

# Town of Haverstraw Zoning Board of Appeal

## LEGAL NOTICE

Please take notice the Town of Haverstraw Zoning Board of Appeals shall hold a Public Hearing to consider the application of Samuel Zipper, 2 Mountainview Dr., Thiells to construct a new 11'x24'-6" Rear Yard elevated wood deck.

The following Variances are required:

1. The Rear Yard Set Back Required Is 35 ft.; The Proposed Is 13' ft.:  
***A 22 Ft Variance Is Required.***
2. The Lot Width (Rosman Road Side) Required Is 95 ft. The Existing Is 83.28' ft. ***An 11.8' Ft Variance Is Required.***
3. The Lot Area Required Is 15,000 sq. /ft. The Existing is 11,230 sq. /ft.  
***A 3,770 sq. /ft. Variance Is Required.***

Said property being located on the North side of Mountainview Dr. and 0 ft. West of Rosman Road and on the Town of Haverstraw Tax Map as Section-25.08, Block-03, Lot-29.

Said Public Hearing shall be held on Wednesday, March 11 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, Chairman  
Christie Tomm Addona, Planning and Zoning Board Attorney  
Annette Hendrie, Principal Clerk-Typist  
February 10, 2026

# 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

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2/6/2026

RE: THE VARIANCES REQUIRED TO CONSTRUCT A NEW 11' X 24'- 6" REAR YARD ELEVATED WOOD DECK. ADDITIONALLY, 2 VARIANCES ARE REQUIRED TO LEGALIZE EXISTING ZONING BULK CONDITIONS. SAID PARCEL IS LOCATED IN THE R-15 ZONING DISTRICT.

Owner: Samuel Zipper  
Address: 2 Mountainview Dr. Thiells, NY 10984  
Site Location: 2 Mountainview Dr. Thiells, NY 10984  
SBL: 25.08-3-29

To whom it may concern,

The following variances are required: as per the approved Mountainview Park, Section I Subdivision zoning criteria, dated 4/24/1969.

1. The Rear Yard Set Back Required Is 35 ft, The Proposed Is 13' ft:  
**A 22 Ft Variance Is Required.**
2. The Lot Width (Rosman Road Side) Required Is 95 ft. The Existing Is 83.28' ft. **A 11.8' Ft Variance Is Required.**
3. The Lot Area Required Is 15,000 sq/ft. The Existing is 11,230 sq/ft. **A 3,770 sq/ft Variance Is Required.**



George T. Behn Jr. Building Inspector II

received  
02/05/2020

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

Municipality TOWN OF AUGUSTA TOWN Date Sent \_\_\_\_\_

Board  Planning  ZBA  Town/Village Meeting Date 03/11/2020

File Name \_\_\_\_\_  
Contact Person Samuel Zipper  
Address 2 Mountainview Dr Thiells, NY 10984

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 NONE

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) CORNER OF MOUNTAINVIEW DRIVE AND RUSSELL ROAD

Existing Sq. Footage 2160 Acreage of Parcel (s) 0.26  
Proposed Sq. Footage 260

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
- NUGMLL  
NONE

Map 25.08 Block 3 Lot(s) 29 Map Date \_\_\_\_\_  
Current Zoning R-15

Brief Project Description WOOD DECK - REAR OF HOUSE

Variations Needed (if applicable)	Required	Provided
<u>LOT AREA ENLARGING</u>	<u>15,000</u>	<u>11,230</u>
<u>LOT AREA EXISTING</u>	<u>25</u>	<u>23.28</u>
<u>REAR YARD</u>	<u>35</u>	<u>13'</u>

APPLICATION REVIEW FORM

PART I

Name of Municipality TOWN OF HAVENSTOWN Date \_\_\_\_\_

Please check all that apply:

<input checked="" 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: 2 MOUNTAIN VIEW DRIVE

Tax Map Designation:

Section 25.08 Block 3 Lot(s) 29  
Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

Location: On the NORTH side of MOUNTAIN VIEW DR,  
0 feet WEST of ROSMAN ROAD in the  
town/village of HAVENSTOWN.

Street Address: 2 MOUNTAIN VIEW DRIVE

Acreage of Parcel 0.26 Zoning District R-15

School District NRLSD Postal District THEELLS

Fire District THEELLS-RODSVILLE Ambulance District HAVENSTOWN

Water District VERLITA MA Sewer District JRSB

Project Description: (If additional space required, please attach a narrative summary.)

