

Town Of Chester Zoning Board of Appeals
1786 Kings Highway, Chester, New York 10918
Phone: (845) 469-7000, ext. 308 Fax: (845) 469-9242

APPLICATION TO THE ZONING BOARD OF APPEALS

PART I: OWNER INFORMATION - Please type or print below

DATE: March 17, 2015

Property Location: 24 New Sweep Lane

Owner(s) of Record: Full name(s) Andrew H. KSEL

Home Phone#: () - Work #: () - Cell #: (914) 224 3779

Email address: KSELARCHITECT@GMAIL.COM

Mailing Address of Owners(s): 34 CLAYFORD WITTENBERG ROAD

City, State, Zip Code: CLAYFORD NY 12433

PART II: AGENT INFORMATION - If applicable (Please attach Owner Authorization letter)

Agent Name: N/A

Work #: () - Cell #: () -

Email address: _____

Mailing Address of Agent: _____

City, State, Zip Code: _____

PART III: ATTORNEY INFORMATION

Attorney for Applicant: N/A

Mailing Address of Attorney: _____

City, State, Zip Code: _____

PART IV: APPLICATION DETAILS

Note: If this application is being made by someone other than the owner, the owner must sign the owner's authorization attached to this document.

Orange County Tax Map Number: _____ Section/Block/Lot 13 / 1 / 7

Zoning District: SR-1 Lot Size 2.0

Type of Variance Sought: (check one or more)

☐ Area Variance

☐ Use Variance

☒ Interpretation

Referred by:

☐ Planning Board

☒ Code Enforcement Officer

State in factual terms the exact manner in which applicant seeks from the Zoning Board of Appeals:

TO USE /PLACE A TEMPORARY CONSTRUCTION TRAILER
ON THE LOT WHILE BUILDING A BRIDGE TO THE LOT
AND THE BUILDING A PRIMARY RESIDENCE

A summary statement of the practical difficulty because of the existing zoning regulations for the subject premises as follows:

ZONING DOES NOT ALLOW A TRAILER TO
BE PLACED ON A ~~PAR~~ LOT WITHOUT A PRIMARY
RESIDENCE IN PLACE.

Describe any circumstances supporting this application:

LOT IS VACANT LAND WITH A SEASONAL STREAM
WHICH NEEDS TO BE CROSSED IN ORDER TO
GAIN ACCESS TO THE ENTIRE LOT.

Has a variance or special exception use ever been applied for on this property?

☐ Yes ☒ No

If yes, indicate the Zoning Board of Appeals date of
decision: _____

Is the subject property located within 500 feet of any of the following?

☐ Town or Village boundary line (if yes, indicate which Town or Village : _____)

☐ State road, park, or other recreational facility

☐ County Road or right of way

☐ Federal owned property

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OWNER AUTHORIZATION

STATE OF NEW YORK

COUNTY OF ORANGE

I, ANDRE H. KEEL
OWNER
residing at 34 GLENFORD WITABANK ROAD, GLENFORD NY 12433
OWNER ADDRESS
being the owner of premises 24 WEN SWEEP LANE
PROPERTY LOCATION
also known as Orange County Tax Map #: S13/B-1/L-7
TAX MAP
hereby authorize SELF
AGENT
whose mailing address is SAME AS ABOVE
AGENT ADDRESS
to appear on my behalf before the SELF
of the Town of Chester, and to file any documents required with reference to my
application for ZONING INTERPRETATION

I hereby agree to allow my agent, whose name appears above, to act on my behalf and I further agree to abide by any requirements imposed by this Board as a condition of their approval.

Andre H. Keel

OWNER SIGNATURE

Sworn to before me this 17th
Day of MARCH, 2015
Notary Public

Tanya McPhee

TANYA MCPHEE
Notary Public, State of New York
No. 01MC6125566
Qualified in Orange County
Commission Expires April 18, 2017

Interpretation Only

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Town Of Chester
Zoning Board of Appeals
1786 Kings Highway,
Chester, New York 10918
(845) 469-7000, Ext. 308**

Area Variance Only

Please answer the following:

Will there be an undesirable change in the character of the neighborhood, or a detriment to nearby properties if this variance is granted?

NO

Can you achieve your goals via a reasonable alternative which does not involve the necessity of an area variance?

NO

Is the variance is substantial?

NO

Will the variance have an adverse impact on physical or environmental conditions in the neighborhood or district?

NO ITS A TEMPORARY USE

Is this a self-created difficulty?

NO

ATTN: TANYA

845-469-9242

BUILDING PERMIT DENIAL

(PLEASE PRINT)

DATE: 1/15/15NAME OF APPLICANT: ANDRE KEBL

ADDRESS OF APPLICANT:

SECTION 13 BLOCK 1 LOT 7

REFERRAL TO:

PLANNING BOARD ☐ZONING BOARD OF APPEALS ☒

TYPE OF VARIANCE:

AREA ☐USE ☐INTERPRETATION ☒SITE PLAN APPROVAL ☐ARCHITECTURAL REVIEW ☐

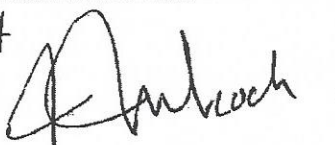
SECTION/S OF TOWN CODE CITED

98-11 Accessory Buildings

DESCRIPTION AND SIZE OF VARIANCE/S NEEDED: (PLEASE STATE EXACT NATURE OR SQUARE FOOTAGE NEEDED)

INTERPRETATION NEEDED IF A TEMPORARY
JOB TRAILER IS PERMITTED ON A VACANT
RESIDENTIAL LOT.

