



United States Department of the Interior

NATIONAL PARK SERVICE  
Fire Island National Seashore  
120 Laurel Street  
Patchogue, NY 11772

**Review and Comments on Building/Zoning Permit Application**

**Applicant(s):**

Owner: Barbara Dowd

Agent: John Bracco

**Tax Map #:**

986.20-4.43.1

**Application No.:**

#28 on May 2, 2012

**Zoning Authority:**

Brookhaven

**Community:**

Cherry Grove

**Object (Yes/No):**      No

*If Objection status is "Yes", property will be subject to the condemnation authority of the Secretary of the Interior, if built as proposed, or previously built with or without permits beyond allowable standards.*

**Reason for Objection:**

**Objection Type:**

**Comments:**

No objection to 18% lot occupancy for roof deck and one story addition.

*Review of this application for construction or variance request within the Fire Island National Seashore is made in accordance with 36 C.F.R. Part 28, Federal Zoning Standards for Fire Island National Seashore.*

Superintendent

4/11/2012

Date

Cc: Applicant



Town of Brookhaven  
Long Island

OFFICE OF THE BOARD OF ZONING APPEALS

Paul M. DeChance, Chairman

TO: FIRE ISLAND NATIONAL SEASHORE  
120 LAUREL ST  
PATCHOGUE, NY 11772

FROM: BOARD OF ZONING APPEALS

RE: Barbara Dowd - West side Greene Walk 75' South of Bay View Walk,  
Cherry Grove

DATE: February 28, 2012

FOR YOUR INFORMATION, PLEASE FIND ATTACHED A PHOTOCOPY OF  
THE ABOVE-CAPTIONED APPLICATION TOGETHER WITH A COPY OF THE  
SURVEY AND BUILDING DEPARTMENT APPLICATION SCHEDULED FOR  
OUR PUBLIC HEARING OF **May 2, 2012** CASE # **28**.

THE BOARD WOULD APPRECIATE YOUR COMMENTS.

Encs.

*No Previous File*

2/12/17

Filed 20

Rec. No.

Meeting May 2 2012

APPLICATION TO THE BOARD OF ZONING APPEALS  
(FILE IN TRIPLICATE - ALL PAGES MUST BE LEGIBLE)

F.I.

BACKSIDE OF WHITE PAGE MUST BE SIGNED & NOTARIZED  
SEE INSTRUCTION SHEET FOR ADDITIONAL REQUIREMENTS

3627

SPM

APPLICANT NAMED BELOW MUST BE (check one)  
PROPERTY OWNER  OR IN CONTRACT TO PURCHASE

Name: BARBARA POWD

LOCATION OF SUBJECT PROPERTY

N S E W side of Greene WALK

Distance 75 N S E W of

Bay View Walk

Village Chelsea Grove

Property is zoned Rd (as shown on current zoning map)

Address of property SAULE

S.C. TAX MAP NO. 986.20 of 043001

Phone #: 212-727-9224

Also Notify:

SOHU BOASSO, ARCHITECT

Has building permit or proposed use been denied by Building Department?  Yes  No

(To be stamped by Building Department) 002350

Phone #: 631-589-9888

VARIANCES REQUESTED

SPECIAL PERMIT

Request: SEE

Describe: Beach Advisory

LOT AREA

LOT WIDTH

FRONT YARD SETBACK

REAR YARD SETBACK

SIDE YARD SETBACK  minimum 5.9'

1st STORY SQ. FT.

2nd STORY SQ. FT.

OTHER  Roof deck 5'9" side

SEC. OF BUILDING ZONE ORD.

FEE: Poster  Chain of Title  SEQORA

PENALTY: Residential  Commercial

Minor Setback  Lot Area  Special Permit

Renewal of Special Permit  Sign  CEU

Clearing/Buffer/Covenant Relief  Appeal Administrative Decision  Other

1. Is there a school, library, church, hospital, orphanage or fire hall within 200 ft. of the premises in question? NO

2. Is property located on an improved road? NO

3. Is road Town maintained? NO

4. Is the property in question conforming to the lot area requirement? Yes NO

5. When was property acquired? \_\_\_\_\_

6. When was area upzoned? \_\_\_\_\_

7. Has premises ever been the subject of a prior application for a variance/special permit before the Board of Appeals? Yes NO If yes, when? \_\_\_\_\_

8. a) Is the property within one (1) mile from any nuclear power plant or airport? Yes NO

b) Is the property within 500 ft. of the following:

(1) the boundary of any village or town? Yes NO

(2) any existing or proposed County, State parkway, thruway, expressway road or highway? Yes NO

(3) any existing or proposed County, State or Federal park or other recreation area? Yes NO

(4) existing or proposed right-of-way of any stream or drainage channel owned by the County or for which the County has established channel lines? Yes NO

(5) the existing or proposed boundary of any County, State or Federally owned land held for government use? Yes NO

(6) the Atlantic Ocean, Long Island Sound, any bay in Suffolk County or estuary of any of the foregoing bodies of water? Yes NO

(b) Hydrogeological Sensitive Zone? NO

(c) Suffolk County Pine Barrens Zone? NO

If yes, Compatible Growth Area? NO or Core Preservation Area? NO

10. Is SEQORA applicable to any part of this application? Yes NO

LIST THE STRUCTURE(S) REQUIRING VARIANCE(S); SPECIFY WHETHER EACH ITEM IS PROPOSED OR EXISTING:

SIDE YARD FOR ROOF DECK + 1 SGT. ADDITION  
(20' x 16.5') (16.5' x 10.1')



# TOWN OF BROOKHAVEN BUILDING & FIRE PREVENTION

ONE INDEPENDENCE HILL, FARMINGVILLE, NY 11738  
PHONE # (631) 451-6333 - www.brookhaven.org

## APPLICATION FOR BUILDING AND ZONING PERMIT

Each application must be typewritten or printed and have all information answered. Incomplete or illegible applications will not be accepted. APPLICATION is hereby made for a permit to do the following work, which will be done in accordance with the description, survey and plans submitted pursuant to Section 57 of the Worker's Compensation Law, Zoning Ordinances, Building Code and all other applicable ordinances and laws.

Article 15 of the Executive Law of the State of New York, Section 296-5 (A) (1) prohibits discrimination in the sale, rental or lease of housing accommodations because of race, creed, color or national origin. ZBA # **002350**

Applicant Barbara C. Dowd No. & St. 77 SEVENTH AVE Zip 10911 Phone 212-727-9224

Village or City NEW YORK State NY Zip 10911 Phone 212-727-9224

Architect or Engineer JOHN ARACCO No. & St. 17 MAIN ST State NY Zip 11782 Phone 631-589-9888

Village or City SARVICE No. & St. \_\_\_\_\_ State NY Zip 11782 Phone 631-589-9888

Contractor or Builder \_\_\_\_\_

Village or City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Property located at No. 110 N.S.E.W. side GREENE Village CHESAPE WALK Distance 75' State of New York \_\_\_\_\_

N.E.W. of BAR VIEW WALK Map \_\_\_\_\_ Section \_\_\_\_\_ Lot(s) \_\_\_\_\_

Owner of record on tax rolls \_\_\_\_\_ Owner Address \_\_\_\_\_ Block 4 Lot 43.1

County Tax Map Section 986.2 Use and size of proposed work \_\_\_\_\_

PROPOSED 16.5' x 10.11' IRREGULAR SHARED 1-STORY ADD.

PROPOSED 20.0' x 16.5' ROOF DECK W/ STAIRS

PROPOSED 10' x 6' 1st FLOOR DECK

**This application must be signed in two places below, by the owner and the applicant, even when they are the same.**

I hereby certify that I am the owner of the property that is the subject of this application and acknowledge that the described work is intended to take place on said property. By signing this application, I acknowledge that there may be restrictive covenants or agreements held by private and/or public entities and do agree to fully comply with all requirements of said covenants and/or agreements. Any false statement made herein is punishable as a misdemeanor pursuant to § 201.45 of New York Penal Law.

Date: 1/29/12 Permit Name: BARBARA C. DOWD Signature: Barbara C Dowd OWNER

I hereby certify that I have examined this complete application and the statements therein are true and correct, and that all work shall be done in accordance with all applicable Town, County, State and Federal Laws. By signing this application, I acknowledge that there may be restrictive covenants or agreements held by private and/or public entities and do agree to fully comply with all requirements of said covenants and/or agreements. Any false statement made herein is punishable as a misdemeanor pursuant to § 201.45 of New York Penal Law.

Date: 1/29/12 Permit Name: Barbara C. Dowd Signature: Barbara C Dowd APPLICANT

**This application must be signed in two places above, by the owner and the applicant, even when they are the same.**

### FOR BUILDING USE ONLY:

Proposed use fd

Zoning District \_\_\_\_\_

Property Area \_\_\_\_\_

Property Width \_\_\_\_\_

Front Yard Setback \_\_\_\_\_

Rear Yard Setback \_\_\_\_\_

Side Yard Setback 5-9

S.C.H.D. \_\_\_\_\_

Survey \_\_\_\_\_

Plans \_\_\_\_\_

Other Roof Deck 5'9" wide

Permit approved date \_\_\_\_\_ Per \_\_\_\_\_

Permit Denied (expires in 60 days) date 2/27/12 Per J

Remarks: 02012648

Permit #:	Issued:
Receipt #:	Issued:
1 <sup>st</sup> floor area: _____ sq. ft. = _____	
2 <sup>nd</sup> floor area: _____ sq. ft. = _____	
Accessory area: _____ sq. ft. = _____	
Permit Fee: _____	Estimated Value: _____
Add. Fee: _____	
Plan. Fee: _____	
TOTAL: _____	C/A _____

Article XVI 85-170F-5.9' Side yard (Metal Roof)

Article XVII 85-170F-5.9' side yard (Roof Deck)

Building Permit # \_\_\_\_\_

CO # \_\_\_\_\_ Issued: \_\_\_\_\_

CC # \_\_\_\_\_

Remarks: \_\_\_\_\_

1. Bldg. Insp. approved

2. Final Survey approved

3. Electric Cert. approved

4. S.C.H.D. approved

5. Fire Prevention approved

6. Planning Board approved

7. Highway Dept. approved

8. Assessment Cert. approved

9. Lead Test approved

10. Debris Affidavit approved

11. Steel Affidavit approved

12. Disclosure approved

13. Smoke approved

14. Energy STAR approved

15. Pictures approved

16. Other: \_\_\_\_\_ approved

Approved for issuance of certificate Per: \_\_\_\_\_