PROPOSED 11' x 24'-6" WOOD DECK  
REAR OF HOUSE

**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 2160
- 2) Total square footage 3120
- 3) Number of dwelling units 1

**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. NO

Are there streams on the site? If yes, please provide the names. NO

Are there wetlands on the site? If yes, please provide the names and type. NO

**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.

\_\_\_\_\_  
NONE  
\_\_\_\_\_

**APPLICATION REVIEW FORM**

**Contact Information:**

Applicant: Samuel Zipper Phone # 862-249-2422  
 Address 2 Mountainview Dr Thiells, NY 10984  
Street Name & Number (Post Office) State Zip code

Property Owner: Samuel Zipper Phone # 862-249-2422  
 Address 2 Mountainview Dr Thiells, NY 10984  
Street Name & Number (Post Office) State Zip code

Engineer/Architect/Surveyor: C. E. F. V. T. A. N. O. Phone # 560-6317  
 Address 3102 ANDRANO DR THIELLS 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. NONE NO GMLB

**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.         |

Adjacent Municipality \_\_\_\_\_  
 Other NONE

**APPLICATION REVIEW FORM**

**Applicant's Combined Affidavit and Certification**

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

X SAMUEL ZIPPER, 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.

X  
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 Haverstraw 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 NONE
- 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. \_\_\_\_\_

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**

**4. Reimbursement for Professional Consulting Services.** I understand that the Town/Village Board, Planning Board, Zoning Board of Appeals, and other municipal boards, in the review of any application described above, may refer any such application presented to it to such engineering, planning, environmental or other technical consultant as such Board shall deem reasonably necessary to enable it to review such application as required by law. The charges made by such consultants shall be in accord with charges usually made for such services in the metropolitan New York region or pursuant to an existing contractual agreement between the town/village and each such consultant for the cost of such consultant services upon receipt of the bill.

*\*\*The following two paragraphs are optional to add if your municipality establishes escrow accounts:*

(I agree to establish an escrow account with the Town/Village of \_\_\_\_\_ from which these consultants' fees will be paid. The escrow account will not draw interest, and will be replenished upon notification by the Town/Village. Any additional sums needed to pay the Town's/Village's consultants shall be paid prior to final action on the application. The Town/Village may suspend processing of the application if there is a deficiency in the escrow account.

Permits will not be issued and site plan or subdivision will not be signed until bill is paid in full. Any sums remaining in the escrow account after the consultants have been paid in full will be returned to the applicant. The applicant has the right to examine escrow and payment records upon prior written notice to the Town/Village.)

Applicant's Signature *Samuel Zipper*  
Print Applicant's Name Samuel Zipper

SWORN to before me this  
4<sup>th</sup> day of February, 2026

*Isaac Gruenebaum*  
Notary Public

ISAAC GRUENEBAUM  
Notary Public, State of New York  
Reg. No. 01GR6396573  
Qualified in Rockland County  
Commission Expires September 3, 2027

**APPLICATION REVIEW FORM**

**Affidavit of Ownership/Owner's Consent**

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

X

I, SAMUEL ZIPPER being duly sworn, hereby  
depose and say that I reside at: 2 Mountainview Dr THIELLS, NY 10984

in the county of Rockland in the state of NY.

I am the (\* \_\_\_\_\_ ) owner in fee simple of premises located at:  
2 Mountainview Dr THIELLS, NY 10984

X

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 # 2623-20471

Said premises have been in my/its possession since 2023 Said premises are also  
known and designated on the Town of Haverstraw Tax Map as:  
section 25.03 block 3 lot(s) 29.

X

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 Samuel zipper  
Mailing Address 2 Mountainview Dr  
THIELLS, NY 10984

SWORN to before this  
4 day of February, 2026  
Isaac Grunebaum  
Notary Public

ISAAC GRUENBAUM  
Notary Public, State of New York  
Reg. No. 01GR6396573  
Qualified in Rockland County  
Commission Expires September 3, 2027

\* 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.







