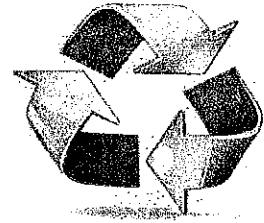


Lange Planning and Consulting

Land Use, Environment, & Sustainability Planning



DATE: 4/21/2024

Re: Stonehenge Subdivision

PROJECT NARRATIVE

The applicant, Stonehedge Heights Corporation, is re-submitting previously approved plans for the Stonehenge Property. This plan was based upon a previously approved version of the project for a 12 - lot subdivision based on the approved lot yield of 12 homes. No changes have been made to the previously approved plans, environmental assessments and storm water pollution protection plans.

The property is located along Spook Rock Road – opposite the Town of Ramapo Golf Course and previously consisted of a former riding stable, a single-family home and accessory buildings. The property consists of 16.9629 acres known as Section 49.13, block 1 Lot 13 in an ER-80 zone. The riding stables have recently been removed.

The previously approved project consisted of 12 lots. The existing residential structures remain on lot 1 with the addition of 11 new fully conforming lots. The existing residential structures will remain as is.

The plan provided is exactly the same as the one approved in 2019 along with an approved SWPPP. The plan is fully compliant and no variances are required.

Copies of the previously submitted and approved documents are provided. These include:

1. Final Subdivision Plans prepared by Brooker Engineering dated December 5, 2019
2. Full Environmental Assessment Forms dated December 14, 2018 by Brooker Engineering
3. A Stormwater Pollution Protection Plan by Brooker Engineering dated December 3, 2017
4. A Water and Sewer Analysis prepared by Brooker Engineering dated October 10, 2019

The applicant submits these plans for re-approval and requests being placed on the planning board agenda at the earliest date possible.

Kind regards,

John F. Lange,
Project Planner

APPLICATION REVIEW FORM

PART I

VILLAGE OF MONTEBELLO

RECEIVED

Date 04/21/2024

APR 22 2024

Please check all that apply

Planning, Zoning & Building Clerk

<input checked="" type="checkbox"/> Planning Board	<input type="checkbox"/> Village Board
<input type="checkbox"/> Zoning Board of Appeals*	<input type="checkbox"/> Historic Preserv. Comm.
<i>*(Fill out Part II of this form)</i>	<input type="checkbox"/> Architectural Review Board
<input type="checkbox"/> CDRC	
<input checked="" type="checkbox"/> Subdivision <u>12</u> Number of Lots	<input type="checkbox"/> Informal
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Architectural Review	<input type="checkbox"/> Final
<input type="checkbox"/> Stream and Wetlands Permit	
<input type="checkbox"/> Special Permit	<input type="checkbox"/> Cert. of Appropriateness
<input type="checkbox"/> Zoning Code Amendment	<input type="checkbox"/> Zone Change
<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Other <u>Re-approval of previously approved subdivision</u>

Project Information

Project Name: STONEHEDGE HEIGHT

Tax Map Designation:

Section 49.13 Block 1 Lot(s) 13
Section _____ Block _____ Lot(s) _____

Location: On the WEST side of SPOOK ROCK RD.
_____ feet _____ of _____ in the
Village of Montebello.

Street Address: 220 SPOOK ROCK RD.

Acreage of Parcel 17 Zoning District RR80

School District SUFFERN CENTRAL S.D. Postal District SUFFERN 10901

Fire District TALLMAN F.D. Ambulance District RAMAPO VALLEY

Water District VEOLIA WATER Sewer District ROCKLAND #1

APPLICATION REVIEW FORM

Project Description: *(If additional space required, please attach a narrative summary.)*
SEE ATTACHED NARRATIVE

If subdivision:

- 1) Is any variance from the subdivision regulations requested? NO
- 2) Is any open space being offered? YES If so, what amount? +/- 3 ACRES
- 3) Is this a standard or average density subdivision? YES

If site plan:

- 1) Total size of building(s) in square feet _____
- 2) Proposed addition _____

If special permit, list special permit use and what the property is proposed to be used for.

Environmental Constraints:

Are there **slopes greater than 15%**? YES

Are there **streams, flood plains, lakes, or other land under water** on the site? NO

If yes, please provide the names. _____

Are there **wetlands** on the site? YES

If yes, please provide the names and type. FRESHWATER WETLAND

If yes to any of the above, please indicate the amount and show the gross and net area per section 195-14.A. 21,667 Sq ft.

****SHOW ENVIRONMENTAL CONSTRAINTS ON SEPARATE DRAWINGS.****

Project History: Has this project or property ever been reviewed before? NO

If so, provide a narrative, including the list case number, name, date, and the board(s) that reviewed it, together with the status of any previous approvals.
SEE ATTACHED NARRATIVE

APPLICATION REVIEW FORM

List tax map section, block & lot numbers for all other abutting properties in the same ownership as this project.