BUILDING INSPECTOR SIGNATURE

Joseph M. Loch

Building Department
Chester, NY 10918

Date Received _____
Examined _____
Disapproved a/c _____
Approved _____

(Building Inspector)

RECEIVED
DEC 29 2014
TOWN OF CHESTER
BUILDING DEPARTMENT

APPLICATION FOR BUILDING PERMIT
INSTRUCTIONS (Page 1 of 3)

- a. This application must be completely filled in by typewriter or in printed ink and submitted in duplicate to the Building Inspector.
- b. **This application must be accompanied by two plot plan diagrams drawn to scale** locating clearly and distinctly all buildings and wetland (lakes, ponds, streams, swamps, marsh, etc), whether existing or proposed, and indicate all set-back dimensions from property lines. Give lot and block numbers or description according to deed, and show street names and indicate whether interior or corner lot.
- c. **This application must be accompanied by two complete sets of plans drawn to scale showing proposed construction and two complete sets of specifications.** Plans and specifications shall describe the nature of the work to be performed, the materials and equipment to be used and installed and details of structural, mechanical, electrical and plumbing installations.
- d. The work covered by this application may not be commenced before the issuance of Building Permit.
- e. Upon approval of this application, the Building Department will issue a Building Permit to the applicant together with approved duplicate set of plans and specifications. Such permit and approved plans and specifications shall be kept on the premises available for inspection by the Building Department.
- f. No Building shall be occupied or used in whole or in part for any purpose whatever until a Certificate of Occupancy has been granted by the Building Department.
- g. If a Zoning Board of Appeals variance was issued, submit a copy with this application.

APPLICATION IS HERBY MADE to the Building Department for the issuance of a Building Permit, pursuant to the New York State Uniform fire Prevention and Building Code for the Construction of Buildings, additions or alteration, or for removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinance and regulations.

ANDRE H. KEEL, RA
(Name of Applicant)

24 WILLOW SWEEP LANE
Street Box #

SUGAR LAKE NY 1098

State whether applicant is owner, lessee, agent, architect, engineer or builder: OWNER / ARCHITECT

Name of owner of Premises: ANDRUS' H. KEEL (M2S-01, LLC)

If applicant is corporation, signature of duly authorized officer: Arnos' H. Kesz - owner
(Name and title of corporate officer)

- 1 a. Location of land on which proposed work will be done (Street) 24 WELL SWEEP LANE
b. Tax Map Number, Section 13 Block 1 Lot 7
2. State existing use and occupancy of premises and intended use and occupancy of proposed construction.
- a. Existing use and occupancy VACANT LAND - RESIDENTIAL
b. Intended use and occupancy SINGLE FAMILY RESIDENTIAL
TEMPORARY CONSTRUCTION TRAILER

APPLICATION FOR BUILDING PERMIT

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3. Nature of work (check all applicable):
- | | | | |
|--------------|---------------------|---------------|------------|
| New Building | Addition | Alteration | Repair |
| Removal | Demolition | Swimming Pool | Sign |
| Deck | Shed | Garage | Conversion |
| Wetlands | <u>Other (list)</u> | | |
4. Estimated Cost* _____ Fee _____
5. If dwelling, number or dwelling unit _____ Number of dwelling units on each floor _____
- Number of bedrooms in each unit _____ If garage, number of cars _____
6. If business, commercial or mixed occupancy, specify nature and extent of each type of use _____
7. Dimensions of existing structure, If any: Front _____ Rear _____ Depth _____
- Height _____ Number or Stories _____
- Dimensions of same structure with alterations or additions: Front _____ Rear _____ Depth _____
- Height _____ Number or Stories _____
8. Dimensions of entire new Construction: Front _____ Rear _____ Depth _____
- Height _____ Number or Stories _____
9. Size of lot: Front 46' +/- Rear 161' +/- Depth 600' +/-
10. Zone or use district in which premises are situated SR-1
11. Does proposed construction violate any zoning/law ordinance or regulation? USE OF CONSTRUCTION TRAILER
12. Name of Owner of Premises ANDRE KEEL Address 34 GLENFORD WITTENBERG ROAD
- Street, Box _____
- Phone No. 914-224-3779 GLENFORD NY 12433
- Town, State, Zip _____
13. Name of Architect/Engineer SAME AS ITEM 12 Address _____
- Street, Box _____
- Phone No. _____
- Town, State, Zip _____
14. Name of Contractor _____ Address _____
- Street, Box _____
- Phone No. _____
- Town, State, Zip _____

APPLICATION FOR BUILDING PERMIT
Page 3 of 3

15. Name of Compensation Insurance Carrier _____

Number of Policy _____ Date of Expiration _____

16. Electrical work to be inspected by and a Certificate of Approval obtained from the New York Board of Fire Underwriters

17. Will work be performed after competitive bidding or by agreement with owner _____

Costs for the work described in the Application for Building Permit include the cost of all the construction and other work done in connection therewith exclusive of the cost of the land. If final cost shall exceed estimated cost, an additional fee may be required before the issuance of Certificate of Occupancy.

STATE OF NEW YORK
COUNTY OF ORANGE

ss:

ANDRE H. KEEL he is the being duly sworn and disposes and
(name of individual signing application)

the applicant above names, says that he is the OWNER
(Contractor, agent corporation officer, owner etc.)

of said owner or owners, and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Sworn before me _____

Signature of Applicant Andre Keel

this _____ day of _____

FAX COVER SHEET

TO	Chester Zoning Board
COMPANY	Town of Chester
FAX NUMBER	18454699242
FROM	RSS Agency
DATE	2015-03-16 19:52:43 GMT
RE	Attn Tonya

COVER MESSAGE

Building Permit Denial