25.08-3-30      392289 Haverstraw      Active      R/S:1      School: North Rockland  
 Mc Intyre, Elizabeth A      Roll Year: 2026 Curr Yr      1 Family Res      Land AV: 139,500  
 4 Mountainview Dr      Land Size: 0.28 acres      Homestead      Total AV: 368,400

- Parcel 25.08-3-30
  - Notes
  - History
  - Assessment
    - Exempt(s)
    - Spec Dist(s)
  - Description
  - Owner(s)
  - Images
  - Gis
  - Site (1) Res
    - Land(s)
    - Bldg
    - Imprvt(s)
    - Valuation
  - Sale07/15/09
    - Site (1) Res
      - Land(s)
      - Bldg
      - Imprvt(s)
      - Valuation

Owner	Tax Bill Mailing Address	3rd Party Address	Bank
<b>Total 2 Owners: To open, click the appropriate row (Right Click to Add)</b>			
Elizabeth A Mc Intyre			Owner Type: Primary      Desig Status:
Teresa C Neary -Dec'd			Owner Type: Additional      Desig Status:

Last Name / Company: Mc Intyre      First Name: Elizabeth      MI: A      Jr., Sr., etc:

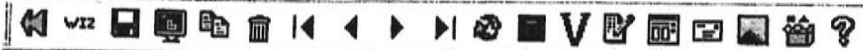
Attention To / In Care Of: \_\_\_\_\_      Additional Address: \_\_\_\_\_

Street No: 4      Prefix Dir: Dr      Street / Rural Route: Mountainview      St Suffix: Dr      Post Dir: \_\_\_\_\_      UnitName: \_\_\_\_\_      Unit No: \_\_\_\_\_

Po Box No: \_\_\_\_\_      City/Town: Thiells      State: NY      Zip Code: 10984

Country: enter if not "USA" \_\_\_\_\_      Bar Cd: \_\_\_\_\_      Ownership: e.g. Life Use \_\_\_\_\_      Owner Type: P = Primary

Owner's Primary Residence: \_\_\_\_\_



25.08-3-5.11      392289 Haverstraw      Active      R/S:1      School: North Rockland  
 Murik Aviva      Rol Year: 2026 Curr Yr      1 Family Res      Land AV: 176,900  
 6 Dr Marquise Dr      Land Size: 0.36 acres      Homestead      Total AV: 359,205

- Parcel 25.08-3-5.11
  - Notes
  - History
  - Assessment
    - Exempt(s)
    - Spec Dist(s)
  - Description
  - Owner(s)
  - Images
  - Gis
  - Site (1) Res
    - Land(s)
    - Bldg
    - Imprvmt(s)
    - Valuation
  - Sale09/14/21
    - Site (1) Res
      - Land(s)
      - Bldg
      - Imprvmt(s)
      - Valuation
  - Sale08/12/19
    - Site (1) Res
      - Land(s)
      - Bldg
      - Imprvmt(s)
      - Valuation
  - Sale06/26/17
    - Site (1) Res
      - Land(s)
      - Bldg
      - Imprvmt(s)
      - Valuation
  - Sale05/16/05
    - Site (1) Res
      - Land(s)
      - Bldg
      - Imprvmt(s)
      - Valuation
  - Sale07/12/01
    - Site (1) Res
      - Land(s)
      - Bldg
      - Imprvmt(s)
      - Valuation
  - Sale10/07/93
  - Sale07/25/91

Owner	Tax Bill Mailing Address	3rd Party Address	Bank
<b>Total 2 Owners: To open, click the appropriate row (Right Click to Add)</b>			
Aviva Murik			Owner Type: Primary      Desig Status:
Nachum Murik			Owner Type: Additional      Desig Status:
Last Name / Company: <input type="text" value="Murik"/> First Name: <input type="text" value="Aviva"/> MI: <input type="text"/> Jr., Sr., etc: <input type="text"/>			
Attention To / In Care Of: <input type="text"/>		Additional Address: <input type="text"/>	
Street No: <input type="text" value="6"/>	Prefix Dir: <input type="text"/>	Street / Rural Route: <input type="text" value="Dr Marquise"/>	St Suffix: <input type="text" value="Dr"/> Post Dir: <input type="text"/> UnitName: <input type="text"/> Unit No: <input type="text"/>
Po Box No: <input type="text"/>	City/Town: <input type="text" value="Thiells"/>		State: <input type="text" value="NY"/> Zip Code: <input type="text" value="10984"/>
Country: enter if not "USA" <input type="text"/>	Bar Cd: <input type="text"/>	Ownership: e.g. Life Use <input type="text"/>	Owner Type: <input type="text" value="P = Primary"/>
Owner's Primary Residence <input type="text"/>			



