



Architectural Review Commission

# ARC

City of Newburgh

Date Received: \_\_\_\_\_  
 Application # \_\_\_\_\_  
 Amount: \$ \_\_\_\_\_  
 Check # \_\_\_\_\_

City of Newburgh

Old Courthouse, 123 Grand Street, Newburgh, New York 12550 (845) 569-7400

Office of the Building Inspector

**THIS APPLICATION IS FOR VARIANCE RECOMMENDATION**

This section to be filled out by Office of Code Compliance/Building Inspector representative:

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Name \_\_\_\_\_ Title \_\_\_\_\_

**PROPERTY HISTORY**  
 Has a previous application been filed with the ARC in connection with this property?  Yes  No  
 If yes, date: \_\_\_\_\_  
 Has this matter previously appeared before the: Planning  Yes  No      Zoning  Yes  No  
 Other boards (name) \_\_\_\_\_  Yes  No      If yes, date: \_\_\_\_\_  
 History of use:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Since original approval, have any significant changes occurred on the site or in the neighborhood?  
 Yes  No      If yes, please describe:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SUBMISSIONS REQUIREMENTS:** The following materials must be submitted with application. Ten (10) application packages (application and materials listed below collated) and fee must be submitted before the application deadline (4 weeks prior to public hearing at next ARC meeting). Applications not submitted in their entirety will be rejected.

**FOR VARIANCE RECOMMENDATION**

- Site Plan-include building(s) and lot dimensions (all measurements clearly labeled), setbacks, lot coverage, all available on-site and off site parking and site ingress/egress and street map.
  - Photographs of site, building(s), adjacent buildings or land and streetscape. (10 sets, at least one color set).
  - SEQR Environmental Assessment Form. (Pages three and four of this application form).
  - Additional information as needed
- Other \_\_\_\_\_

**APPLICATION FEE:** The **non-refundable** fee may be submitted in cash or by check. Check must be attached and payable to the "City of Newburgh."

Recommendation to go to the Zoning Board: \$25.00

Extensions: No application fee



(Please check inside the box  where appropriate)

Project Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Applicant Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax/Email: \_\_\_\_\_

Applicant is:  Property Owner  Lessee  Contract Purchaser  Contractor/architect

Complete if applicant is not owner:

Owner Name: \_\_\_\_\_ Owner Address: \_\_\_\_\_

Owner Phone: \_\_\_\_\_ Owner Fax/Email: \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Current Use:  Single Family  Multi-family  Other: \_\_\_\_\_

Proposed Use:  Single Family  Multi-family  Other: \_\_\_\_\_

Application for Variance Recommendation

Briefly describe proposed action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICANT/OWNER DISCLOSURE AND SIGNATURE

Does any City officer, employee, or family member thereof have a financial interest (as defined by General Municipal Law Section 809) in this application?  Yes  No If yes, a statement disclosing the name, residence, nature, and extent of this interest must be filed with this application.

I, the undersigned, the owner, lessee, purchaser under contract, or contractor/architect of the property, hereby request review and approval by the Architectural Review Commission relating to the above-identified property. I agree to meet all requirements under Section 240-8 for Architectural Review of the Zoning Code of the City of Newburgh.

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If applicant is lessee, purchaser under contract, or contractor/architect, owner must also sign.

Lessee, purchaser under contract, or contractor/architect Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<p>(For office use only)</p> <p>This application has been reviewed by this department and is being forwarded to the Commission.</p> <p>Date: _____ Building Inspector: _____</p> <p>Additional Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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SHORT ENVIRONMENTAL ASSESSMENT FORM

For UNLISTED ACTIONS Only

PART I – PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR \_\_\_\_\_

2. PROJECT NAME \_\_\_\_\_

3. PROJECT LOCATION \_\_\_\_\_

4. STREET ADDRESS, ROAD INTERSECTIONS, PROMINENT LANDMARKS (IF ANY), OR PROVIDE MAP

5. IS PROPOSED ACTION:

- New Construction
- Exterior Alteration
- In Kind Repairs or Restorations
- Sign
- Demolition
- Other

DESCRIBE PROJECT BRIEFLY: \_\_\_\_\_

7. AMOUNT OF LAND AFFECTED (acreage): \_\_\_\_\_

8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER LAND USE RESTRICTIONS?

- Yes
- No If No, describe briefly \_\_\_\_\_

9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT?

- Residential
- Industrial
- Commercial
- Agriculture
- Park/Forest/Open-Space
- Other

Describe:

10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)?

- Yes
- No If Yes, list agency(s) name and permit/approvals \_\_\_\_\_

11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?

- Yes
- No If Yes, list agency name and permit/approval \_\_\_\_\_

12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?

- Yes
- No

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



**PART II – ENVIRONMENTAL ASSESSMENT (To be completed by Agency)**

A. DOES ACTION EXCEED ANY TYPE 1 THRESHOLD IN 6 NYCRR, PART 617.4?  Yes  No

If yes, coordinate the review process and use the FULL EAF

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR 617.6?  Yes  No

If No, a negative declaration may be superseded by another involved agency.

C COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: \_\_\_\_\_  
\_\_\_\_\_

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic patterns, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly.

\_\_\_\_\_

C2. Aesthetic, agricultural, archaeological, historic or other natural or cultural resources, or community or neighborhood character? Explain briefly.

\_\_\_\_\_

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly.

\_\_\_\_\_

C4. A community’s existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly.

\_\_\_\_\_

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly.

\_\_\_\_\_

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly.

\_\_\_\_\_

C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly.

\_\_\_\_\_

D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF ACEA?  Yes  No

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?

Yes  No If Yes, explain briefly. \_\_\_\_\_

**PART III – DETERMINATION OF SIGNIFICANCE (To be completed by Agency)**

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part 11 was checked yes, the determination and significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.

Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide on attachments as necessary, the reasons supporting this determination:

\_\_\_\_\_  
Name of Lead Agency

\_\_\_\_\_  
Print or Type Name of Responsible Officer in Lead Agency Title of Responsible Officer

\_\_\_\_\_  
Signature of Responsible Officer in Lead Agency Signature of Preparer (If different from responsible officer) Date