



INCORPORATED VILLAGE OF MANORHAVEN

"THE PEARL OF MANHASSET BAY"

33 Manorhaven Boulevard
Port Washington, New York 11050
Phone: (516) 883-7000; Fax: (516) 439-5574
www.manorhaven.org

APPLICATION FOR ARCHITECTURAL REVIEW (A.R.B.)

THE FOLLOWING ITEMS ARE REQUIRED:

TEN (10) COPIES EACH OF THE FOLLOWING:

APPLICATION FOR ARCHITECTURAL REVIEW:

One Family Dwelling	\$100.00
Two Family Dwelling	\$150.00
Multiple Dwellings (3 or more units)	\$100.00 Per Unit
Commercial, Industrial and Government	
1 St 4,000 Sq Ft of lot area	\$500.00
Each additional 1,000 Sq Ft	\$100.00

1. NOTICE OF COMPLIANCE FROM THE SUPERINTENDENT OF BUILDINGS.
2. CURRENT SURVEY OF EXISTING SITE.
3. SITE PLAN IN 1/4 INCH SCALE.
4. RADIUS MAP SHOWING SUBJECT PROPERTY AND ALL PROPERTIES THAT FALL WITHIN ANY PORTION OF 100 FT FROM THE APPLICANT PARCEL.
5. MAIL TO ALL PROPERTY OWNERS THAT FALL WITHIN 100 FT, A CERTIFIED LETTER AND ATTACH A REQUEST FOR RETURN RECEIPT (GREEN CARD from post office). BRING RETURNED CARDS, RECEIPTS & LETTERS TO MEETING.
6. LIST THE NAMES AND ADDRESS OF ALL OWNERS OF ADJACENT PROPERTIES THAT FALL WITHIN 100 FT OF THE AFFECTED PROPERTY. USE THE ATTACHED FORM.
7. COMPLETE FRONT CHECKLIST PAGE OF SHORT ENVIRONMENTAL ASSESSMENT FORM.
8. ALL DRAWINGS PRESENTED TO THE ARB SHALL SHOW THE SEAL AND SIGNATURE OF A LICENSED ARCHITECT OR LICENSED ENGINEER. DRAWINGS SUBMITTED WITHOUT A SEAL AND SIGNATURE WILL NOT BE ACCEPTED.

9. INCLUDED AS PART OF THE APPLICATION THE FOLLOWING WILL BE REQUIRED:

Site Plan Drawings at 1/4 "scale on 2' x 3' Boards and shall include:

- Indicate existing structures and highlight proposed work.
- Proposed topographic map (topo) shall include 4 spot elevations at the corners of the site, 4 corners of the house, top of curb, 1st floor, 2nd fl, & Ridge elevations.
- Landscaping plan and schedule
- Indicate the existing trees to remain and shall be protected with a 4' x 4' by 5' high wood box enclosures
- Show vinyl fence at rear of property
- Indicate Driveway material and show drainage grate to drywells
- 10ft wide driveways shall consist of 2 ft of pavers, 6 ft of the selected material and 2 ft of pavers. For a double wide (20 ft) driveway indicate 2 ft of pavers, 6 ft of material, 4ft of pavers, 6 ft of material and 2 ft of pavers.
- Indicate drywells for roof and driveway runoff
- Show walks and indicate materials
- Show A. C. compressor at rear yard and center of property
- Indicate true north, and scale
- Show zoning information
 1. Indicate address
 2. Owners or contract vendees name
 3. Section, Block, Lot and Zone
 4. Indicate existing and proposed occupancy
 5. Existing lot area and lot coverage existing and proposed
 6. Indicate accessory structures
 7. Indicate front, side and rear setbacks
 8. Proposed height
- Parking spaces 10' x 20' 3 for two family 2 for one family
- Indicate location of test borings
- Property shall be staked out with 4 corner monuments.
- Show garbage enclosure (preferable RUBBER MAID enclosure)-in ground also acceptable
- Indicate on foundation plan an egress window, window well or exterior stairway for all cellars 7 ft. or higher
- Show house numbers on front elevation. Indicate numbers to be lighted from above and shall not be placed on doors. Indicate mailbox location.

10. All plans and drawings shall be PRESENTATION STYLE DRAWINGS ONLY

- Side elevations shall be 1/4 " scale
- Front and rear elevations shall be in 1/4 " scale
- Floor plans 1/4" scale
- Sections 1/4" scale

- Working construction drawings will not be accepted
11. Show 4 Building Elevations with actual finish grade and Indicate type and color of roofing, siding and trim materials, show rendered colors of materials on 2' x 3' Boards.
12. Sample Material Board minimum size 2' x 3' and shall include:
- Submit actual samples of materials
 - Provide actual roof shingle as sample-The ARB suggests light colors
 - The sample board shall be submitted and shall be labeled naming the materials and color
13. Submit photos of properties immediately adjoining on all sides, including across the street.
14. The Sample Board shall be maintained by the owner or applicant and upon request by the Building Department resubmit the same for review.

