

VILLAGE OF WARWICK  
ZONING BOARD OF APPEALS  
P.O. BOX 369  
WARWICK, NEW YORK 10990  
(845) 986-2031 EXT. 7

Instructions for completing an application for a variance from the Zoning Board of Appeals for the Village of Warwick.

- 1) The application consists of two (2) pages. You will need to submit eight (8) copies of the application.
- 2) The following information shall be included:
  - (a) A copy of your survey or plot plan, showing street(s), setbacks, buildings and dimensions and any other details or exhibits applicable to the situation.
  - (b) A copy of the Denial received by either the Building Inspector or Village of Warwick Planning Board.
  - (c) A completed Environmental Assessment Form (Short EAF)

After completing the application, return all copies to the Zoning Board of Appeals along with a check in the amount of \$ 200.00 made payable to the Village of Warwick. Your application will then be forwarded to the ZBA attorney and may also be required to be reviewed by the Orange County Dept. of Planning (see attached). The ZBA attorney will prepare a Notice of Public Hearing for publication in the official Village newspaper.

**\* BASE ESCROW : \$1500.00**

A copy of the notice will be supplied to you and/or your attorney/representative as designated, to act on your behalf, along with a list of property owners within three hundred (300) feet of the property lines and their mailing addresses where the variance is being requested. It is the responsibility of the applicant to mail the notice to the property owners by certified, return, receipt and submit the receipts at the meeting.

The applicant shall be responsible for the Zoning Board attorney's time and any other consultants time spent on your application.

Applications must be submitted one (1) month prior to a meeting. The Zoning Board of Appeals meetings are held the third (3<sup>rd</sup>) Monday of the month (subject to change)

ZONING BOARD OF APPEALS  
VILLAGE OF WARWICK, NEW YORK

Petition

Name Amy B Suter

Address 18 Galloway Rd Tele: 845-544 386<sup>3</sup>  
5192

City & State Warwick NY Zip: 10990

Location of Property 18 Galloway Rd Warwick NY 10990

Zone or Use R

Section 213 Block 8 Lot 6, 7 & 8

Applicant is X Owner \_\_\_\_\_ Tenant \_\_\_\_\_ Other \_\_\_\_\_  
Attorney  
Or  
Representative \_\_\_\_\_ Tele \_\_\_\_\_

THIS APPLICATION WILL NOT BE ACCEPTED UNLESS  
ACCOMPANIED BY:

- A) Survey or Plot Plan showing street(s), set-back(s), building(s) and dimensions
- B) Any other details or exhibits applicable to the situation
- C) State the hardship and/or practical difficulty involved. (Attach additional sheets if necessary)

Applicants Signature Amy B Suter

1) The applicant hereby appeals to the Board of Appeals of the Village of Warwick from:

a. ☐ An order, requirement, decision, or determination made by the Building Inspector

b. ☒ Other: Planning Board

2. Has an application been made for a Building Permit or a Certificate of Occupancy?  
☐ Yes ☒ No If "Yes", attach a copy of the application and/or copy of Order, Requirement, Decision or Determination of the Building Inspector denying or revoking same.

3. State whether the applicant has made an application for a prior variance of any kind affecting the premises:

☐ Yes ☒ No

4. The names and addresses of all owners, including husband and wife, as the case may be, of property abutting that is held by the applicant and all other owners within 300 feet from the exterior boundaries of the property set forth above, as the names of said owners appear on the last completed assessment roll of the Village of Warwick, are annexed hereto. These property owners must be notified by Certified Receipt Mail at least five (5) days prior to the Public Hearing in accord with Article IX, Section 9.3.3 Village of Warwick Zoning Ordinance as amended.

5. Has this Board rendered a decision upon a request for the same or similar relief sought herein for this property?

☐ Yes ☒ No

If Yes when? \_\_\_\_\_

6. If the lands or buildings are within five hundred (500) feet of any of the following five items, circle the applicable number:

① Boundary of the Town of Warwick

2) Boundary of any existing or proposed State or County Park or other Recreation area

③ Right-of-Way of any existing or proposed State or County Parkway, Thruway, Expressway, Road or Highway

4) Right-of-Way of any existing or proposed stream or drainage channel owned by the County or for which the County has established channel lines

5) Boundary of any existing or proposed State or County owned land on which a public building or institution is or is proposed to be situated.