26.05-1-51      392289 Haverstraw      Active      R/S:1      School: North Rockland  
 Bitton Nathaniel      Roll Year: 2026 Curr Yr      1 Family Res      Land AV: 169,300  
 72 Rosman Rd      Land Size: 1.94 acres      Homestead      Total AV: 447,100

- Parcel 26.05-1-51
  - Notes
  - History
  - Assessment
    - Exempt(s)
    - Spec Dist(s)
  - Description
    - Notes
    - Owner(s)
    - Images
    - Gis
  - Site (1) Res
    - Land(s)
    - Bldg
    - Imprvmt(s)
    - Valuation
  - Sale04/27/22
    - Site (1) Res
      - Land(s)
      - Bldg
      - Imprvmt(s)
      - Valuation
  - Sale02/11/03
    - Site (1) Res
      - Land(s)
      - Bldg
      - Valuation
  - Sale04/10/95
    - Site (1) Res
      - Land(s)
      - Valuation
  - Sale01/04/91

Owner	Tax Bill Mailing Address	3rd Party Address	Bank
<b>Total 2 Owners: To open, click the appropriate row (Right Click to Add)</b>			
Nathaniel Bitton			Owner Type: Primary      Desig Status:
Shaindel Bitton			Owner Type: Additional      Desig Status:

Last Name / Company:       First Name:       MI:       Jr., Sr., etc:

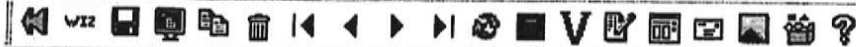
Attention To / In Care Of:       Additional Address:

Street No:       Prefix Dir:       Street / Rural Route:       St Suffix:       Post Dir:       UnitName:       Unit No:

Po Box No:       City/Town:       State:       Zip Code:

Country: enter if not "USA"       Bar Cd:       Ownership: e.g. Life Use       Owner Type:

Owner's Primary Residence



26.05-1-45      392289 Haverstraw      Active      R/S:1      School: North Rockland  
 Palamaro, Franco      Roll Year: 2026 Curr Yr      1 Family Res      Land AV: 102,300  
 68 Rosman Rd      Land Size: 0.34 acres      Homestead      Total AV: 270,300

- Parcel 26.05-1-45
  - History
  - Assessment
    - Exempt(s)
    - Spec Dist(s)
  - Description
  - Owner(s)
  - Images
  - Gis
  - Site (1) Res
    - Land(s)
    - Bldg
    - Imprvmt(s)
    - Valuation
  - Sale10/21/02
    - Site (1) Res
      - Land(s)
      - Bldg
      - Imprvmt(s)
      - Valuation

Owner	Tax Bill Mailing Address	3rd Party Address	Bank
<b>Total 2 Owners: To open, click the appropriate row (Right Click to Add)</b>			
Franco Palamaro			Owner Type: Primary      Desig Status:
Lisa Palamaro			Owner Type: Additional      Desig Status:

Last Name / Company:       First Name:       MI:       Jr., Sr., etc:

Attention To / In Care Of:       Additional Address:

Street No:       Prefix Dir:       Street / Rural Route:       St Suffix:       Post Dir:       UnitName:       Unit No:

Po Box No:       City/Town:       State:       Zip Code:

Country: enter if not "USA"       Bar Cd:       Ownership: e.g. Life Use       Owner Type:

Owner's Primary Residence



25.08-2-14      392289 Haverstraw      Active      R/S:1      School: North Rockland  
 Bleyzer, Lisa      Roll Year: 2026 Curr Yr      1 Family Res      Land AV: 110,000  
 1 Mountainview Dr      Land Size: 0.29 acres      Homestead      Total AV: 415,000

