



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

PLANNING BOARD REVIEW APPLICATION

☒ Disapproved Permit Appl. ☐ Formal Application ☐ Pre-application Meeting (pursuant to §360-5.4A)

Project Street Address: 245 N. Midland Ave Application Date: October 3, 2022

Project Name: Tong N Midland Apartments

Tax Map Designation: Section 60.77 Block 2 Lot 61 Section _____ Block _____ Lot _____
Section _____ Block _____ Lot _____ Section _____ Block _____ Lot _____

Project Location: On the EAST side of N. MIDLAND approximately, 0 feet
from the intersection of 6TH AVE and N. MIDLAND AVE in the Village of Nyack.

Acreage of Parcel .15 (6,595SF) Zoning District TFR

School District VILLAGE OF NYACK Postal District VILLAGE OF NYACK

Fire District NYACK FIRE DEPARTMENT Ambulance District NYACK ABULANCE CORP.

Water District NYACK WATER DEPARTMENT Sewer District ORANGETOWN ENV. MGT. -ENGINEERING

Project Description: (please attach a narrative summary). NARRATIVE ATTACHED

CONTACT INFORMATION

	NAME/ADDRESS	PHONE #/ E-MAIL	LICENSE #
Applicant	Kier B. Levesque Architect 49 Third Ave, Nyack, NY 10960	845-358-2359 kblevesque@optonline.net	15,938
Property Owner	Paul Tong 245 N. Midland Ave	914-589-4563 paul@paultongcpapc.com	
Architect			
Engineer			
Surveyor	JAY A. GREENWELL, PLS, LLC 34 Wayne Ave, 2nd fl. Suffern, NY 10901	845-357-0830 greenwellpls@aol.com	49,676
Landscape R.A.			

Your application is hereby disapproved by the Chief Building Inspector and referred before the Planning Board for review, approval, approval with modifications or disapproval to be issued a permit by the Chief Building Inspector.

§360-5.4B. Application Submittal. (5) Fees and Costs.

☒ **Commercial** \$150 + 5 Units x \$50 + \$150 (legal notice) = \$550

☐ **Escrow:** \$ _____

(b) Recovery of consultant costs. In addition to the development fee, an applicant shall pay all costs billed by the Village for expenses incurred in review of an application, including fees from consultants hired to assist in the review. Escrow funds may be required, at the discretion of the Chief Building Inspector.

(c) Outstanding fees and costs. All fees and costs shall be paid by the applicant prior to scheduling of hearings and/or meetings for any development application. No new applications shall be accepted by the Village until all previous fees and costs associated with an applicant are paid in full by the applicant.

(6) Outstanding municipal violations. Applications for review and approval of any project shall not be deemed complete while there are outstanding municipal violations pending against the owner, owner's agent, or other entity making such application, where such municipal violations are outstanding against all or part of the premises which is the subject of the application.

☒ **No Violations** ☐ **Violations Pending (see attached)**

§360-5.4C. Determination of application completeness. After receipt **one set** of complete submittal of the development application, the Chief Building Inspector shall determine whether the application is complete and ready for review.

(1) If the application is determined to be complete, the applicant will be notified of the additional number of copies required to be submitted for the application to then be processed according to the procedures set forth in this code. An application will be considered complete if it is submitted in the required form, includes all required information and supporting materials, and is accompanied by the applicable fee. The determination of completeness shall not be based upon the perceived merits of the development proposal.

(2) If an application is determined to be incomplete, the Chief Building Inspector shall provide notice to the applicant along with an explanation of the application's deficiencies. No further processing of an incomplete application shall occur until the deficiencies are corrected in a future resubmittal. The inclusion of false information in an application is grounds for determination that the application is incomplete.

Application's conformance: The proposed change of use project does not conform to the Local Zoning and Planning Law of the Village of Nyack. Special Permit approval is required from the Zoning Board of Appeals. Applicant obtained approval from the Architectural Review Board on 9/21/2022 and is referred to the Planning Board for Site Plan approval to change a nonconforming use to a more restricted nature.

following documentation are required:

- Color photographs of all buildings and structure on the lot and on adjacent properties.
- Color photographs of "existing and proposed windows, doors, siding, roof and trims.
- Affidavit that the proposed work and applicant are authorized by the property owner.
- Architectural plans showing elevations, existing and proposed floor plan, windows and doors with details, specifications, materials to be used, sec/block/lot #, bldg. height and sq. ft.
- Site plans with bulk table, required formula calculation for setbacks, minimum required parking, exterior lighting, location of mechanical equipment, Landscaping, garbage dumpster location, snow storage location, electric and gas meters, overhead wires, fire hydrant location, FDC location, Fire apparatus access.