NONE OTHER

General Municipal Law Review:

This property is within 500 feet of *(Check all that apply)*:

- | | |
|--|---|
| <input checked="" type="checkbox"/> State or County Road | <input type="checkbox"/> State or County Park |
| <input type="checkbox"/> New York State Thruway | <input type="checkbox"/> County Stream |
| <input checked="" type="checkbox"/> Municipal Boundary | <input type="checkbox"/> County Facility |

List name(s) and/or numbers of facility(ies) checked above. SPOOK ROCK RD & RAMAPO

IF ANY ITEM IS CHECKED, A REVIEW MUST BE DONE BY THE ROCKLAND COUNTY COMMISSIONER OF PLANNING UNDER THE STATE GENERAL MUNICIPAL LAW, SECTIONS 239 K, L, M, AND N.

Referral Agencies:

- | | |
|---|--|
| <input checked="" type="checkbox"/> RC Highway Department | <input type="checkbox"/> RC Division of Environmental Resources |
| <input checked="" type="checkbox"/> RC Drainage Agency | <input checked="" type="checkbox"/> RC Dept. of Health |
| <input type="checkbox"/> NYS Dept. of Transportation | <input type="checkbox"/> NYS Dept. of Environmental Conservation |
| <input type="checkbox"/> NYS Thruway Authority | <input type="checkbox"/> Palisades Interstate Park Comm. |
| <input checked="" type="checkbox"/> Adjacent Municipality <u>TOWN OF RAMAPO</u> | |

Contact Information

Applicant: MARSEL AMONA Phone # 914-522-6955
 Address 130 E. RT 50 NY 10952 Email: MARSELAMONA@GMAIL.COM
Street Name & Number (Post Office) State Zip code

Property Owner: STONEHEDGE HEIGHT CORP Phone # 914-522-6955
 Address 220 SPOOK ROCK RD NY 10901 Email: MARSELAMONA@GMAIL.COM
Street Name & Number (Post Office) State Zip code

Engineer: _____ Phone # _____
 Address _____ Email: _____
Street Name & Number (Post Office) State Zip code

APPLICATION REVIEW FORM

Surveyor: SPARACO AND YOUNGBLOOD Phone # 845-782-8543
Address 18 N MAIN ST NY 10926 Email: WDYLS1@GMAIL.COM
Street Name & Number (Post Office) State Zip code

Architect: N/A Phone # _____
Address _____ Email: _____
Street Name & Number (Post Office) State Zip code

Attorney: MICHAEL KLEIN Phone # 845-357-7900
Address 2 EXECUTIVE BOULEVARD NY 10901 Email: MKLEIN@HDRBB.COM
Street Name & Number (Post Office) State Zip code

Contact Person: MARSEL AMONA Phone # 914-522-6955
Address 131 GRANDVIEW AVE NY 10952 Email: MARSELAMONA@GMAIL.COM
Street Name & Number (Post Office) State Zip code

TO ALL APPLICANTS - YOU MUST SEND COPIES OF APPLICATIONS AND PLANS TO:

Regional Manager
Orange and Rockland
75 West Route 59
Spring Valley, NY 10977

I have informed the above checked agencies and Orange and Rockland on 04/22/2024

APPLICATION REVIEW FORM

Owners of Nearby Properties

The following are all of the owners of property within five hundred (500) feet of the subject premises (you may attach a list):

SECTION/BLOCK/LOT NAME ADDRESS

SEE ATTACHED LIST

(Lined area for listing property owners)

APPLICATION REVIEW FORM

Applicant's Combined Affidavit and Certification

State of New York)
County of Rockland) ss.:

MARSEL AMONA, being duly sworn, deposes and says:

Applicant's Name

I am the applicant in this matter. I make these statements to induce the Village of Montebello, its boards, commissions, officers, employees, and consultants, to entertain my application, knowing that the Village will rely upon the statements made herein.

1. Verification of Facts. All statements contained in this application and in all documents, drawings, writings, and other communications submitted in connection with this application are true.

2. Consent to Enter. I hereby give permission to members of said boards and/or supporting staff to visit the property in question at a reasonable time during the day.

3. Affidavit Pursuant to General Municipal Law Section 809. All the following statements and the statements contained in the papers submitted herewith are true and the nature and extent of any interests set forth are disclosed to the extent that they are known to the applicant.

