A previous appeal ___ has, or has not, been made with respect to this property.
- b. Such appeal was in the form of:
 - ___ An AREA Variance; or
 - ___ A USE Variance; or
 - ___ Appeal from decision of Town Official or Officer; or
 - ___ Interpretation of the Zoning Ordinance or Map; or
 - ___ Other
- c. The previous appeal described above was appeal number _____, dated _____ and was _____ (Granted/Denied).

TO ALL APPLICANTS: Complete all relevant information by the section or sections pertaining to your appeal ONLY. You may also include extra pages to supplement this form with a narrative explanation. At the time of the hearing, you must present written documentation in support of all the statements made in this application. You must also substantiate all financial information supplied.

APPLICATION REVIEW FORM

A. AREA VARIANCE (This section to be completed only for an AREA variance. Use additional pages, if needed.)

This application seeks a variance from the provisions of Article _____, Section(s) _____. Specifically, the applicant seeks a variance from the requirements from:

Dimension*	Column	Required	Provided
LOT WIDTH		90	75.79
LOT FRONTAGE		100	63.24
REAR YARD		30	22.3

*e.g., front yard, side setback, FAR, etc.

1. Is the requested variance the minimum necessary to relieve the practical difficulty or economic injury? YES

Describe: NEED REAR YARD FOR DECK

2. Is the variance substantial in relation to the zoning code? NO

Explain: ONLY A 7.5' VARIANCE

3. Will a substantial change be produced in the character of the neighborhood, or a substantial detriment to adjoining property owners be created, if this variance is granted? NO

Explain: REPLACES OLD DECK

4. Can the alleged practical difficulty or economic injury be overcome by some method other than a variance? NO

Explain: DECK IS BUFT.

APPLICATION REVIEW FORM

5. Will the granting of this variance affect the health, safety, or welfare of the neighborhood or community? NO

Explain: OVER 22.3' FROM REAR YARD

6. Will there be any affect on governmental facilities or services if this variance is granted? NO

Describe: JUGIA DECK

7. Other factors I/we wish the Board to consider in this case are

REPLACES OLD DECK

ENJOY THE NEW DECK.

B. USE VARIANCE (This section to be completed only for a USE variance. Use additional pages, if needed.)

1. This property cannot be used for any uses currently permitted in this zone because:

NA

2. The problem with this property is due to unique circumstances and not to the general conditions of the neighborhood in that:

3. The use requested by this variance will not alter the essential character of the neighborhood in that:

4. The amount paid for the entire parcel was: _____

5. The date of purchase of the property was: _____

6. The present value of the entire property is: _____

7. The monthly expenses attributed to normal and usual maintenance of the property are: _____

8. The annual taxes on the property are: _____

APPLICATION REVIEW FORM

9. The current income from the property is: _____

10. The amount of mortgages and other encumbrances on the property in question is:

- a. Date of mortgage: _____
- b. Scheduled maturity (payoff) date: _____
- c. Present monthly payment amount: _____
- d. Current principal balance: _____
- e. Current interest rate: _____

11. Other factors I/we wish the Board to consider in this case are:

C. APPEAL OF DECISION OF BUILDING INSPECTOR *(This section to be completed for an appeal, only. Use additional pages, if needed.)*

1. Name and position of official making the decision:

2. Nature of decision:

3. The decision described above is hereby appealed because:

D. INTERPRETATION OF ZONING CODE *(This section to be completed for an interpretation, only. Use additional pages, if needed.)*

1. Section(s) to be interpreted: _____

2. An interpretation of the Zoning Code is requested because:

