



BOARD OF ZONING APPEALS

Board of Zoning Appeals Members

Christopher Downes, Chairman

Kevin Flood

Dennis McEnery

Gary Parisi

Indra Sanichar

John Ryan, Esq. Legal Counsel

Renee Marcus, AIA – Superintendent of Buildings

Margret Fowler, Acting Secretary

May 10, 2023

8:00 pm

Village Hall Court Room

Case	Building Number	Street	Sec / Blk / Lot	Owner / Applicant	Description
1	56	Fuller Avenue	32 / 113 / 206, 208	Francis McDonough	Relocate Central AC and Enlarge Driveway
2	71	Calla Avenue	32 / 188 / 11	Carla M. Caputo	Additions & Alterations
3	144	Tulip Avenue	32 / 120 / 419	Horse Hill Property Management LLC. / Tim Dougherty	Parking
4	14	Spruce Avenue	32 / 138 / 308	Jennifer Reilly	Front Yard Addition
5	130	Hawthorne Avenue	8 / 93 / 8-9	Matthew Wilson	Maintain Ductless AC
6	231	Violet Avenue	32 / 197 / 106-107	Peggyanne Hecker	Encroachment of Proposed Portico into Front Yard
7	12	Stewart Street	32 / A / 1	Vito Linsalata	Special Exception Parking

Questions about the projects can be emailed to BZA@FPVillage.org prior to the meeting to allow for the Village and Applicant to be prepared with answers

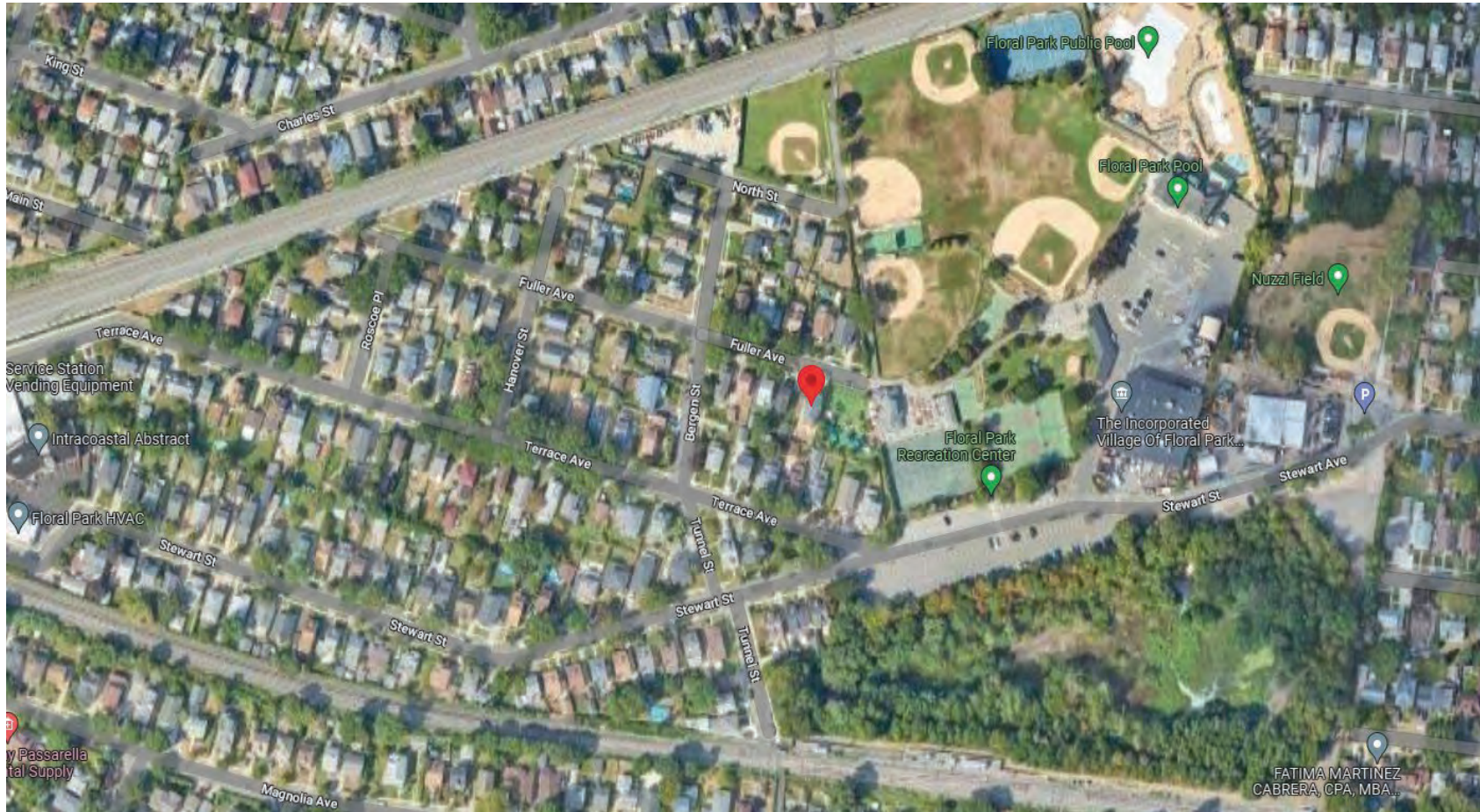
Supporting documents will be posted to the Board of Zoning Appeals web page at least 24 hours prior to the meeting.