- Parcel 25.08-2-14
  - History
  - Assessment
    - Exempt(s)
      - Notes
    - Spec Dist(s)
  - Description
  - Owner(s)
    - Notes
  - Images
  - Gis
  - Site (1) Res
    - Land(s)
    - Bldg
    - Imprvmt(s)
    - Valuation
  - Sale09/04/20
    - Site (1) Res
      - Land(s)
      - Bldg
      - Imprvmt(s)
      - Valuation
  - Sale09/26/08
    - Site (1) Com
      - Land(s)
      - Imprvmt(s)
      - Bldg 1 Sec 1
      - Com Use
      - Valuation
  - Sale03/25/96
    - Site (1) Com
      - Land(s)
      - Imprvmt(s)
      - Bldg 1 Sec 1
      - Com Use
      - Valuation

Owner	Tax Bill Mailing Address	3rd Party Address	Bank
<b>Total 1 Owners: To open, click the appropriate row (Right Click to Add)</b>			
Lisa Bleyzer			
Owner Type: Primary      Desiq Status:			
Last Name / Company: <input type="text" value="Bleyzer"/> First Name: <input type="text" value="Lisa"/> MI: <input type="text"/> Jr., Sr., etc: <input type="text"/>			
Attention To / In Care Of: <input type="text"/>		Additional Address: <input type="text"/>	
Street No: <input type="text" value="1"/>	Prefix Dir: <input type="text"/>	Street / Rural Route: <input type="text" value="Mountainview"/>	St Suffix: <input type="text" value="Dr"/> Post Dir: <input type="text"/> UnitName: <input type="text"/> Unit No: <input type="text"/>
Po Box No: <input type="text"/>	City/Town: <input type="text" value="Thiells"/>	State: <input type="text" value="NY"/>	Zip Code: <input type="text" value="10984"/>
Country: enter if not "USA" <input type="text"/>	Bar Cd: <input type="text"/>	Ownership: e.g. Life Use <input type="text"/>	Owner Type: <input type="text" value="P - Primary"/>
Owner's Primary Residence <input type="text"/>			



**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 167-9-B(4)(5)(10);
- 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 \_\_\_\_\_  
PROPOSED REAR 11' x 24' - 6" wood  
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 167-9-B,  
 Section(s) (9)(5)(10). Specifically, the applicant seeks a variance  
 from the requirements from:

Dimension*	Column	Required	Provided
LOT AREA EXISTING	4	15,000	11,230
LOT WIDTH EXISTING	5	95	83.28
REAR YARD	10	35	13

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

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

Describe: WE NEED THE DECK TO UTILIZE OUTDOOR SPACE

2. Is the variance substantial in relation to the zoning code? N/D

Explain: CORNER LOT ONLY PLACE TO EXIST

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? N/D

Explain: CAN NOT BE SEEN FROM STREET

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

Explain: WE NEED THE ADDITION ONLY PLACE WE CAN PUT IT, AND THE HOUSE IS EXISTING

**APPLICATION REVIEW FORM**

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

Explain: NEIGHBOR BEING AFFECTED  
IN BACK HAVE NO COMPLAINTS

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

Describe: \_\_\_\_\_  
\_\_\_\_\_

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

LOVE LIVING HERE AND ENJOYS THE AREA  
AND WANT TO STAY. MEMBER OF COMMUNITY

**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:

\_\_\_\_\_  
\_\_\_\_\_

2. The problem with this property is due to N/A 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: **AA**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

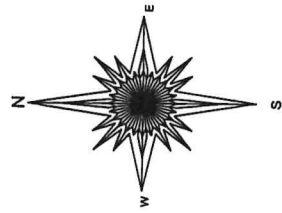
- 1. Name and position of official making the decision: \_\_\_\_\_
- 2. Nature of decision: \_\_\_\_\_

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*[Appform.doc revised September 2013]*

