

TOWN OF MILAN
ZONING BOARD OF APPEALS
DUTCHESS COUNTY, NEW YORK

Wilcox Memorial Town Hall
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Milan, NY 12571

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ZONING BOARD OF APPEALS MEETING AGENDA
WEDNESDAY, OCTOBER 24, 2012 7:00 P.M.

PUBLIC HEARINGS:

- Young for Schmidt – Area Variance
Turkey Hill Road
- Maria Fitzgibbon – Area Variance
39 South Road

APPLICATIONS:

- David Borenstein – Special Use Permit
139 Academy Hill Road

ADMINISTRATIVE ITEMS:

- Approval of Minutes –September, 2012
- Correspondence

DISCUSSION ITEMS:

TOWN OF MILAN
ZONING BOARD OF APPEALS
APPLICATION

Date Received: 10-10-12
Review by ZEO: _____
Application Complete: _____
Public Hearing: _____

To Be Completed by Applicant:

Request for (Circle One): Area Variance Use Variance Interpretation Special Permit

Other: _____

Name of Applicant: David Borenstein

Complete Address: 139 Academy Hill Rd Milan

Telephone # 845-758-0021 Cell Phone # 845-901-0668

E-Mail dborenstein@frontiernet.net

Is the subject property in your name? Yes No

If no, property owners name/telephone number _____

Property owners complete address: _____

Complete Address of Property: _____

Grid Number: 6521-00-004844 Zoning District: ABA

What is the size of the property: 141.13 acres

Are there currently structures on the property? Yes No

If yes, are there valid Certificates of Occupancy for those structures? Yes No

If yes, as: Commercial Residential Other: _____

Has the property been before the Zoning Board of Appeals before? Yes No

If yes, please provide name of applicant and date: _____

Is the property within 500 feet of a state or county road, state parkway, boundary of the Town of Milan? Yes No If yes, which one? Academy Hill Rd

Premises affected are situated on the _____ side of _____ road or street.

Applicant's Name David Borenstein

Date: 10-10-12

SPECIAL PERMIT

To be completed by applicant:

Special Permit For: Burial for private use

Section of the Zoning Law: Table A Cemetery

Please describe proposal: A burial site for private use -
Not for Commercial Use !!

Existing Use(s) of Property:

Residential, No. of Units: dwelling
Commercial, Type: _____
Industrial, Type: _____
Other: _____

Existing Structures on the Property:

Structure: Barns
Ground Floor Area: _____
Total Floor Area: _____
Number of Floors: _____
Structure Height: _____

Proposed Structures:

Structure: N/A
Ground Floor Area: _____
Total Floor Area: _____
Number of Floors: _____
Structure Height: _____

Demonstrate (show on the site plan) an adequate parking area, ingress and egress, accessibility for emergency personnel, adequacy of existing services (water and sewage), appropriate screening, and that the project will be in harmony with the neighborhood

The burial site will have a zero impact on the neighborhood as the plot will be located at the center of the property, surrounded by 140 acres.

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 <i>David Boreystem</i>		2. PROJECT NAME <i>Burial</i>	
3. PROJECT LOCATION: Municipality <i>Milan</i> County <i>Dutchess</i>			
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map) <i>139 Academy</i>			
5. PROPOSED ACTION IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration			
6. DESCRIBE PROJECT BRIEFLY: <i>Create a burial site</i>			
7. AMOUNT OF LAND AFFECTED: Initially <i>145.13</i> acres <i>Approx 1</i> Ultimately _____ acres			
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly <i>With a special use permit</i>			
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? Describe: <input checked="" 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			
10. DOES ACTION INVOLVE PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals: <i>May require Board of Health approval</i>			
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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