Date application given to applicant: September 30, 2022

Date application received by the Bldg. Dept: 10/3/22

Date application is determined to be complete: _____

MANNY A. CARMONA
Chief Building Inspector

§ 360-5.2A(2) Decision-making body pursuant to § 7-718 of the Village Law of the State of New York.

☒ (d) **Site Plan approval** ☐ Preliminary ☐ Final pursuant to § 360-5.4 and 360-5.7.

Decision-making authority & Public Hearing pursuant to §360-5.1, Table 5-1

☒ (h) **SEQRA** - State Environmental Quality Review Act pursuant to state law and regulation. ☐ Short Form ☐ Long Form

☒ (i) Referral to the ☐ **Board of Trustees** ☒ **Zoning Board of Appeals** ☐ **Architectural Review Board** when required by the provisions of this article or when, in the opinion of the Board, such referral is necessary to fully evaluate the impacts and benefits of a development application.

☐ (j) Upon the granting of an approval, to impose such reasonable conditions and restrictions as are intended to promote the objectives of the State Environmental Quality Review Act, the Comprehensive Plan, the Local Waterfront Revitalization Program, or other relevant law or officially adopted local or regional plan, and are directly related to and incidental to the proposed use of the property.

Conditions: _____

☐ (k) **Retain** ☐ **Counsel** ☐ **Clerks** ☐ **Secretary** ☐ **Engineers** ☐ **Architects**
☐ **Landscape Architects** ☐ **Historic Preservationists** ☐ **Planners** ☐ **Other** _____
to assist the Board in the conduct of its official business.

☐ (m) To maintain and make available minutes of all of its meetings in accordance with Article 7 of the Public Officers Law and to comply with all applicable public notice and hearing requirements specified in this chapter. **Minutes Date** _____


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Chief Building Inspector



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Chief Building Inspector

BUILDING PERMIT APPLICATION

Form Revised 6/28/2022

Permit #: _____

App. Date: 7/13/22	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. 5,182 gsf	Constr. Cost	Applicant: <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Agent
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1. PROPERTY INFORMATION

Street Address 245 N. MIDLAND AVE	Apt. #/Vacant Land	Sec./Block/Lot #: 60.77-2-61	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 checked="" type="checkbox"/> SFR <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 #: 376			

2. PROPERTY OWNER INFORMATION

Business Name:	First & Last Name: PAUL TONG	E-Mail: paul@pavltongcpa.com
Street Address: 245 N. MIDLAND AVE	City: NYACK	State & Zip Code: NY 10960
		Phone #: 914-589-4563

3. CONTRACTORS INFORMATION

	NAME/ADDRESS	PHONE #/ E-MAIL	LICENSE #
Applicant	KIER B. LEVESQUE 49 THIRD AVE NYACK, NY 10960	845-358-2359 kblevesque@optonline.net	
Architect	KIER B. LEVESQUE 49 THIRD AVE NYACK, NY 10960	845-358-2359 kblevesque@optonline.net	15,938
General Contractor			
Plumber			
Mechanical			
Electrician			
Fire Sprinkler Company			
Fire Alarm Company			
Arborist			

4. SCOPE OF WORK

Description of Work: Change a nonconforming use to a more restricted nature (mixed use to a five-family dwelling).
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5. TYPE OF PERMIT

6. OCCUPANCY CLASSIFICATION

IMPROVEMENT TYPE: <input type="checkbox"/> ADDITION <input checked="" type="checkbox"/> ALTERATION LEVEL <u>2</u> <input checked="" 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 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 checked="" type="checkbox"/> Multi-Family (R-2) <u>5</u> Units <input 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 1/2 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.busessexpress.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.

KIER B. LEVESQUE
 PRINT OWNER/AGENT NAME
Kier B. Levesque
 OWNER/AGENT SIGNATURE

AFFIRMED to before me this
 day of 7/21, 2012
 Notary Public/Witnessed by Bldg. Dept.