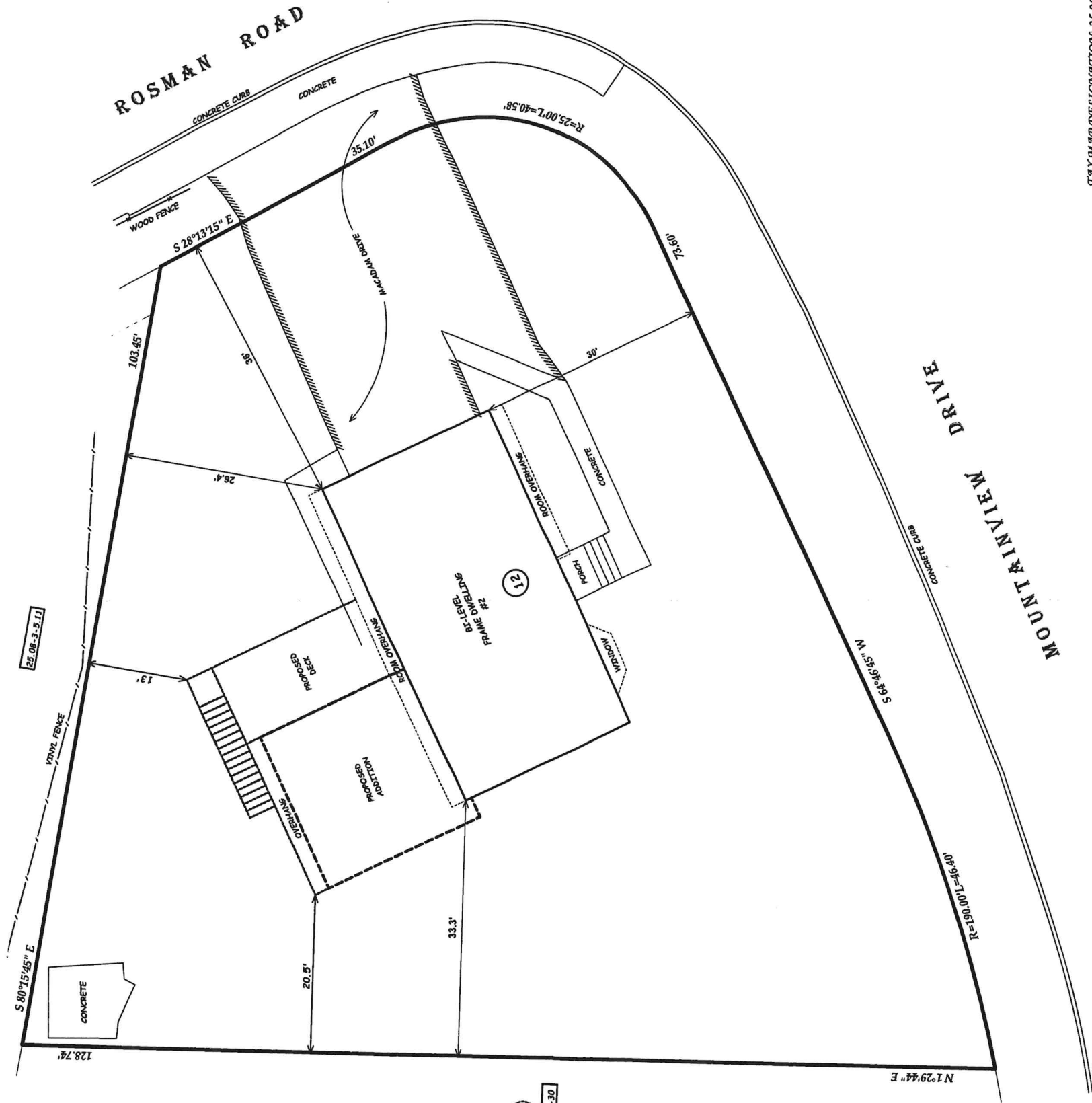


**ZONE: R-1S BULK REQUIREMENTS SINGLE FAMILY DWELLING FILED MAP**

USE GROUP	MIN. LOT AREA	LOT WIDTH	LOT WIDTH ROSMAN MOUNTAIN	FRONT YARD	FRONT YARD MOUNTAIN	SIDE YARD	TOTAL REAR YARD	MAXIMUM HEIGHT	MAXIMUM NUMBER OF STORIES	BUILDING COVERAGE	LOT COVERAGE
F	15,000 S.F.	85'	85'	30'	30'	20'	40'	35'	2	25%	35%
PROVIDED	11,230 S.F.**	83.28**	130.63**	38'	30'	20.5'	N/A	13'	2	15.4%	31%

\*VARIANCE REQUIRED  
\*\*EXISTING CONDITION

COVERAGES  
1) HOUSES AND ADDITION=1731 SQFT  
2) CONCRETE PAD=97 SQFT  
3) DECK=303 SQFT  
4) DRIVEWAY AND WALKWAY=1262 SQFT  
TOTAL=3473 SQFT



NOTE:  
THIS IS A PRELIMINARY MAP. THE SURVEYOR HAS CONDUCTED A VISUAL INSPECTION OF THE PROPERTY AND HAS FOUND NO EVIDENCE OF ENCROACHMENTS OR EASEMENTS. THE SURVEYOR HAS NOT CONDUCTED A FIELD SURVEY AND HAS NOT MEASURED THE PROPERTY. THE SURVEYOR HAS NOT CONDUCTED A FIELD SURVEY AND HAS NOT MEASURED THE PROPERTY. THE SURVEYOR HAS NOT CONDUCTED A FIELD SURVEY AND HAS NOT MEASURED THE PROPERTY.