## AREA VARIANCE

The following information is submitted to support of the application (the law does not require that all of the questions be answered in the negative to obtain a variance)

- 1) Will an undesirable change be produced in the character of the neighborhood or a detriment to nearby properties be created by the granting of the variance(s) you request

\_\_\_\_ Yes ☒ No

State the reason for your answer: EXISTING CONDITIONS

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- 2) Can the benefit you seek be achieved by some feasible method, other than the variance(s) \_\_\_\_ Yes ☒ No

State the reason for your answer: EXISTING CONDITIONS

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- 3) Is the requested variance(s) substantial? \_\_\_\_ Yes ☒ No

State the reason for your answer: CLEARANCE RANGES FROM 6-8'  
INSTEAD OF REQUIRED 10'

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- 4) Will the proposed variance(s) have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district? \_\_\_\_ Yes ☒ No

State the reason for your answer: EXISTING CONDITIONS

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- 5) Is the alleged difficulty self-created? \_\_\_\_ Yes ☒ No State the reason for your answer: CONDITIONS WERE INHERITED
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# 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.

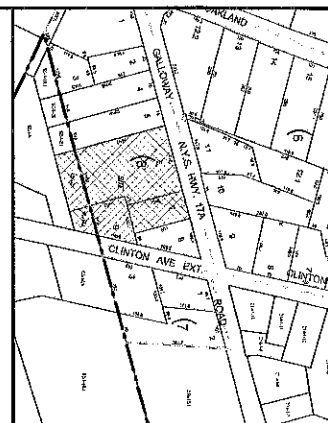
<b>Part 1 – Project and Sponsor Information</b> <i>DAVID M SLITER</i> <i>LOT LINE CHANGE FOR AMY B SLITER &amp; CORWIN INC</i>																		
Name of Action or Project: <i>SEE VICINITY MAP 12-18 GALLUMY RD, WARWICK NY 10990</i>																		
Project Location (describe, and attach a location map):  																		
Brief Description of Proposed Action: <i>LOT LINE CHANGE, CONSOLIDATING 3 TAX LOTS INTO 2 LOTS.</i>																		
Name of Applicant or Sponsor: <i>AMY B. SLITER</i>		Telephone: <i>845 544 5192</i> E-Mail: <i>CORWIN_FUR139@HOTMAIL.COM</i>																
Address: <i>18 GALLUMY RD</i>																		
City/PO: <i>WARWICK</i>		State: <i>NY</i>	Zip Code: <i>10990</i>															
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.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">NO</td> <td style="width: 50%; text-align: center;">YES</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
NO	YES																	
<input checked="" type="checkbox"/>	<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:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">NO</td> <td style="width: 50%; text-align: center;">YES</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
NO	YES																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
3. a. Total acreage of the site of the proposed action?		<i>1.685</i> acres																
b. Total acreage to be physically disturbed?		<i>0</i> acres																
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<i>0</i> acres																
4. Check all land uses that occur on, are adjoining or near the proposed action: <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Urban</td> <td><input type="checkbox"/> Rural (non-agriculture)</td> <td><input type="checkbox"/> Industrial</td> <td><input checked="" type="checkbox"/> Commercial</td> <td><input checked="" type="checkbox"/> Residential (suburban)</td> </tr> <tr> <td><input type="checkbox"/> Forest</td> <td><input type="checkbox"/> Agriculture</td> <td><input type="checkbox"/> Aquatic</td> <td colspan="2"><input type="checkbox"/> Other(Specify):</td> </tr> <tr> <td colspan="5"><input type="checkbox"/> Parkland</td> </tr> </table>				<input type="checkbox"/> Urban	<input type="checkbox"/> Rural (non-agriculture)	<input type="checkbox"/> Industrial	<input checked="" 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				
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<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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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: _____ _____ _____			

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 checked="" 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? <u>Indiana Bat</u>	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
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)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe: <hr/> <hr/>		
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>Amy B. Sloter</u> Date: <u>03-12-2024</u> Signature: <u>Amy B Sloter</u> Title: <u>Owner</u>		



HALL FIVE POINT (9) LATE GROUP (9)			
	1/ST / 2/ND	3/RD / 4/TH	5/TH / 6/TH
WHEEL OF WISDOM	26/00	24/00	44/00
1ST GROUP (9)	16/0	23/00	19/40
2ND GROUP (9)	3/0	30/00	10/00
3RD GROUP (9)	00	32/0	41/0
4TH GROUP (9)	00	16/0	14/0
5TH GROUP (9)	20	37/0	30/0
6TH GROUP (9)	3/0	45	40/0
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84TH GROUP (9)	00	14/0	10/0



## 7. FAF MAP DISSEMINATION AND DEDD REFERENCES

OWNER \_\_\_\_\_ DATE \_\_\_\_\_

CHAIRMAN	DATE
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VILLAGE ENGINEER	DATE

**DAVID M. SLITER  
AMY B. SLITER  
CORWIN INC.**

