

BUILDING PERMIT DENIAL

(PLEASE PRINT)

DATE: 3/25/22  
NAME OF RESIDENT: Joseph Crispino  
ADDRESS OF RESIDENT: 3 Laura Dr.  
SECTION 31 BLOCK 1 LOT 30

REFERRAL TO:

PLANNING BOARD

☐

ZONING BOARD OF APPEALS

☒

TYPE OF VARIANCE:

AREA

☒

USE

☐

INTERPRETATION

☐

SITE PLAN APPROVAL

☐

ARCHITECTURAL REVIEW

☐

DESCRIPTION AND SIZE OF VARIANCE/S NEEDED:

Wants to add Covered Front porch - house  
setback currently 38.7 - Setback requirements  
are 35' - needs variance to add 10'-12'  
front covered porch.

SECTION OF CODE:

98-9  
[Signature]  
BUILDING INSPECTOR

**TOWN OF CHESTER  
BUILDING PERMIT APPLICATION**

Accepted payments: check or money order made payable to The Town of Chester all payments due with application before review.

Application is hereby made to the Building Department for the issuance of a Building Permit pursuant to the Code of the Town of Chester and the New York State Uniform Fire Prevention and Building Code for the construction of Buildings, additions or alterations, or for removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations. **PLEASE READ THROUGH THE APPLICATION AND ANSWER QUESTIONS THOROUGHLY.**

Date: 3/24/2022

**CHECKLIST: All must be checked prior to submitting permit application to the Building Department**

\_\_\_\_\_ **PLAN OR SKETCH IF NECESSARY**      \_\_\_\_\_ **PROJECT DESCRIPTION IN DETAIL**  
\_\_\_\_\_ **SURVEY SHOWING SETBACKS**      \_\_\_\_\_ **INSURANCE (WAIVER OR CERTIFICATE)**

**IF YOU HAVE PURCHASED THIS PROPERTY WITHIN LAST 6 MONTHS-PROVIDE DOCUMENTATION**

**SITE DATA:**

Section/Block/Lot: 31 - 1 - 30

Street Location: 3 LAGUNA DR

**PROJECT:**

\_\_\_\_\_ New      \_\_\_\_\_ Existing  
\_\_\_\_\_ Accessory Building – with electric Yes or No  
\_\_\_\_\_ Swimming Pool/ Hot Tub (see pool packet)  
\_\_\_\_\_ Solar Panels (Roof Mount or Ground Mount)  
X \_\_\_\_\_ Deck/Porch: Rear      Side      Front  
\_\_\_\_\_ Fence: Front      Rear      Side      Height \_\_\_\_\_  
\_\_\_\_\_ Roof Replacement (re-roof)  
\_\_\_\_\_ Woodstove/Pellet Stove/Fireplace  
\_\_\_\_\_ Finished Basement – (provide layout sketch)  
\_\_\_\_\_ Additions – (Provide NYS stamped plans & Detail description)  
\_\_\_\_\_ Renovations – (Provide scope of work in detail)  
\_\_\_\_\_ Electrical – Upgrading, extending or altering wiring system  
\_\_\_\_\_ Removal, Abandonment or Installation of Oil Tanks  
\_\_\_\_\_ Dwelling or Commercial Building  
\_\_\_\_\_ Septic  
\_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_ Renewal of Permit#: \_\_\_\_\_

**DESCRIPTION:**

**SIZE:**

\_\_\_\_\_ X  
ABOVE OR IG      \_\_\_\_\_ X  
# of Panels \_\_\_\_\_ Sq.Ft. \_\_\_\_\_  
Size: ~ 48' LONG      ~ 8' DEEP  
ASSUME 9'  
TO ACCOUNT FOR  
STEPS

MAR 25 2021

Estimated Cost of Project: \$30,000

Will planned project include Outdoor Lighting? YES or NO (circle one)

\*If the answer is YES your proposed plan or project MUST conform with Chester Town Code Chapter 69.

**APPLICANT INFORMATION:**

Name: JOSEPH CRISPINO

Mailing Address: 3 LAGUNA DR

City/State/Zip Code: CHESTER, NY 10918

Phone: 247 728 8898      Alt. Phone: 862 373 0197

Email: joe @ crispinocnsulting.com

**OWNER INFORMATION: (Please make sure you submit the correct MAILING address)**

Name: JOSEPH CRISPIN  
Mailing Address: 3 LAURA DR  
City/State/Zip Code: CHESTER NY 10918  
Phone: 347 728-9848 Alt. Phone: 862 373 0147  
Email: joe@crispinconsulting.com Zone District: SIL2  
Property Size/Acreage: 105 X 157, 0.45 acres

**ENGINEER OR ARCHITECT INFORMATION: TBD**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**CONTRACTOR INFORMATION: TBD**

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*Contractor must supply a copy of their Liability Insurance Certificate and Workman's Compensation Certificate naming The Town of Chester as Certificate Holder. No permit will be reviewed or issued unless this is provided.

**DIMENSIONS OF NEW CONSTRUCTION - RESIDENTIAL OR COMMERCIAL**

Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Depth: \_\_\_\_\_  
Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_  
Garage (attached or detached & # of cars include sq ft): \_\_\_\_\_  
First Floor Sq. Ft: \_\_\_\_\_ Second Floor Sq. Ft: \_\_\_\_\_  
Total Square Footage: \_\_\_\_\_  
Estimated Cost of Construction: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Total Fee Due: \_\_\_\_\_ Balance: \_\_\_\_\_  
Check or Money Order#: \_\_\_\_\_

DATE REVIEWED: 3/25/22  
DATE DISAPPROVED: 3/25/22  
REASON: set back  
REFERRED TO: ZBA