



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

September 21, 2022

PETER KLOSE

PB Chairperson

Nyack, NY 10960

JOHN BOLTON

P.O. Box 113

Blauvelt, NY 10913

§ 360-5.4D(2)(d) APPLICATION REFERRAL, REVIEW AND STAFF REPORT

Dear Planning Board Members,

The following Tree Permit application is before the Planning Board for review, approval, approval with modifications or disapproval to be issued a Tree Permit by the Building Inspector.

LOCATION: 8 Hart Place (66.22-1-15) Detached One-Family Dwelling, located on the West Side of Hart Pl. approximately 0 feet North from the intersection of Hart Pl. and Fifth Ave.

Property is on 0.22 acre in the **SFR-1** – Single-Family Residential-1 District.

PROPOSAL: Property owner seeks to remove one (1) significant oak tree in the rear yard that is in rapid decline in accordance with Arborist letter.

DETERMINATION OF APPLICATION COMPLETENESS: _____

- ☐ Photographs of the trees proposed to be cut.
- ☐ Photographs of all buildings and structure on the lot and on adjacent properties.
- ☒ Location of the tree on the lot.
- ☒ A report by licensed tree professional recognized by the Village.
- ☐ Affidavit that the proposed work and applicant are authorized by the owner.

REFERRAL: § 360-4.4C(2)(b)[2] Any person who proposes to cut, destroy or remove significant trees shall submit a written application to the Planning Board, and shall obtain approval from the Planning Board excepting said person from the regulations contained in this chapter.

CRITERIA: Where an application is submitted to the Planning Board to remove a significant tree, said permit may be granted only for the following reasons and under the following conditions:

(4) Upon the express written finding of an arborist licensed in the State of New York that the proposed significant tree removal will not result in or cause, increase or aggravate any of the following conditions:

- impaired growth or development of the remaining trees or shrubs on the property of the applicant or upon adjacent property,
- soil erosion, sedimentation or dust, drainage or sewerage problems, or
- any other dangerous or hazardous condition, and
- only if a significant tree to be removed is replaced elsewhere on the property or in the immediate neighborhood.

(5) Where the tree removal would not:

(a) Have an adverse impact upon existing biological and ecological systems.

(b) Affect noise pollution by temporarily increasing noise levels to such a degree that a public nuisance may be anticipated or by significantly reducing the noise dampening effect of vegetation near sensitive noise receptors.

(c) Affect air quality by significantly affecting the natural cleansing of the atmosphere by vegetation.

(d) Affect wildlife habitat available for wildlife existence and reproduction by causing emigration of wildlife to adjacent or associated ecosystems, and only if significant tree or trees to be removed are replaced elsewhere on the property or in the immediate neighborhood.



MANNY A. CARMONA
Chief Building Inspector

cc: Mary Screene, Land Use Clerk

10 October 2022

Building Department
Village of Nyack
9 North Broadway
Nyack NY 10960

Re: Tree Removal at 8 Hart Place (66.22-1-15)

I hereby authorize O'Sullivan Tree Care to apply for the required permit for the removal of the large oak on the property that is in failing condition.

A handwritten signature in dark ink, appearing to read "R Frederick Hodder". The signature is stylized with a large initial "R" and a cursive "Hodder".

R Frederick Hodder
8 Hart Place, Nyack NY 10960
Tel 970-367-6266
Fhodder1@gmail.com



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MANNY A. CARMONA

Chief Building Inspector

BUILDING PERMIT APPLICATION

Revised 6/28/2022

Permit #: _____

App. Date: 8/31/22	Type Permit: <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input checked="" type="checkbox"/> Mechanical <input type="checkbox"/> Misc. <input type="checkbox"/> Plumbing <input type="checkbox"/> Sign <input checked="" type="checkbox"/> Tree	Work Area Sq. ft.	Applicant: <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Agent
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1. PROPERTY INFORMATION

Street Address 8 Hart Place	Apt. #/Vacant Land N/A	Sec./Block/Lot #: 66.22-1-15 File #: 2007	Zoning District: <input 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
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2. PROPERTY OWNER INFORMATION

Business Name: N/A	First & Last Name: Fred Hodder	E-Mail: FHODDER1@gmail.com
Street Address: 8 Hart Place	City: Nyack	State & Zip Code: NY 10960
	Phone #: 970-367-6266	

3. CONTRACTORS INFORMATION

	NAME/ADDRESS	PHONE #/ E-MAIL	LICENSE #
Applicant	O'Sullivan Tree Care	845-359-8733	
Architect		Cathy @ OSULLIVANTREE.COM	
General Contractor			
Plumber			
Mechanical			
Electrician			
Fire Sprinkler Company			
Fire Alarm Company			
Arborist	JOHN BOLTON	845-359-8733	NY-5382A

4. SCOPE OF WORK

Description of Work:	Remove 30" oak tree in rapid decline
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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 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 checked="" 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 type="checkbox"/> One/Two Family (R-3) <input checked="" 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 @ <https://www.wcb.ny.gov>

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.

Cathy O'Halloran
 PRINT OWNER/AGENT NAME
Cathy O'Halloran
 OWNER/AGENT SIGNATURE

AFFIRMED to before me this
 31st day of August, 2022
Kerin A. Lieval
 Notary Public/Witnessed by Bldg. Dept.

KERIN ANN LIEVAL
 Notary Public, State of New York
 Registration #01LI6237461
 Qualified in Orange County
 Commission Expires March 21, 2023

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.	<input type="checkbox"/> Finished _____ <input type="checkbox"/> Unfinished _____	_____
Rear Yard ft.			Attic Area Sq. ft.	<input type="checkbox"/> Finished _____ <input type="checkbox"/> 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	<input type="checkbox"/> Above-Ground <input type="checkbox"/> In-Ground	
Number of Stories			Solar Panels	<input type="checkbox"/> Yes <input type="checkbox"/> NO	
Off-Street Parking/D.U.			Generator	<input type="checkbox"/> Yes <input type="checkbox"/> NO KW _____	

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

TYPE OF DOCUMENT	SUBMITTED			ORIGINAL DATE	REVISION DATE
Site Plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Architectural Drawings	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
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 checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Home Improvement License	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
ARB <u>Planning</u> Zoning Village	<input checked="" 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.)

Permit Approved for: _____

Date Received: 8/31/22 Date Reviewed: 9/9/22 Date Issued: _____ Date Expires: _____

Permit Disapproved for Referral to: ☐ ARB ☒ PB ☐ ZBA

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

Permit Fee: \$50 ☐ C of O ☒ C of C Fee: 200 Stop-Work Fee: 0 Legalization of Work Fee: 0

Total Fees: 250 - Application Fee: 0 Receipt #: 00348 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 _____

R F HODDER

PRINT OWNER/AGENT NAME

[Signature]

OWNER/AGENT SIGNATURE

10/18/2022

DATE

O'Sullivan Tree Care



PO Box 113 Blauvelt, NY 10913
Phone (845) 359-8733 * Fax (845) 358-7501
Email: Info@O'sullivantree.com

DATE: August 31, 2022

TO: Village of Nyack

RE: 8 Hart Place
Nyack, NY

To Whom It May Concern:

Upon inspection of the above-mentioned property, I found a 30" oak tree in rapid decline. The tree has high occupancy and multiple targets. Removal is the best way to mitigate this situation.

If you have any questions, please feel free to contact me.

Thank you.

A handwritten signature in black ink, appearing to read 'John Bolton'.

John Bolton
Certified arborist
License number NY5382A