Click [here](#) for the BZA webpage

Case	Building Number	Street	Sec / Blk / Lot	Owner / Applicant	Description
1	56	Fuller Avenue	32 / 113 / 206, 208	Francis McDonough	Relocate Central AC and Enlarge Driveway



56 Fuller Avenue (Aerial View)











Incorporated Village of Floral Park - Department of Buildings
BUILDING DEPARTMENT 516-326-6319 WWW.FPVILLAGE.ORG

NOTICE OF DISAPPROVAL

04/03/2023

OWNER:
MCDONOUGH, FRANCIS J.
141 HAMPTON ROAD GARDEN CITY, NY 11530
Floral Park, New York 11001

APPLICANT:
Owner
55 Hilton Ave LL
Garden City

Please take notice that your application to: Relocate Two-Zone Central Air Conditioning and Widen Driveway

at: 56 FULLER AVE Floral Park New York 11001

Section: Parcel: 32-113-206-208

Is hereby disapproved contrary to:

§ 99-24 (F) (1) No part of any freestanding heating, cooling, pumping, filtering, generating or other type of equipment or device shall be located in any front or side yard, or within 20 feet of any rear lot line, except that freestanding heating and cooling equipment may be located in the side yard, provided that it is not located forward of the front line of the house or closer than 20' from the front lot line whichever is farther, and closer than 5 feet from the side lot line.

The applicant proposes to move 2 units to the left side, approximately 2'-9" from the property line abutting a Village owned parcel.

§ 99-3 (B) DRIVEWAY — A path leading directly from the street to a garage having a maximum width of 12 feet.

Existing property does not have a garage and is existing non-conforming. The applicant proposes a parking pad approximately 18' square in the rear yard to fit 2 cars.

Of the Zoning Code of the Inc. Village of Floral Park.

If you choose to file for a variance to appeal this decision, an application and instructions can be obtained from the Building Department or the Village website at <https://fpvillage.org/departments/building-department/>.


This application has not been reviewed for Building Code compliance.