[Signature]

7. ZONING PLAN EVALUATION

SETBACKS	REQUIRED	PROVIDED	NUMBER/SQUARE FEET	EXISTING	PROPOSED
Lot Area sq. ft.	5,000	4,595	Residential Units	2	5
Lot Width ft.	50	102	Living Area Sq. ft.	1,619	5,182
Front Yard ft.	12.93	0/0	Basement Area Sq. ft.	Finished Unfinished 296	296
Rear Yard ft.	19.4	35	Attic Area Sq. ft.	Finished Unfinished	
Side Yard ft.	10.2	0	Unfinished Space other Sq. ft.		
Both Side Yards ft.	N/A	CORNER	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.	32		Swimming Pool	Above-Ground In-Ground	
Number of Stories	2	2	Solar Panels	Yes NO	
Off-Street Parking/D.U.	2	7	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		
Architectural Drawings	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Fire Sprinkler Plan	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Fire Alarm System Plan	<input checked="" 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 (Planning Zoning) Village	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Town of Orangetown Sewer Dept.	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Nyack Fire Dept.	<input checked="" 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: Referred to ARB 7/12/22, PB 9/30/22, ZBA

Date Received: 7/12/22 Date Reviewed: 7/21/22 Date Issued: _____ Date Expires: _____

Permit Disapproved for Referral to: ☒ ARB ISO 12-60230 ☒ PB SSO 24-20038 ☐ ZBA

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

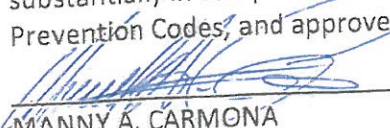
Permit Fee: \$ 200 ☐ C of O ☐ C of C Fee: \$ _____ Stop-Work Fee: \$ _____ Legalization of Work Fee: \$ _____

Total Fees: \$ _____ - Application Fee: \$ _____ Receipt #: _____ 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

9/30/22
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 _____

Kier B. Levesque
PRINT OWNER/AGENT NAME


OWNER/AGENT SIGNATURE

10/3/22
DATE

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

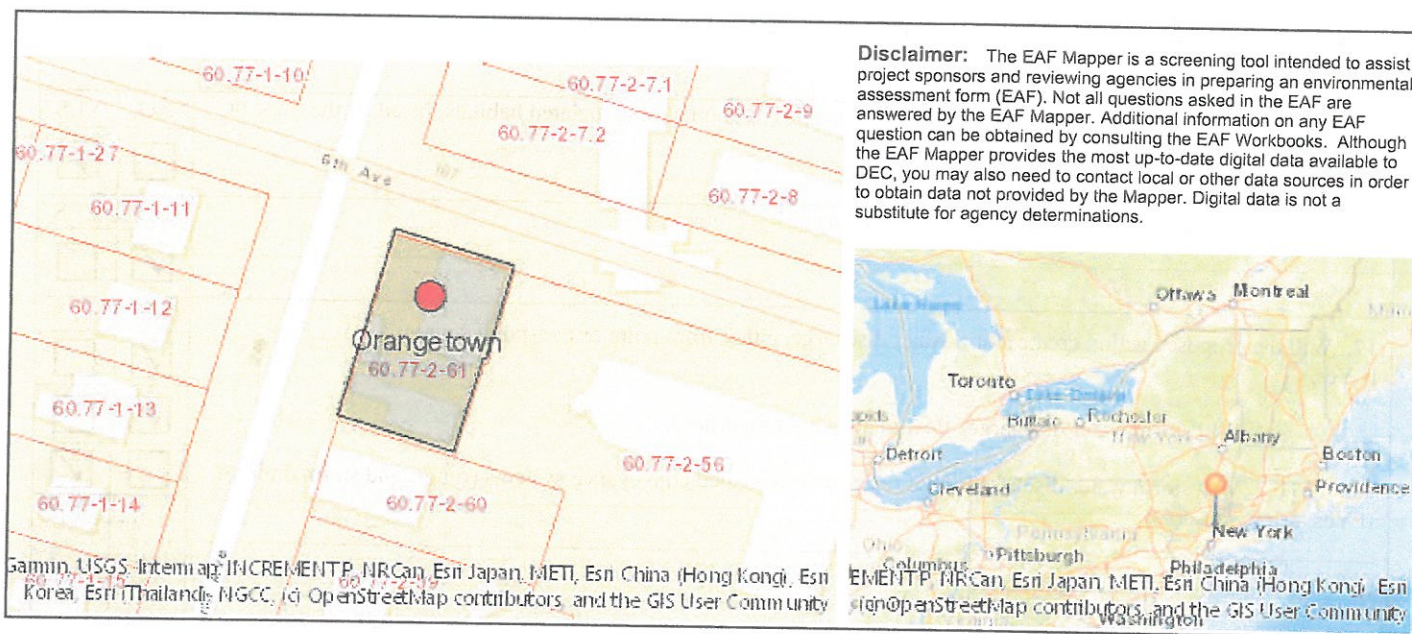
Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
Name of Action or Project: Tong N Midland Apartments			
Project Location (describe, and attach a location map): 245 N. Midland Ave. Nyack, NY 10960			
Brief Description of Proposed Action: change in use from a non-conforming use to a more restrictive use			
Name of Applicant or Sponsor: Kier B. Levesque		Telephone: 845-358-2359	
		E-Mail: kblevesque@optonline.net	
Address: 49 Third Ave			
City/PO: Nyack		State: NY	Zip Code: 10960
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval: ARB, PB, ZBA of the village of Nyack		NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		.15 acres	
b. Total acreage to be physically disturbed?		0 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		.15 acres	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