A. I certify that I am the owner, officer, member or agent of owner, of all that certain lot, piece or parcel of land and/or building described in this application **and if not the owner that he has been duly and properly authorized to make this application and to assume responsibility for the owner** in connection with this application for the relief below set forth:

B. There is no state officer, Rockland County officer or employee or village officer or employee nor his or her spouse, brother, sister, parent, child or grandchild, or a spouse of any of these relatives who is the applicant or who has an interest in the person, partnership or association making this application, petition or request, or is an officer, director, partner or employee of the applicant, or that such officer or employee, if this applicant is a corporation, legally or beneficially owns or controls any stock of the applicant in excess of 5% of the total of the corporation if its stock is listed on the New

APPLICATION REVIEW FORM

York or American Stock Exchanges; or is a member or partner of the applicant, if the applicant is an association or a partnership; nor that such village officer or employee nor any member of his family in any of the foregoing classes is a party to an agreement with the applicant, express or implied, whereby such officer or employee may receive any payment or other benefit, whether or not for service rendered, which is dependent or contingent upon the favorable approval of this application, petition or request.

C. To the extent that the same is known to your applicant, and to the owner of the subject premises **there is disclosed herewith** the interest of the following officer or employee of the State of New York or the County of Rockland or of the Village of Montebello in the petition, request or application or in the property or subject matter to which it relates:

(if none, so state)

- a. Name and address of officer or employee NONE
- b. Nature of interest _____
- c. If stockholder, number of shares _____
- d. If officer or partner, nature of office and name of partnership _____
- e. If a spouse or brother, sister, parent, child, grandchild or the spouse of any of

these blood relatives of such state, county or town/village officer or employee, state name and address of such relative and nature of relationship to officer and employee and nature and extent of office, interest or participation or association having an interest in such ownership or in any business entity sharing in such ownership. _____

f. In the event of corporate or limited liability company ownership: A list of all directors, officers and stockholders of each corporation or members of each limited liability company owning more than five (5%) percent of any class of stock or more than five (5%) percent beneficial interest, must be attached, if any of these are officers or employees of the State of New York, or of the County of Rockland, or of the Village of Montebello.

D. I do hereby depose and say that all the above statements and statements contained in the papers submitted herewith are true, knowing that a person who knowingly and intentionally violates this section is guilty of a misdemeanor.

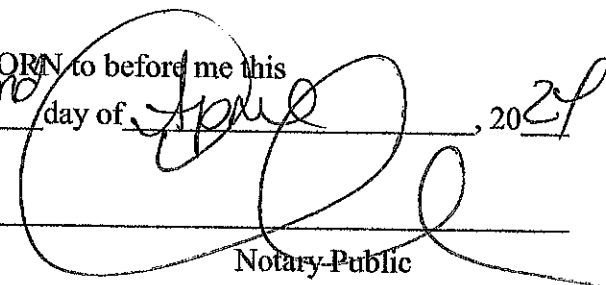
APPLICATION REVIEW FORM

4. Reimbursement for Professional Consulting Services. I understand that the Village Board, Planning Board, Zoning Board of Appeals, and other municipal boards, in the review of any application described above, may refer any such application presented to it to such engineering, planning, environmental or other technical consultant as such Board shall deem reasonably necessary to enable it to review such application as required by law. The charges made by such consultants shall be in accord with charges usually made for such services in the metropolitan New York region or pursuant to an existing contractual agreement between the Village and each such consultant for the cost of such consultant services upon receipt of the bill.

I agree to establish an escrow account with the Village of Montebello from which these consultants' fees will be paid. The escrow account will not draw interest, and will be replenished upon notification by the Village. Any additional sums needed to pay the Village's consultants shall be paid prior to final action on the application. The Village may suspend processing of the application if there is a deficiency in the escrow account.

Permits will not be issued and site plan or subdivision will not be signed until bill is paid in full. Any sums remaining in the escrow account after the consultants have been paid in full will be returned to the applicant. The applicant has the right to examine escrow and payment records upon prior written notice to the Village.

Applicant's Signature 
Print Applicant's Name MARSEL AMONA

SWORN to before me this
22nd day of April, 2024

Notary Public

CAMILLE CARDO-DOWNEY
NOTARY PUBLIC STATE OF NEW YORK
RESIDING IN ROCKLAND COUNTY
NO. 0460867243
MY COMMISSION EXPIRES 02/28/28

APPLICATION REVIEW FORM

Affidavit of Ownership/Owner's Consent

State of New York)
County of Rockland) SS.:

I, STONEHEDGE HEIGHT CORP being duly sworn, hereby
depose and say that I reside at: 220 SPOOK ROCK RD NY 10901

in the county of ROCKLAND in the state of NY.

I am the (* _____) owner in fee simple of premises located at:
220 SPOOK ROCK RD.

described in a certain deed of said premises recorded in the Rockland County Clerk's
Office in Liber _____ of conveyances, page _____ or as Instrument ID# 2017-16611.