Renee Marcus, AIA
Superintendent of Buildings



BOARD OF ZONING APPEALS
APPLICATION FOR VARIANCE

MAR 17 2023

Property Information:	
Property Address: 56 Fuller Avenue Floral Park N.Y. 11001	
Business Name (If Commercial): N.A.	
Section: 32 Block: 113 Lot: 206-208 Zone:	
Existing: <input type="checkbox"/> Single Family <input checked="" type="checkbox"/> 2-Family <input type="checkbox"/> Commercial/Business <input type="checkbox"/> Other:	
Are there any Violations or Notices of Violations Outstanding on this Property? No (If yes, attach copies.)	
Applicant information: Incomplete applications will not be accepted	
Applicant Name: Francis J. McDonough Relationship of Applicant to Owner: SAME	
Mailing Address: 55 Hilton Ave, LL City: Garden City State: N.Y. Zip: 11530	
Phone Number: 917.691.7782 Email: FrankMcDonough@icloud.com	
Owner Information:	
Owner Name: KGLIU Corp	
Mailing Address: 55 Hilton Ave, LL City: Garden City State: N.Y. Zip: 11530	
Phone Number: 917.691.7782 Email: FrankMcDonough@icloud.com	
Previous Appeals: (check one)	
<input checked="" type="checkbox"/> A previous appeal has been made on this property (attach all relevant decisions)	
<input type="checkbox"/> A previous appeal has not been made on this property	
Type of Variance Applied For:	
Article _____ Section _____ of Code	
Variance or Relief Desired: <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Maintain (year built _____)	
SIDE LOT SETBACK - PERMIT 2 AIR CONDITIONING UNITS TO BE MOVED FROM WEST BOUNDARY ON DRIVEWAY NEAR NEIGHBOR TO EAST BOUNDARY BY 6' HIGH PINK FENCE IN ALLEY ON EAST SIDE OF HOUSE. 6' WIDE ALLEY CAN ACCOMMODATE 30" A/C UNITS IN EXISTING SET BACK	
Reason(s) Supporting Appeal: (if necessary, submit separate attachment)	
LIMITED DRIVEWAY SPACE REQUIRES MORE PARKING FLEXIBILITY TO MANUEVER AUTOS	
MOVING 2 A/C UNITS EXPANDS DRIVEWAY SPACE, AVOIDS AUTOS DAMAGING A/C UNITS	
REDUCES NOISE + NUISANCE TO NEIGHBORS ON SOUTH + WEST PROPERTY LINES	
Owner Signature:	
 Signature of Property Owner	



**BOARD OF ZONING APPEALS
APPLICATION FOR VARIANCE**

Affidavit of Individual Owner:

STATE OF NEW YORK)

ss.: N.A.

COUNTY OF NASSAU)

_____ being duly sworn, deposes and says that (s)he is the owner of the property described in this application and that the statements contained therein are true; that he/she is the appellant herein and he/she authorizes _____ to act as his/her agent and to make this application

Signature of Owner

Sworn before me this _____ day of _____, 20____

Notary Public

Affidavit of Corporate Owner:

STATE OF NEW YORK)

ss.:

COUNTY OF NASSAU)

Francis J. McDonough being duly sworn, deposes and says that (s)he is the President of KGLIU Corp. which is the owner of the property described in this application and that the statements contained therein are true; that KGLIU Corp is the appellant herein and hereby authorizes Francis J. McDonough to act as his/her agent and to make this application.

KGLIU Corp
Name of Corporation

By: Francis J. McDonough
Signature and Title

Sworn before me this _____ day of March, 2023

Notary Public



**BOARD OF ZONING APPEALS
APPLICATION FOR VARIANCE**

Affidavit of Corporate Owner (continued) Answer all applicable questions:

7. There is no lease presently in existence covering all or any part of the premises described in the application for variance, except as follows. A copy of said contract is attached hereto and made a part hereof.

Lease Dated: March 2023

Lease Expires: June 30 2024

Name of Lessee: _____

Home Address: _____

(If corporation, list names and home addresses of officers and all stockholders, including percentage of each ownership)

(Note: if more than four (4) leases, and none are for a commercial use except for Home Professional Office [as defined in Article II of the Zoning Ordinance of the Incorporated Village of Floral Park], only list number of lessees. Otherwise, all are to be listed, showing type of occupancy with copies of all leases attached.)

8. There are no other persona, firms, partnerships, organizations or corporations, except as herein mentioned, or in the application for variance, who have or may have any financial or monetary interest in the premises described in the application for variance or in said application for variance, except: None

(If none, so state. Otherwise, state names and home addresses. If corporation, list names and home addresses of officers and all stockholders, including percentage of each ownership)

9. In connection with the application for variance, I firmly swear that I have not paid, nor have I promised to pay, or have I made, or promised to make, any gift to any person who is employed by the Incorporated Village of Floral Park, or any elected or appointed official thereof, or to any member of his/her family.

