



Village of Nyack

Incorporated February 27, 1883



Asst. Building Inspectors

Paul Rozsypal

Scott Fine

Fire Inspector

David Smith

BUILDING DEPARTMENT

9 North Broadway

Nyack, New York 1096-2697

(845) 358 - 4249 / FAX: (845) 358 - 0672

www.nyack-ny.gov

buildingdepartment@nyack-ny.gov

MANNY A. CARMONA
Chief Building Inspector

BUILDING PERMIT APPLICATION

Form Revised 6/28/2022

Permit #: _____

App. Date: <u>7/14/2022</u>	Type Permit: <input checked="" type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Misc. <input type="checkbox"/> Plumbing <input type="checkbox"/> Sign <input type="checkbox"/> Tree	Work Area Sq. ft. <u>approx. 3500</u>	Constr. Cost <u>TBD</u>	Applicant: <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Agent
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1. PROPERTY INFORMATION

Street Address <u>15 TALLMAN AVE</u>	Apt. #/Vacant Land	Sec./Block/Lot #: <u>60.78-1-22.2</u>	Zoning District: <input checked="" type="checkbox"/> SFR-1 <input type="checkbox"/> SFR-2 <input type="checkbox"/> MFR-1 <input type="checkbox"/> MFR-2 <input type="checkbox"/> MFR-3 <input type="checkbox"/> TFR <input type="checkbox"/> DMU-1 <input type="checkbox"/> DMU-2 <input type="checkbox"/> RMU <input type="checkbox"/> OMU <input type="checkbox"/> CC <input type="checkbox"/> WF <input type="checkbox"/> M <input type="checkbox"/> H
File #: _____			

2. PROPERTY OWNER INFORMATION

Business Name:	First & Last Name: <u>GIUSEPPE + DENISE PAGANO</u>	E-Mail: <u>PAGANO66@GMAIL.COM</u>
Street Address: <u>309 N BROADWAY</u>	City: <u>NYACK</u>	State & Zip Code: <u>NY 10960</u>
		Phone #: <u>845 570-3663</u>

3. CONTRACTORS INFORMATION

	NAME/ADDRESS	PHONE #/ E-MAIL	LICENSE #
Applicant	<u>GIUSEPPE + DENISE PAGANO 309 N BROADWAY NYACK, NY 10960</u>	<u>845-570-3663/PAGANO66@GMAIL.COM</u>	
Architect	<u>KIOLLEVESQUE, 49 THILD AVE, NYACK, NY 10960</u>	<u>KBLEVESQUE@OPTONLINE.NET</u>	
General Contractor			
Plumber			
Mechanical			
Electrician			
Fire Sprinkler Company			
Fire Alarm Company			
Arborist			

4. SCOPE OF WORK

Description of Work:
NEW SINGLE FAMILY HOME ON RECENTLY SUBDIVIDED LOT

5. TYPE OF PERMIT

6. OCCUPANCY CLASSIFICATION

IMPROVEMENT TYPE: <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION LEVEL _____ <input type="checkbox"/> CHANGE OF USE <input type="checkbox"/> DECK <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ELECTRIC CAR CHARGER <input type="checkbox"/> ELECTRIC UPGRADE <input type="checkbox"/> FENCE <input type="checkbox"/> FOUNDATION ONLY <input type="checkbox"/> GENERATOR <input checked="" type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PERMIT RENEWAL <input type="checkbox"/> REPAIR/REPLACEMENT <input type="checkbox"/> RETAINING WALL <input type="checkbox"/> ROOFING <input type="checkbox"/> SIDING <input type="checkbox"/> SIGN <input type="checkbox"/> SOLAR PANEL <input type="checkbox"/> SWIMMING POOL/HOT TUB <input type="checkbox"/> TREE <input type="checkbox"/> OTHER	ASSEMBLY (A) <input type="checkbox"/> Bar/Taverns (A-2) <input type="checkbox"/> Restaurant (A-2) <input type="checkbox"/> Art Gallery (A-3) <input type="checkbox"/> Dance Hall (A-3) <input type="checkbox"/> Funeral Parlor (A-3) <input type="checkbox"/> Religious Worship (A-3)	FACTORY (F) <input type="checkbox"/> Moderate-Hazard (F-1) <input type="checkbox"/> _____ <input type="checkbox"/> Low-Hazard (F-2) <input type="checkbox"/> _____	RESIDENTIAL (R) <input type="checkbox"/> Hotel, Motel (R-1) _____ Units <input type="checkbox"/> Dormitory (R-2) _____ Units <input type="checkbox"/> Multi-Family (R-2) _____ Units <input checked="" type="checkbox"/> One/Two Family (R-3) <input type="checkbox"/> Detached One/Two Family <input type="checkbox"/> Townhouse	
	BUSINESS (B) <input type="checkbox"/> Animal Hospital <input type="checkbox"/> Assembly < 50 Person or 750 <input type="checkbox"/> Banks <input type="checkbox"/> Barber & Beauty Shop <input type="checkbox"/> Car wash <input type="checkbox"/> Clinic, Outpatient <input type="checkbox"/> Dry Cleaning & Laundries <input type="checkbox"/> Professional Services	INSTITUTIONAL (I) <input type="checkbox"/> Assisted Living Facility (I-1) <input type="checkbox"/> Congregate Care Facility (I-1) <input type="checkbox"/> Group Home (I-1) <input type="checkbox"/> Hospitals (I-2) <input type="checkbox"/> Adult Day Care (I-4) <input type="checkbox"/> Child Day Care (I-4)	STORAGE <input type="checkbox"/> Moderate Hazard (S-1) <input type="checkbox"/> _____ <input type="checkbox"/> Low-Hazard (S-2) <input type="checkbox"/> _____	
	EDUCATIONAL (E) <input type="checkbox"/> Grades 1 – 12 <input type="checkbox"/> > 5 children & > 2 ½ yrs.	MERCANTILE (M) <input type="checkbox"/> Drug stores <input type="checkbox"/> Greenhouse (sale of plants) <input type="checkbox"/> Markets <input type="checkbox"/> Motor Fuel-Dispensing Facility <input type="checkbox"/> Retail or Wholesale Store <input type="checkbox"/> Sales Room	UTILITY & MISC. (U) <input type="checkbox"/> Barns <input type="checkbox"/> Tanks <input type="checkbox"/> Carports <input type="checkbox"/> Towers <input type="checkbox"/> Fences <input type="checkbox"/> Private Garages <input type="checkbox"/> Retaining Walls <input type="checkbox"/> Sheds	

