

**Town of Dover**  
**Architectural Review Board**

Town of Dover  
126 East Duncan Hill Road  
Dover Plains, NY 12522



(845) 832-6111 ext 100

Dear Applicant:

Attached is an application to the Architectural Review Board (ARB). Please complete all information on the Checklist and submit **eight (8) copies of all information (2- full size copies along with 6 -11X17)** and required fees to the ARB Secretary at least ten (10) days prior to ARB meeting.

Meetings are scheduled for the 4th Monday of every month at the Dover Town Hall at 7:00 pm (unless specified otherwise). *The deadline is 10 days prior to the meeting.*

The applicant is also responsible for any costs incurred for review of the application by town consultants, mailing fees and any public notices, if needed. The Board may set an escrow fee at the first discussion meeting to cover these costs.

Applicants before the Board must have all of the information necessary for submittal; incomplete applications will not be put on the Agenda.

If an applicant decides to postpone or cancel his/her appearance, please telephone the secretary, **AT LEAST 48 HOURS IN ADVANCE** since there are clerical functions which must take place, i.e., notifying property owners, notice in paper, etc.

The applicant is responsible for adhering to Chapter 37 of the Code of the Town of Dover (see attached). The Town of Dover website is available at [www.townofdoover.us](http://www.townofdoover.us) and the entire Code of the Town of Dover is available through "Links" and "Town Code". A hardcopy of the Code of the Town of Dover is available from the Town Clerk for a fee.

*\*\*\*\*Please supply a cover letter describing your proposal in your own words.*

I have read the above and fully understand my responsibilities.

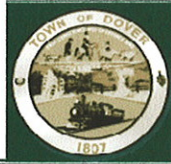
\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

TOWN OF DOVER  
ARCHITECTURAL REVIEW BOARD

TOWN OF DOVER  
126 EAST DUNCAN HILL ROAD  
DOVER PLAINS, NY 12522



(845) 832-6111 EXT 100

The following is the tentative list of the Town of Dover Architectural Design Review Board deadlines and meetings.

This projected schedule was created by use of the guidelines the ARB has in place. This schedule can be changed only at a formal ARB meeting by way of a motion being made and a vote of the membership on record.

The standard formula is as follows: The **ARB meets the 4th Monday** of the Month at 7:00pm at the Town Hall and the **deadline** for any and all submissions is **NOON - 10 days prior** to the ARB Meeting date.

<u>Deadline</u>	<u>For the Month of ...Meeting</u>
January 15, 2010	January 25, 2010
February 12, 2010	February 22, 2010
March 12, 2010	March 22, 2010
April 16, 2010	April 26, 2010
May 14, 2010	May 24, 2010
June 18, 2010	June 28, 2010
July 16, 2010	July 26, 2010
August 13, 2010	August 23, 2010
September 17, 2010	September 27, 2010
October 15, 2010	October 25, 2010
November 12, 2010	November 22, 2010
December 17, 2010	December 27, 2010

\* All meeting dates are subject to change Please call the Town of Dover Architectural Design Review Board Office (845) 832-6111 ext 100 to confirm monthly dates

Respectfully submitted,

*Betty-Ann Sherer*

Betty-Ann Sherer

Secretary to the Architectural Design Review Board

## ARB Checklist

Eight copies (**supplied by the applicant**) of the following items are required to apply to the Architectural Design Review Board for a design approval. **Incomplete applications will not be put on the Agenda.**

\_\_\_\_\_ Application

\_\_\_\_\_ Short Environmental Assessment Form (unless the ARB determines that the Application requires a long-form EAF) or a Draft Environmental Impact Statement

\_\_\_\_\_ Disclosure of Interest Form

\_\_\_\_\_ Agricultural Data Statement if the property is in an agricultural district and contains a farm operation, **or** if the property is within 500 feet of a farm operation in an agricultural district.