10. I also swear and agree as part of the application for variance and as part of this affidavit, to file, within forty-eight (48) hours after a change of ownership prior to the issuance of a certification of completion, an affidavit embodying the following:

- Name and home address of each new owner (if corporation, list names and home addresses of officers and all stockholders, including percentage of each ownership)
- A statement indicating that negotiations were not commenced until after the filing of the application for variance and this affidavit.
- A reaffirmation of paragraph 9.



Signature

Sworn before me this
17th day of March, 20 23



Notary Public

LUCILLE LANGONE
Notary Public, State of New York
No. 01LA6083835
Qualified in Nassau County
Commission Expires 11/25/2026

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
Residential Home Renovation - KGLIU Corp / Sponsor - OWNER			
Name of Action or Project:			
56 Fuller Ave. Floral Park N.Y.			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:			
<ul style="list-style-type: none"> • MOVE TWO (2) AIRCONDITIONING UNITS FROM THE WEST BOUNDARY DRIVEWAY TO THE EAST SIDE BOUNDARY ALLEY WAY. • CREATE MORE FLEXIBLE DRIVEWAY PARKING • REDUCE A/C NOISE + NUISANCE TO NEIGHBORS ON SOUTH AND WEST BORDERS 			
Name of Applicant or Sponsor:		Telephone: 917.691.7782	
KGLIU CORP		E-Mail: frank.mcdonough@icloud.com	
Address:			
55 HILTON AVENUE, LL			
City/PO:		State:	Zip Code:
GARDEN CITY N.Y.		N.Y.	11530
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?		NO	YES
If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency?		NO	YES
If Yes, list agency(s) name and permit or approval:		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input checked="" type="checkbox"/> Other(Specify): playground			
<input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?		NO YES
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?		NO YES	
If Yes, identify: _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. a. Will the proposed action result in a substantial increase in traffic above present levels?		NO YES	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Are public transportation services available at or near the site of the proposed action?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Does the proposed action meet or exceed the state energy code requirements?		NO YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____		<input type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action connect to an existing public/private water supply?		NO YES	
If No, describe method for providing potable water: _____ _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action connect to existing wastewater utilities?		NO YES	
If No, describe method for providing wastewater treatment: _____ _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?		NO YES	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?		NO YES	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

Project:

Date:

***Short Environmental Assessment Form
Part 2 - Impact Assessment***

Part 2 is to be completed by the Lead Agency.

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:	<input type="checkbox"/>	<input type="checkbox"/>
a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

Project:	
Date:	

**Short Environmental Assessment Form
Part 3 Determination of Significance**

For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

- Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
- 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.