IMPORTANT NOTICES: READ BEFORE SIGNING

New York State Law requires contractors to maintain Worker's Compensation and Disability Insurance for their employees. No permit will be issued unless valid Insurance certificates with the project address and the Village of Nyack as the certificate holder are attached to this application. If the contractor believes he/she is exempt from the requirements to provide Worker's Compensation and/or Disability Benefits, the contractor shall complete NYS form CE-200 online @: www.businessexpress.ny.gov/app/answers/cms/a_id/2263/kw/CE

Work conducted pursuant to a building permit shall be visually inspected by the Building Inspector and shall conform to the New York State Uniform Fire Prevention and Building Codes, the Code of Ordinances of the Village of Nyack, all other applicable codes, rules and regulations, and shall be performed in accordance with the construction documents which were submitted and accepted as part of the application for the building permit.

It is the owner's or contractor's responsibility to contact the Building Department at 845-358-4249 (Mon - Fri 9:30 a.m. to 4:30 p.m.) to schedule inspections before you are ready to have an inspection conducted.

Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material and lead paint.

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Building Inspector shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

GIUSEPPE PAGANO
 PRINT OWNER/AGENT NAME
[Signature]
 OWNER/AGENT SIGNATURE

AFFIRMED to before me this
19 day of July, 2022
[Signature]
 Notary Public/Witnessed by Bldg. Dept.

7. ZONING PLAN EVALUATION

SETBACKS	REQUIRED	PROVIDED	NUMBER/SQUARE FEET	EXISTING	PROPOSED
Lot Area sq. ft.			Residential Units		
Lot Width ft.			Living Area Sq. ft.		
Front Yard ft.			Basement Area Sq. ft.	Finished _____ Unfinished _____	_____
Rear Yard ft.			Attic Area Sq. ft.	Finished _____ Unfinished _____	_____
Side Yard ft.			Unfinished Space other Sq. ft.		
Both Side Yards ft.			Bedrooms (#)		
Livable Floor Area/D.U. sq. ft.			Full Baths (#)		
Lot Area/D.U. sq. ft.			Partial Baths (#)		
Percentage of Lot Coverage			Shed sq. ft.		
Building Height ft.			Swimming Pool	Above-Ground _____ In-Ground _____	
Number of Stories			Solar Panels	Yes NO	
Off-Street Parking/D.U.			Generator	Yes NO KW _____	

8. PROJECT DOCUMENTS (Completed by Bldg. Dept.)

TYPE OF DOCUMENT	SUBMITTED			ORIGINAL DATE	REVISION DATE
Site Plan	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	5/20/22	
Architectural Drawings	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	5/18/22	
Fire Sprinkler Plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Fire Alarm System Plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Insurance: Liability Disability Worker's Comp. or Exempt Certificate	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Home Improvement License	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
ARB Planning Zoning Village	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Town of Orangetown Sewer Dept.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
RC Dept. of Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
911 Data Enhancement	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Orange & Rockland Utilities	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Nyack Water Department	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Nyack Fire Dept.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Special Inspections	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Job Specifications	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		

9. VALIDATION (Completed by Bldg. Dept.) Field Inspection:

Permit Approved for: _____

Date Received: _____ Date Reviewed: 9/28/22 Date Issued: _____ Date Expires: _____

Permit Disapproved for Referral to: ARB #50 R#10932 PB _____ ZBA _____

Violation Withdrawn (refund 25% or \$100, whichever is greater) \$ _____

Permit Fee: \$ _____ C of O C of C Fee: \$ _____ Stop-Work Fee: \$ _____ Legalization of Work Fee: \$ _____

Total Fees: \$ _____ - Application Fee: \$ 200.00 ^{#994} Receipt #: 00217 Balance Due: \$ _____ Receipt #: _____

_____ X _____ = _____ - \$1000 = _____ ÷ \$1000 = _____ X \$20 = _____ + \$200 = \$ _____

Sq. ft. \$/Sq. ft.

