



TOWN of GREENBURGH
 WESTCHESTER COUNTY, NEW YORK
 DEPARTMENT OF COMMUNITY DEVELOPMENT AND CONSERVATION
 ZONING BOARD OF APPEALS

APPLICATION FORM

Paul Feiner
Supervisor
Garrett Duquesne,
AICP
Commissioner

Carole Walker
ZBA Secretary

DATE: _____

Section 1: Subject Property

Name or other identification of site (address): 42 Hayes Street

Situated on the _____ side of _____ (Street), _____ feet
 from the intersection of _____ (Street)

Parcel Lot ID: 5.20-6-1 **Total size area (sq. ft.)** _____ **Property is located in the** LI **Zoning District.**

Section 2: Owner Information

Name: Renard Management Street: 42 Hayes Street

City: Greenburgh State: NY Zip: _____

Telephone: _____ Cell Phone : _____ Fax: _____ Email: _____

Attorney **Engineer** **Other** _____

Section 3: Representative Information

Name: David S. Steinmetz Street: 81 Main Street, Suite 415

City: White Plains State: NY Zip: 10601

Telephone: 914-682-7800 Cell Phone : _____ Fax: _____ Email: david@zarin-steinmetz.com
dalbano@zarin-steinmetz.com

Section 4: Relief Sought:

1) Type of request for the Zoning Board of Appeals (Check all that apply):

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Area Variance | <input type="checkbox"/> Use Variance | <input type="checkbox"/> Appeal from Decision of Building Inspector |
| <input type="checkbox"/> Sign Variance | <input type="checkbox"/> Special Permit | <input type="checkbox"/> Same/Similar Relief within 18 Months |

2) List variance or other modifications required. **Variations must be verified in writing by the Building Inspector and attached hereto.** **ATTACHED.**

Zoning Code Reference _____ Variance sought _____

Zoning Code Reference _____ Variance sought _____

Zoning Code Reference _____ Variance sought _____

3) Have you or, to your knowledge, any previous owner or entity with an interest in this property, previously applied to the Zoning Board of Appeals? Yes No
(Case Histories can be obtained from the Department of Community Development & Conservation, attach separate sheet if more room is needed)

If case number _____ application _____ disposition _____
yes, case number _____ application _____ disposition _____
case number _____ application _____ disposition _____
for for for

IF YOU ARE REQUESTING AREA VARIANCES:

A) Please describe whether any change will be produced in the character of the neighborhood or a detriment to nearby properties be created by the granting of the requested area variance(s):

Provided in cover letter.

B) Please describe whether the benefit sought can be achieved by some method, feasible to pursue, other than an area variance:

Provided in cover letter.

C) Please describe whether the requested area variance is substantial in relation to the regulation sought to be varied:

Provided in cover letter.

D) Please describe what impacts, if any, the proposed variance will have on the physical or environmental conditions in the neighborhood or district; and

Provided in cover letter.

E) Please describe whether the alleged difficulty leading to this application was self- created, which consideration shall be relevant to the decision of the board of appeals, but shall not necessarily preclude the granting of the area variance.

Provided in cover letter.

IF YOU ARE REQUESTING A USE VARIANCE:

A) Please describe why the applicant cannot realize a reasonable return from any use permitted in the District, provided that lack of return is substantial and is demonstrated by competent financial evidence. (Financial records and information will be needed to be submitted as part of the evidence.)

N/A

B) Please describe why the alleged hardship relating to the property in question is unique, and does not apply to a substantial portion of the district or neighborhood.

N/A

C) Please describe why the requested use variance, if granted, will not alter the essential character of the neighborhood.

N/A

D) Please describe whether the alleged hardship is self-created.

N/A

7) Will this application involve land development or the subdivision of land?

Applications that involve land development or subdivision of land are referred to the Planning Board for review and recommendation. Yes No

8) Is the action located on property within 500 feet of:

- | | | |
|---|---|--|
| a) The boundary of an adjoining city, town or village | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) The boundary of an existing or proposed state or county park, recreation area or road right-of-way | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c) An existing or proposed county drainage channel line | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d) The boundary of state- or county-owned land on which a public building/institution is located | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e) The boundary of a farm located in an agricultural district. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

9) State the name, residence, nature and extent of the interest of any state officer or employee of the Town of Greenburgh in this application, pursuant to the provisions of §809 of the General Municipal Law of the State of New York.

All of the submission requirements outlined in this application must be approved by the Secretary to the Zoning Board of Appeals prior to the application being accepted in form and content

Section 5: Acknowledgement

SIGNATURES MUST BE SIGNED IN PRESENCE OF NOTARY PUBLIC

I, the applicant, hereby depose and say that all of the aforementioned statements, and the statements contained in the materials submitted herewith, are true and correct.

Signature: *Michael Murphy* Date: 4/14/2022

Further, I hereby give Town of Greenburgh Department of Community Development and Conservation and Building Department staff and members of the Zoning Board of Appeals permission to access the subject property for the purpose of reviewing my variance request

Signature: *Michael Murphy* Date: 4/14/2022

STATE OF NEW YORK)
) SS.:
COUNTY OF Westchester)

On this 14th day of April in the year 2022, before me, the undersigned, a Notary Public in and for said State, personally appeared Michael Murphy, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their/ capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Kimberly Romanino
Notary Public, State of New York

KIMBERLY ROMANINO
NOTARY PUBLIC-STATE OF NEW YORK
No. 01RO6134291
Qualified in Putnam County
My Commission Expires September 26, 2025

* NOTE: If applicant is not the property owner, please attach a power of attorney letter, signed by the owner and notarized, authorizing the applicant to make this application.

Staff Use Only

Date Submitted: _____ Fee Paid: _____
File No.: _____ Date of Public Hearing _____
Pre-filing Staff Reviewer & Date _____ ZBA Action: _____
Pre-Filing Review: _____ Staff Reviewer & Date: _____