Name of Lead Agency

Date

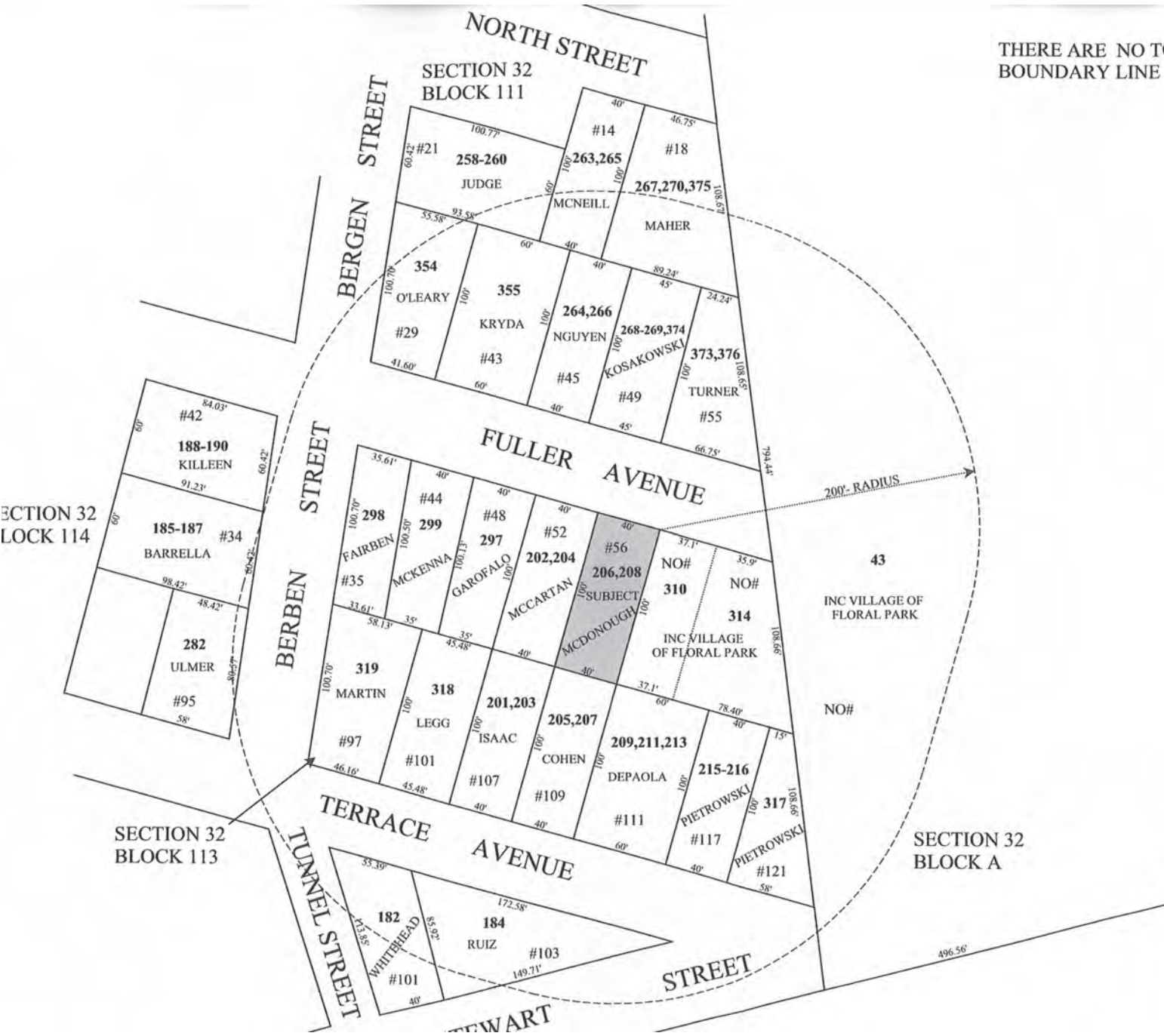
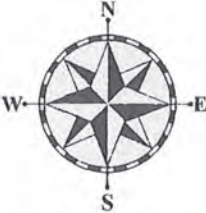
Print or Type Name of Responsible Officer in Lead Agency

Title of Responsible Officer

Signature of Responsible Officer in Lead Agency

Signature of Preparer (if different from Responsible Officer)

THERE ARE NO TOWNS, COUNTIES, OR VILLAGES HAVING A BOUNDARY LINE WITHIN 500' OF SUBJECT PROPERTY



SCALE - 1"=60'