Said premises have been in my/its possession since 2017. Said premises are also
known and designated on the Town of Ramapo Tax Map as:
section 49.13 block 1 lot(s) 13

I hereby authorize the within application on my behalf, and that the statements of fact
contained in said application are true, and agree to be bound by the determination of the
board.

Owner's Signature _____
Mailing Address 220 SPOOK ROCK
RD NY 10901

SWORN to before me this
22nd day of April, 2024

Notary Public

CAROL ANN DOWNEY
NOTARY PUBLIC STATE OF NEW YORK
RESIDING IN ROCKLAND COUNTY
NO. 6166037245
MY COMMISSION EXPIRES 02/28/28

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

APPLICATION REVIEW FORM

PART II

Application before the Zoning Board of Appeals

Application, petition or request is hereby submitted for:

- Use Variance from the requirement of Section _____
- Area Variance from the requirement of the Bulk Table (Section 195-13);
- Area Variance (other than Bulk Table) Section _____
- Review of an administrative decision of the Building Inspector;
- An interpretation of the Zoning Ordinance or Map;
- Certification of an existing non-conforming structure or use;
- Other (*explain*) _____

To permit construction, maintenance and use of

If an area variance is required, please fill out below:

This application seeks a variance from the provisions of:

- Bulk Table (Section 195-13) Use Group _____
- Section(s) _____

Specifically, the applicant seeks variance from the requirements from:

<u>Dimension*</u>	<u>Column</u>	<u>Required</u>	<u>Provided</u>
-------------------	---------------	-----------------	-----------------

**e.g., front yard, side setback, FAR*

Applicant's initials: _____

APPLICATION REVIEW FORM

Previous Appeal:

- a. A previous appeal has, or has not, been made with respect to this property.
- b. Such appeal was in the form of:
 - Interpretation of the Zoning Ordinance or Map; or
 - Appeal from decision of Village Official or Officer.
 - A USE Variance; or
 - An AREA Variance; or
- c. The previous appeal described above was appeal number _____, dated _____ and was _____ (Granted/Denied).

TO ALL APPLICANTS: Complete all relevant information by the section or sections pertaining to your appeal ONLY. You may also include extra pages to supplement this form with a narrative explanation. At the time of the hearing you must present written documentation in support of all the statements made in this application. You must also substantiate all financial information supplied.

A. INTERPRETATION OF ZONING CODE

(This section to be completed for an interpretation, only. Use additional pages, if needed)

- 1. Section(s) to be interpreted: 195-_____
- 2. An interpretation of the Zoning Code is requested because:

B. APPEAL OF DECISION OF VILLAGE OFFICIAL

(This section to be completed for an appeal, only. Use additional pages, if needed)

- 1. Name and position of official making the decision:

- 2. Nature of decision:

- 3. The decision described above is hereby appealed because:

APPLICATION REVIEW FORM

C. USE VARIANCE

(This page to be completed only for a USE variance. Use additional pages, if needed).

1. This property cannot be used for any uses currently permitted in this zone because:

2. The problem with this property is due to unique circumstances and not to the general conditions of the neighborhood in that:

3. The use requested by this variance will not alter the essential character of the neighborhood in that:

4. The amount paid for the entire parcel was: _____

5. The date of purchase of the property was: _____

6. The present value of the entire property is: _____

7. The monthly expenses attributed to normal and usual maintenance of the property are: _____

8. The annual taxes on the property are: _____

9. The current income from the property is: _____

10. The amount of mortgages and other encumbrances on the property in question are:

a. Date of mortgage: _____

b. Scheduled maturity (payoff) date: _____

c. Present monthly payment amount: _____

d. Current principal balance: _____

e. Current interest rate: _____

11. Other factors I/we wish the Board to consider in this case are:

APPLICATION REVIEW FORM

D. AREA VARIANCE

(This page to be completed only for an AREA variance. Use additional pages, if needed)

1. Is the requested variance the minimum necessary to relieve the practical difficulty or economic injury? _____

Describe: _____

2. Is the variance substantial in relation to the zoning code? _____

Explain: _____

3. Will a substantial change be produced in the character of the neighborhood, or a substantial detriment to adjoining property owners be created, if this variance is granted? _____

Explain: _____

4. Can the alleged practical difficulty or economic injury be overcome by some method other than a variance? _____

Explain: _____

5. Will the granting of this variance affect the health, safety or welfare of the neighborhood or community? _____

Explain: _____

6. Will there be any affect on governmental facilities or services if this variance is granted? _____

Describe: _____

7. Other factors I/we wish the Board to consider in this case are