\_\_\_\_\_ Site plan of the property showing the location and dimensions of all structures, including signs and setbacks from property lines noted with measurements

\_\_\_\_\_ Elevations of all exterior facades of proposed structures and/or alterations to existing facades, at a scale of 1/4" equals one foot, showing design features and indicating the type and color of materials to be used

\_\_\_\_\_ Illustrations of signs at a scale adequate to show design features, materials, words, colors and images depicted on the signs

### FEES:

\_\_\_\_\_ An Application Fee of \$150.00 (check payable to Town of Dover) is due with the application

### **Other Fees to be determined are:**

\_\_\_\_\_ Legal advertisements - bill will be sent to the applicant

\_\_\_\_\_ Escrow Account - based on the complexity of the application

Application Number: \_\_\_\_\_

TOWN OF DOVER

Dutchess County, New York

## Application for Architectural Review Board

Tax grid Number: \_\_\_\_\_

Type of Application:    Site Plan Review   /   Sign Review

Property Address:

\_\_\_\_\_

Property Owner:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
e-mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
e-mail: \_\_\_\_\_

Primary Contact:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
e-mail: \_\_\_\_\_

Property Information:

Land Use District: \_\_\_\_\_  
Overlay Districts (if any): \_\_\_\_\_  
Lot Size: \_\_\_\_\_  
Current Use(s): \_\_\_\_\_

Applicant (if different from primary contact):

Brief Description of Proposed Use/Activity: (attach additional sheet, if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Does the property contain a farm operation located within an agricultural district or is the property boundary within 500 feet of a farm operation located in an agricultural district?**

\_\_\_ Yes    \_\_\_ No

*The undersigned hereby makes an application in accordance with all applicable laws and other requirements of the Town of Dover, Dutchess County, New York.*

\_\_\_\_\_  
Signature of Record Owner

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

\_\_\_\_\_  
Signature of Applicant (if different)

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

**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.  
 Yes  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.  
 Yes  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)?  
 Yes  No If Yes, explain briefly:

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 II was checked yes, the determination of 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 \_\_\_\_\_  
 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)

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**Disclosure of Interest**

SECTION 809 OF THE GENERAL MUNICIPAL LAW provides as follows:

1. Every application, petition, or request submitted for a variance, amendment, change of zoning, approval of a plat, exemption from a plat or official map, license, or permit, pursuant to the provisions of any ordinance, local law, rule, or regulation constituting the zoning and planning regulations of a municipality shall state the name, address, and the nature and extent of the interest of any state officer and any officer or employee of such municipality or of a municipality of which such municipality is a part, in the person, partnership, or association making such application: petition, or request (hereinafter called the applicant) to the extent known to such applicant.

2. For the purpose of this section, an officer or employee shall be deemed to have an interest in the applicant when he, his spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them

(a) is the applicant, or

(b) is an officer, director, partner, or employee of the applicant, or

(c) Legally or beneficially owns or controls stock of a corporate applicant or is a member of a partnership or association applicant, or

(d) is a party to an agreement with such an applicant express or implied, whereby he may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of such application, petition, or request.

3. Ownership of less than five percent of the stock of a corporation whose stock is listed on the New York or American Stock Exchanges shall not constitute an interest for the purposes of this section.

4. A person who knowingly and intentionally violates this section shall be guilty of a misdemeanor.

In connection with said application, petition or request, the undersigned hereby states, pursuant to the provision of Section 809 of the General Municipal Law, the name, residence, and the nature and extent of the interest of any state officer or employee of the Town of Dover and/or the County of Dutchess, in the person, partnership, or association making the application, petition, or request (hereinafter called the "Applicant"). If none, insert the word "none" \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**AGRICULTURAL DATA STATEMENT**

! Name and address of applicant:

Applicant's telephone number:

Type of application:  Subdivision  Special Permit  Site Plan  Use Variance

Description of proposed project:

Location of project:

Names and addresses of owners of land which contains farm operations and which is located within an Agricultural District and within five hundred feet of the boundary line of the property upon which the project is proposed (use additional sheet if more space is needed):

(a) \_\_\_\_\_ (c) \_\_\_\_\_

(b) \_\_\_\_\_ (d) \_\_\_\_\_

Applicant must attach a tax map or other map showing the site of the proposed project in relation to the farming operations described in Item 6 above.

\_\_\_\_\_  
*Signature of Applicant*

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