LOT AREA = 11,230.89 SQUARE FEET  
BEING LOT 12 BLOCK A ON A CERTAIN MAP ENTITLED  
"MOUNTAINVIEW PARK, AMENDED SECTION 1"  
FILED IN THE ROCKLAND COUNTY CLERK'S OFFICE  
AS MAP #4020 BOOK #80 PAGE #27 ON 06/19/1970.

TAX MAP DESIGNATION: 25.08-3-29  
PROPOSED  
ADDITION

## 2 MOUNTAINVIEW DR

TOWN OF HAVERSTRAW, ROCKLAND COUNTY  
GARNERVILLE, NEW YORK  
APRIL 30, 2025 SCALE: 1" = 10'

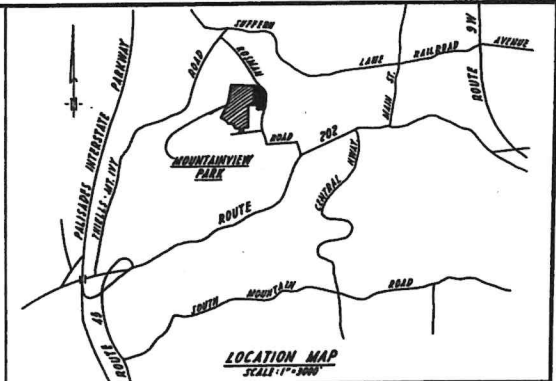
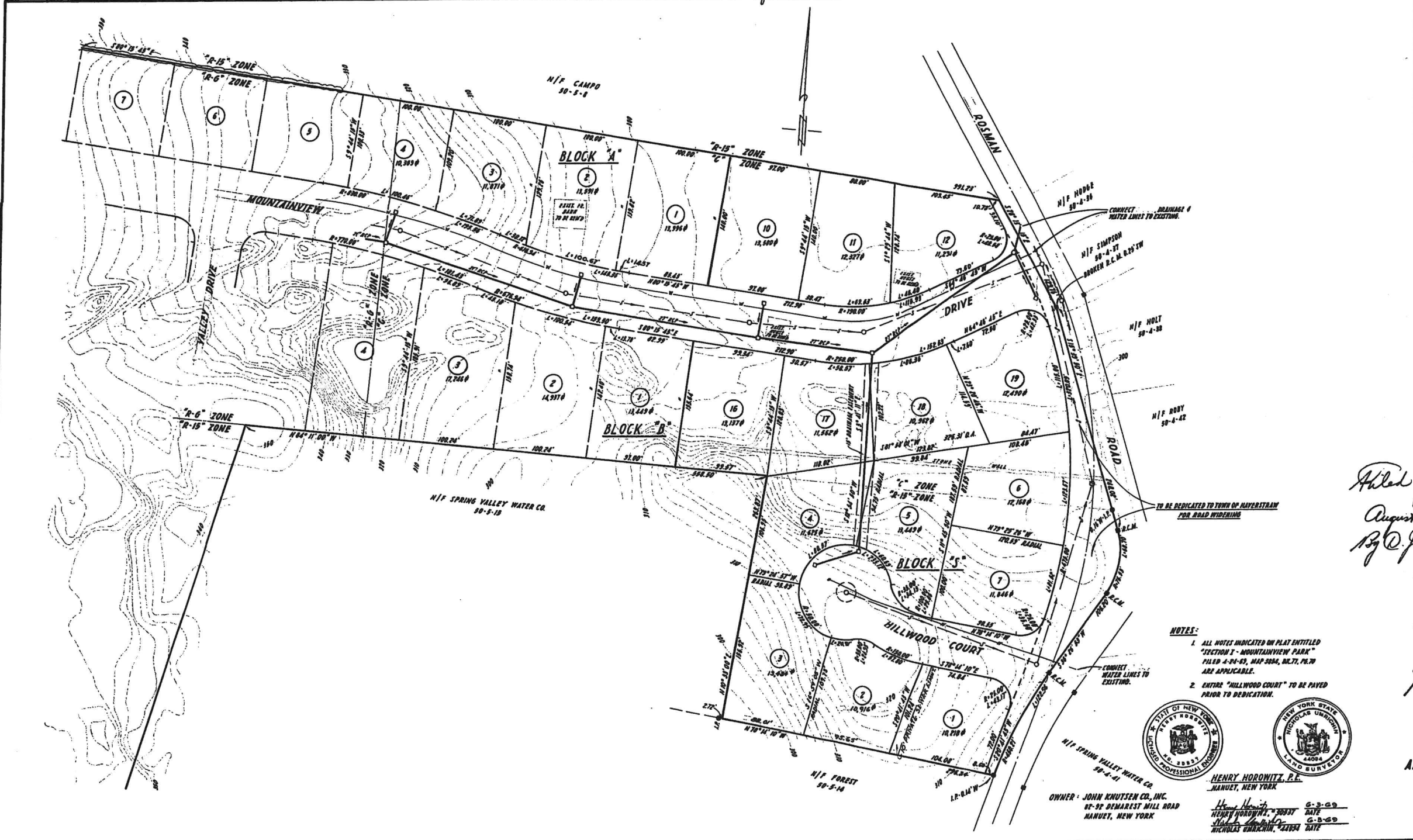
0 10 20 30