I have examined this application, plans and plot plans that are part of this application and find that they are substantially in compliance with the Codes of the Village of Nyack and the New York State Building and Fire Prevention Codes, and approve the same for issuance of a building permit.

MANNY A. CARMONA
Chief Building Inspector

Date

THE BUILDING PERMIT CARD SHALL BE DISPLAYED SO AS TO BE VISIBLE FROM THE STREET.

DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION NOR ORDER CONCRETE WITHOUT APPROVAL FROM THE CODE ENFORCEMENT OFFICER. ANY FIELD CHANGE SHALL BE APPROVED IN WRITING BY THE CHIEF BUILDING INSPECTOR PRIOR TO MAKING SUCH CHANGE.

THE STRUCTURE SHALL NOT BE OCCUPIED OR USED UNTIL A CERTIFICATE OF OCCUPANCY OR COMPLIANCE HAS BEEN ISSUED BY THE CHIEF BUILDING INSPECTOR.

REQUIRED INSPECTIONS OF CONSTRUCTION

(You shall call in advance for applicable inspections 845-358-4249)

MONDAY - FRIDAY 9:30 AM – 4:30 PM

INSPECTIONS FEE AFTER FAILURE TO PASS 1ST RE-INSPECTION - \$75 EACH

- Work Site** – (prior to the issuance of a Building Permit) _____
- Footing Forms** – (before ordering concrete) When excavation is completed, forms and re-bars are in place, shall have surveyor's mark-out for front, rear and side yard. _____
- Foundation Wall** – (before ordering concrete) When forms and re-bars are in place, shall mark-out finished first floor elevation. _____
- Plumbing Under Slab** – (before connecting to Sewer Main) When sand, pipes and straps are in place, shall pressurize pipes with water or air. _____
- Preparation for Concrete Slab** – (before ordering concrete) When gravel, vapor barrier, wire mesh and perimeter insulation (if applicable) are in place. _____
- Foundation Backfill** – When footing drains, waterproofing, wall bracing and insulation (as may be applicable) are in place. _____
- Sewer Connection** – Call Town of Orangetown (845-359-6502) for inspection.
- Framing, Rough Plumbing, Fire Sprinkler Roughing, Fire-blocking, Electrical Roughing, Fire Alarm Roughing, Penetrations Sealing and Fire-Resistant Construction** – All shall be completed, plumbing pipes (water & gas) shall be pressurized, all nail plates and metal straps shall be installed, electrical roughing under writer certificate shall be provided.
- Energy Code Compliance** – See attached checklist.
- Final** – When you have completed the application for final inspection & certificate of occupancy (provided by the Building Department). _____
- Operating Permit Obtained – (Multiple Dwellings and Commercial Buildings)** For safeguards during construction and demolition _____

GIUSEPPE PAGANO
PRINT OWNER/AGENT NAME


OWNER/AGENT SIGNATURE

7/14/2022
DATE

KIER B. LEVESQUE ARCHITECT

49 Third Avenue Nyack, New York 10960 845-358-2359

Architectural Review Board
Village of Nyack
9 North Broadway
Nyack, NY 10960

September 28, 2022

Re: New residence
Tallman Ave.
Nyack, NY 10960

Job # 202229

Board Chair,

This application is for the review of new residence to be located on a newly subdivided lot on Tallman Ave. The current lot contains a garage with apartment above and will need to be demolished for the new residence. The planning board has approved the subdivision lot and a copy of it is included with this application for reference. The village code requires that this board review and approve demolition of existing structures.

The new residence is in the country farmhouse style and it's scale and massing are in keeping with the street's existing character. The color schema is white and black with natural wood accents at the front porch and the shed roof brackets over the windows. The front foundation will be cultured stone and the remaining foundations above grade will be white cement parging.

Please let me know if there is additional information required prior to the hearing.

Respectfully,


Kier B. Levesque, Architect

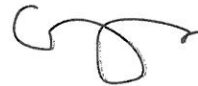
15 Tallman Avenue
Nyack, New York 10960
(845) 570-3663
September 28, 2022

Village of Nyack, New York
9 N Broadway
Nyack, New York 10960

Dear Sir,

Please accept this letter as approval for our architect, Kier Levesque, to act as our agent in all discussions pertaining to a project at 15 Tallman Avenue, Nyack. Mr. Levesque has authority to represent us in all official proceedings before the Architectural Review Board, the Planning Board and with the Building Department.

Regards,

A handwritten signature in black ink, appearing to be 'Giuseppe Pagano, Jr.', written in a cursive style.

Giuseppe Pagano, Jr.