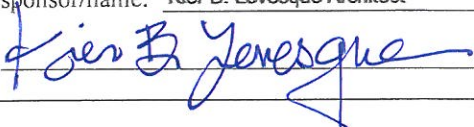
5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?	NO	YES	
If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation services available at or near the site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

EAF Mapper Summary Report

Monday, October 3, 2022 1:54 PM



Part 1 / Question 7 [Critical Environmental Area]	No
Part 1 / Question 12a [National or State Register of Historic Places or State Eligible Sites]	No
Part 1 / Question 12b [Archeological Sites]	Yes
Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies]	No
Part 1 / Question 15 [Threatened or Endangered Animal]	Yes
Part 1 / Question 15 [Threatened or Endangered Animal - Name]	Bald Eagle, Atlantic Sturgeon, Shortnose Sturgeon
Part 1 / Question 16 [100 Year Flood Plain]	No
Part 1 / Question 20 [Remediation Site]	No

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered? Bald Eagle, Atlantic Sturge...	NO	YES
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor/name: <u>Kier B. Levesque Architect</u> Date: <u>October 3, 2022</u>		
Signature: <u></u> Title: <u>Architect</u>		

KIER B. LEVESQUE ARCHITECT

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

Chairman
Planning Board
Village of Nyack
9 North Broadway
Nyack, NY 10960

October 3, 2022

Re: Tong Renovation
Midland Ave.
Nyack, NY 10960

Job # 1584

Chair Klose,

This application is for the reapproval of the 2016 and 2018 reapproved application for the renovation of an existing mixed use building currently housing a workshop, offices and 2 second floor apartments. We are planing to renovate the first floor by adding 3 new apartments and removing the office and workshop uses. The second floor entry near the parking area will be relocated to meet a code requirement and the existing entry off of N. Midland Ave. to the second floor North apartment will remain. We are making an application to this board for a change of use from one non-conforming use to another less intense non-conforming use which will require special permit. The proposed multi family use is in keeping with the mutli family uses adjacent to this property and is a less intensive use than a commercial space and offices.

Note, the building is located on the property lines at each street front which prevents the planting of landscaping as a buffer on those twostreet lines. The existing macadam placed against the building is needed to facilitate storm water drange and it is located on village property. The current parking arangement will be maintained as is. We used the more restrictive parking requirements of the RMU zone to determine parking compliance. There are 4 one bedroom apartments requiring 5 spaces and 1 two bedroom apartment requiring 2 spaces. There are 7 on site spaces current and proposed.

We are seeking conditional approval from this board so that we can apply for a special permit from the village zoning board. Additionally we will need area variances for existing front and side setbacks as there are existing non-conforming conditions for the TFR zone. Please let me know if there is additional information required prior to the hearing.

Respectfully,


Kier B. Levesque, Architect

