

TOWN OF RAMAPO
237 Route 59
Suffern, New York 10901
(845) 357-5100 Fax: (845) 357-5140



ARCHITECTURAL REVIEW

Architectural Review is required for the following:

- 1) **One Family Dwelling with the Addition of an Accessory Apartment;**
- 2) **One Family Dwelling Converting to a Two or Three Family Dwelling;**
- 3) **Two Family Conversions to Multi-Family Dwellings;**
- 4) **New Two or Three Family Dwellings**
- 5) **New Office Buildings**

Please complete the attached forms. In addition to these completed forms, please provide us with:

- 1) **REQUIRED FEE - \$500.00**
- 2) **NARRATIVE SUMMARY (ONE COPY) – A BRIEF DESCRIPTION OF WHAT YOU WANT TO DO**
- 3) **3 COPIES OF AN AS-BUILT SURVEY, COMPLYING WITH SECTION 376-1215 OF THE ZONING LAW. INDICATE IF THIS IS A CONVERSION TO A TWO OR THREE FAMILY DWELLING. THIS SURVEY SHOULD INCLUDE LANDSCAPING DETAILS (FOUNDATION PLANTINGS, PERIMETER PLANTINGS) AND CONTOUR/GRADING PLAN.**
- 4) **TWO COPIES OF ARCHITECTURAL RENDERINGS, SHOWING ANY ELEVATIONS AND PHOTOGRAPHS OF EACH SIDE OF THE BUILDING AND ANY AFFECTED AREA.**

**Town of Ramapo
Planning & Zoning Department
237 Route 59
Suffern, New York 10901
845-357-5100
845-357-5140 Fax**

To: Building, Planning & Zoning

Re: Application of _____

Architectural Review Board

Other _____

**I wish that all correspondence, meeting notices, decisions, etc. from
your office relative to the above application be sent to:**

Telephone No. _____

Fax No. _____

Email Address _____

Applicant's Signature

**NOTE TO APPLICANT: It will be the responsibility of the one person
designated on this form to notify all interested parties (for example, attorney,
architect, engineer, surveyor, applicant, etc.)**

TOWN OF RAMAPO
PLANNING DEPARTMENT
237 ROUTE 59
SUFFERN, NEW YORK 10901
845-357-5100 EX. 269
845-357-5140 FAX



ARB Discussion

Date: _____

1. Name of Project _____
2. Address of Project _____ Phone No. _____
3. Name of Applicant _____ Fax No. _____
Address _____
(Street Name & No.) (City) (State) (Zip Code)
4. Owner of Record _____ Phone No. _____
Address _____ Fax. No. _____
(Street Name & No.) (City) (State) (Zip code)
5. Name of Person Preparing Plan _____ Phone No. _____
Address _____ Fax. No. _____
(Street Name & No.) (City) (State) (Zip code)
6. Attorney _____ Phone No. _____
Address _____ Fax. No. _____
(Street Name & No.) (City) (State) (Zip code)
7. Location: On the _____ side of _____
(Street Name)
_____ feet _____ of _____
(direction)
8. Total Acreage _____ Zone _____
9. Tax Map Designation: Section _____ Block _____ Lot(s) _____
10. Is this application for Final Site Plan Approval? _____

11. Has the Zoning Board of Appeals granted any variance or special permit concerning this property? _____ If so, list case no. & name _____

12. List all contiguous holding in the same ownership (as defined in the Ramapo Zoning Ordinance).
Section(s) _____ Block _____ Lot(s) _____

Attached hereto is a narrative summary prepared by the applicant's design professional stating the nature of the use; compliance with the Zoning Law; compliance with Site Development Plan Rules and Regulations: any requested waiver or modification.

At the time of any additional submissions, a similar narrative summary shall be submitted indicating how the revised submission has been modified to comply with the Planning Board resolution and/or Community Design Review Committee Report, or the rationale for deviation from compliance.

Attached hereto is an affidavit of ownership indicating the dates the respective holdings of land were acquired, together with the liber and page of each conveyance into the present owner as recorded into the Rockland County clerk's Office. This affidavit shall indicate the legal owner of the property, the contract of owner of the property and the date the contract of sale was executed.

IN THE EVENT OF CORPORATE OWNERSHIP: A list of all directors, officers and stockholders of each corporation owning more than five (5%) of any class of stock must be attached.

STATE OF NEW YORK)
COUNTY OF ROCKLAND : SS.: TOWN
OF RAMAPO

_____, hereby depose and say that all the above statements and the statements contained in the papers submitted herewith are true.

Mailing address _____

Affirmed to before me this

____ Day of _____ 20__

Notary Public

PB Form No. 4
6/11/84
Rev. 8/5/85, Rev. 8/25/09



TOWN OF RAMAPO

TOWN HALL — ROUTE 59

SUFFERN, N. Y. 10901

(914) 357-5100

PLANNING BOARD

AFFIDAVIT OF OWNERSHIP

STATE OF NEW YORK)
COUNTY OF ROCKLAND) SS.:
TOWN OF RAMAPO)

I, _____,
being duly sworn, hereby depose and say that I reside at:

I am the * _____ owner

in fee simple of premises located at _____

described in a certain deed of said premises recorded in the Rockland
County Clerk's Office in Liber _____ of conveyances, page _____.

Said premises have been in my/its possession since 19____. Said
premises are also known and designated on the Town of Ramapo Tax Map
as section _____ lot (s) _____.

** _____

Sworn to before me this
_____ day of _____

Notary Public

* If owner is a corporation, fill in the office held by deponent and
name of corporation, and provide a list of all directors, officers
and stockholders owning more than 5% of any class of stock.

** If corporate officer indicate position.



Town of Ramapo
237 Route 59
Suffern, NY 10901
845.357.5100 ext. 280

Planning Board

OWNER'S CONSENT AFFIDAVIT

1. Name of Project _____

2. Name of fee owner _____ Phone _____

Address _____
(Street No. & Name) (City) (State) (Zip Code)

3. Name of Applicant _____ Phone _____

Address _____
(Street No. & Name) (City) (State) (Zip Code)

State of New York,
County of Rockland, ss:
Town of Ramapo

..... being duly sworn, deposes and says that
he resides at In the County of
In the State of that he is the owner in fee of all
that certain lot, piece or parcel of land situated, lying and being in the Town of Ramapo aforesaid and designated as
Lot No..... In Section No..... of the Ramapo Tax Map and that he hereby authorizes
the within application in his behalf and that the statements of fact contained in said application are true, and agrees to
be bound by the determination of the Board.

Sworn to before me this

.....day of20.....

Owner.....

Mail Address

.....
Notary Public
County of Rockland