Rev. 8-9-12

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

ARB APPROVED PLANS SHALL BE FOLLOWED AS PER BOARD'S DIRECTION(S)

NO DEVIATIONS



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BUILDING DEPARTMENT

33 Manorhaven Boulevard

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ARCHITECT'S CHECK LIST (A.R.B.)

ALL APPLICATIONS shall be presented by the professional who designed the project

- Presentation drawings will only be accepted including the site plan, basement, 1st and 2nd floor, show 4 actual elevations and sections. Drawings shall not be submitted to the ARB on paper larger than 24 x 36.
- Indicate all materials and colors on elevations
- Provide sample boards
- Test borings
- Site grades 4 corners of property, 4 corners of house, crown of road
- Indicate top of foundation 1st floor and ridge grades
- Provide a cross section thru site front to rear of property
- Indicate parking spaces 2 ft ribbon of pavers on each side of driveway
- Indicate pavers for walkways
- Indicate front stoop covered by pavers
- Indicate retaining walls including proposed heights
- Indicate 2 locations for Rubbermaid garbage enclosures
- Show zoning requirements, indicate case number and date of hearing
- Submit photos of adjoining properties
- Indicate vinyl fencing around rear of property 6' height at rear, 5' at sides to rear of house, 4' height forward from rear of house to property line
- Indicate location of AC compressors
- Gutters, leaders and drywalls
- Driveway drainage show trench drains
- Show house numbers on plans, indicate to be installed with light above so as to be visible from street
- Any existing utilities in way of proposed driveway locations
- Indicate trim colors on presentation drawings

I am familiar with the Architectural Review Board's Codes and Regulations and the submitted plans include the required site and architectural elements as checked off above.

Architect's Signature and Stamp

Date



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APPLICATION FOR ARCHITECTURAL REVIEW

Submit original and **9** stamped and sealed copies of drawings and application, including current survey, site plan with planting schedule and show proposed drainage plan, and four elevations with color representation of materials indicating floor elevation, and street elevation in relation to grade.

Application#: _____ Fee: _____ Date: _____

Section: _____ Block: _____ Lot: _____

Property Address: _____

Current Occupancy: _____ Lot Size: _____ Zone: _____

Proposed Lot Area: _____ Lot Coverage: _____

Present Use: _____

Building Height: _____ Parking spaces provided: _____

Describe proposed project: _____

Decision of Board of Zoning Appeals if Applicable: Case: _____ Date: _____

Name of Applicant: _____

Site Address: _____

Telephone: _____ Email: _____

Name of Property Owner: _____

Site Address: _____

Telephone: _____ Email: _____

The Following Affidavits Must be Completed

Affidavit to be completed by Owner other than Corporation

STATE OF NEW YORK

COUNTY OF NASSAU:

_____, being duly sworn, deposes and says he is the owner in fee of the listed property described in the foregoing application and that the statements contained herein are true to the best of his knowledge and belief.

Sworn to me this _____ day of _____, _____

Signed

Notary Public

Affidavit to be completed by Corporation Owner

STATE OF NEW YORK

COUNTY OF NASSAU:

_____, being duly sworn, deposes and says he resides at _____ in the County of _____ in the State of _____. That he is the _____ of _____, the corporation which is owner in fee of the property described in the foregoing application, and that the statements contained therein are true to the best of his knowledge and belief.

Sworn to me this _____ day of _____, _____

Signed

Notary Public

Affidavit to be completed by Agent of Owner

STATE OF NEW YORK

COUNTY OF NASSAU:

_____, being duly sworn, deposes and says he is the agent named in the foregoing application, that he has been duly authorized by the owner in fee to make this application and that the foregoing statements contained therein are true to the best of his knowledge and belief.

Sworn to me this _____ day of _____, _____

Signed

Notary Public



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Affidavit of Mailing

State of New York)
) ss:
 County of Nassau)

_____, being duly sworn, deposes and says that I am the owner / agent for the owner (cross out incorrect one) and on the _____ day of _____, 20 _____, I served a copy of the attached Notice to Owners of Adjoining Properties to the owners of record at the address indicated on the attached listing of Owners of Adjoining Properties. The said list, comprising all the owners of property with a one hundred foot radius of the subject property, was sealed in a post paid envelope and deposited at the U.S. Post Office.

The lists of names compiled for the radius map was obtained from the following tax records:

- Nassau County** **Town of North Hempstead** **Village of Manorhaven**

The said Notice was mailed by Certified Mail, return receipt requested. The mailing receipts and the returned cards are attached hereto.

 Signature

Sworn to before me this _____ day of 20_____

 Notary

Appendix C
State Environmental Quality Review
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: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: _____ Date: _____ Signature: _____	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF. <input type="checkbox"/> Yes <input type="checkbox"/> No	
B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency. <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)	
C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, 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 A CRITICAL ENVIRONMENTAL AREA (CEA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	
E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? <input type="checkbox"/> Yes <input type="checkbox"/> 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 II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

<input type="checkbox"/> 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.	
<input type="checkbox"/> 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	Date
_____	_____
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)