ANTHONY R. CELENTANO P.L.S.  
31 ROSMAN ROAD  
THIELLS, N.Y. 10984  
845 429 5290 FAX 429 5974

*Anthony R. Celentano*  
LIC#R06033

Map 4020

Book 80 Page 27



ROCKLAND COUNTY DEPARTMENT OF HEALTH  
 This is to certify that the MOUNTAINVIEW PARK (AMENDED SECTION I)  
 Healthy Subdivision was approved on 6-18-70  
 Consent is hereby given to the filing of this map in the  
 office of the County Clerk of Rockland County. This approval is null and void if water and sewage disposal facilities are not installed in accordance with the filed plan or amendments thereto approved by the Commissioner.  
Dr. Van Arman, M.D.  
 Commissioner of Health  
 Rockland County

COUNTY HEALTH DEPARTMENT  
 OF PUBLIC HEALTH ENGINEERING  
 REVIEWED BY B. Van Hook, P.E.  
 CERTIFIED BY J. O'Keefe

*Filed June 19, 1970  
 at 2:55  
 August H. Horgan,  
 Clerk  
 By C. John Horgan,  
 Deputy*

APPROVED: (PRELIMINARY)  
Henry Horowitz 5-7-70  
 CHAIRMAN, HAVERSTRAW PLANNING BOARD DATE  
 APPROVED: (FINAL)  
Henry Horowitz 6-19-70  
 CHAIRMAN, HAVERSTRAW PLANNING BOARD DATE

NOTES:  
 1. ALL NOTES INDICATED ON PLAT ENTITLED "SECTION I - MOUNTAINVIEW PARK" FILED 4-24-69, MAP 504, D.C. 77, P. 70 ARE APPLICABLE.  
 2. ENTIRE "HILLWOOD COURT" TO BE PAID PRIOR TO DEDICATION.

NEW YORK STATE  
 OFFICE OF PROFESSIONAL ENGINEERS  
 HENRY HOROWITZ, P.E.  
 MANUET, NEW YORK

NEW YORK STATE  
 OFFICE OF PROFESSIONAL SURVEYORS  
 HENRY HOROWITZ, P.S.  
 MANUET, NEW YORK

OWNER - JOHN KNUTSEN CO., INC.  
 82-92 DEMAREST MILL ROAD  
 MANUET, NEW YORK

6-3-69 DATE  
 HENRY HOROWITZ, P.S. DATE  
 6-8-69 DATE  
 NICHOLAS SHARON, DATE

SUBDIVISION PLAT  
 AMENDED SECTION I - MOUNTAINVIEW PARK  
 TOWN OF HAVERSTRAW, ROCKLAND COUNTY, NEW YORK  
 5/1/69  
 SCALE: 1" = 50'  
 GRAPHIC SCALE