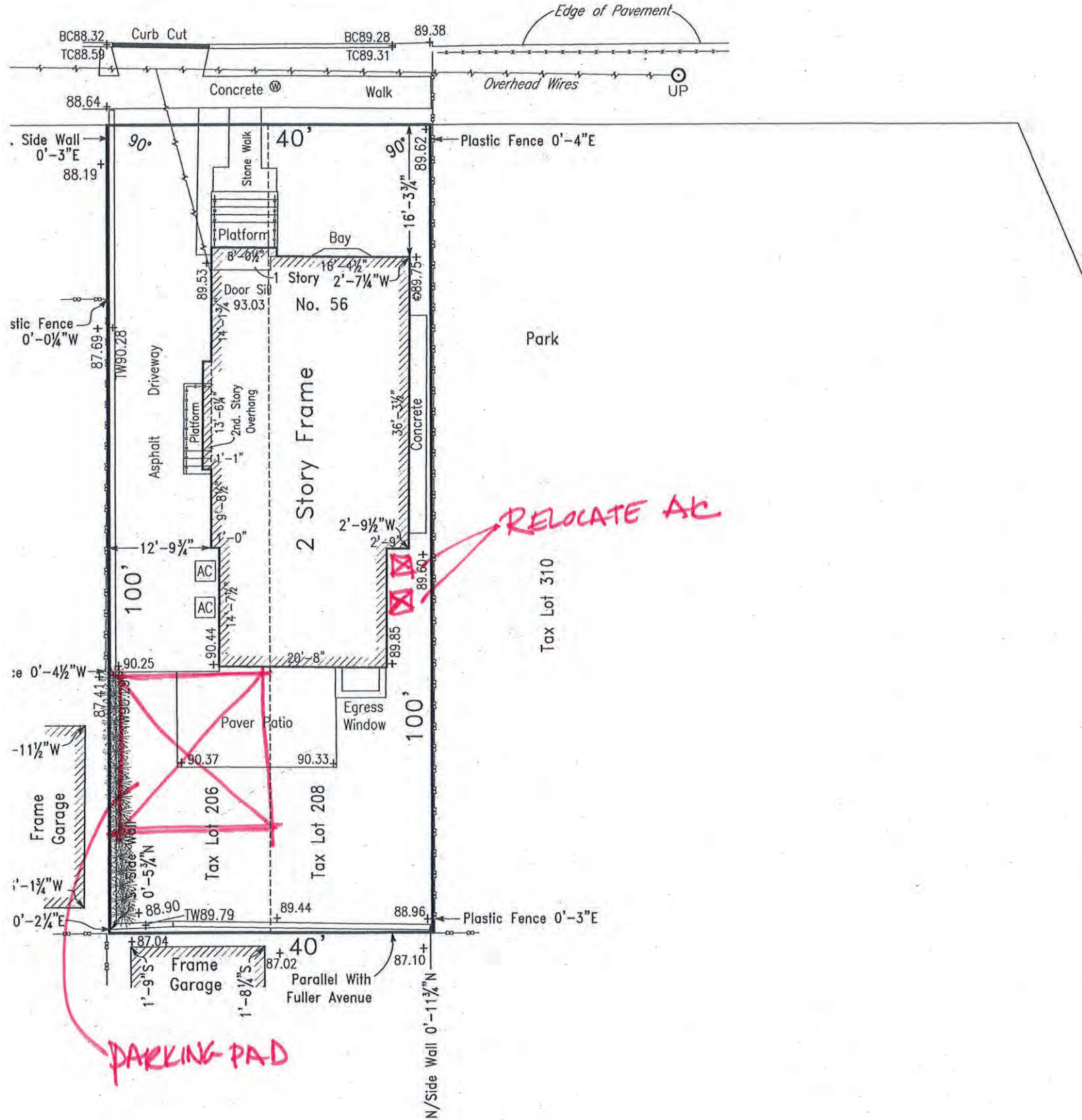


200' RADIUS MAP
 SECTION 32 BLOCK 113 LOT 206
 FRANK MCDONOUGH
 56 FULLER AVENUE
 FLORAL PARK, NY 11530
 PREPARED BY: _____

Fuller

(Floral Avenue)

Avenue



RELOCATE AC

PARKING PAD

Park

Tax Lot 310

Tax Lot 206

Tax Lot 208

Side Wall 0'-3"E
88.19

Plastic Fence 0'-0 1/4"W
87.69

Plastic Fence 0'-4 1/2"W
87.41

Plastic Fence 0'-2 1/4"E
88.90

Plastic Fence 0'-3"E
88.96

N/Side Wall 0'-11 3/4"N

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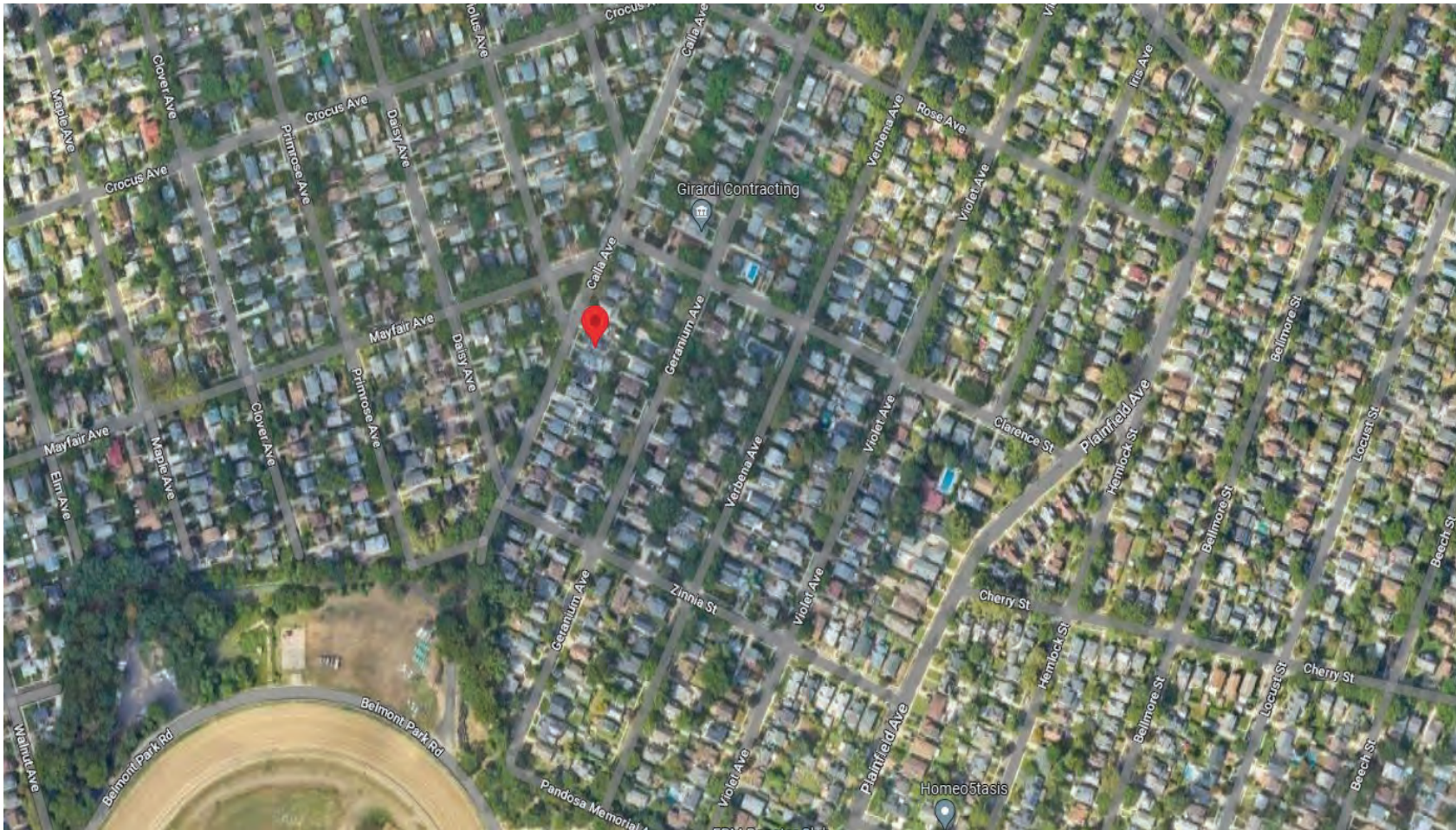
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Case	Building Number	Street	Sec / Blk / Lot	Owner / Applicant	Description
2	71	Calla Avenue	32 / 188 / 11	Carla M. Caputo	Additions & Alterations



71 Calla Avenue (Aerial View)





Incorporated Village of Floral Park - Department of Buildings
BUILDING DEPARTMENT 516-326-6319 WWW.FPVILLAGE.ORG

NOTICE OF DISAPPROVAL

03/27/2023

OWNER:
CAPUTO MICHAEL & CARLA
71 CALLA AVE
FLORAL PARK, NY 11001

APPLICANT:
Demetris Demetriou
5 Geranium Avenue
Floral Park, NY 11001

Please take notice that your application to: Addition & Alterations

at: 71 CALLA AVE Floral Park NY 11001

Section: Parcel: 32.-188-11

Is hereby disapproved contrary to:

Zoning Code of the Inc. Village of Floral Park

§ 99-6 Schedule of Regulations: 30% maximum building coverage, 5' minimum side yard and 15' minimum aggregate is required.

The proposed addition results in a 32.775 lot coverage, a 2'-9" side yard setback and 14'-6" aggregate.

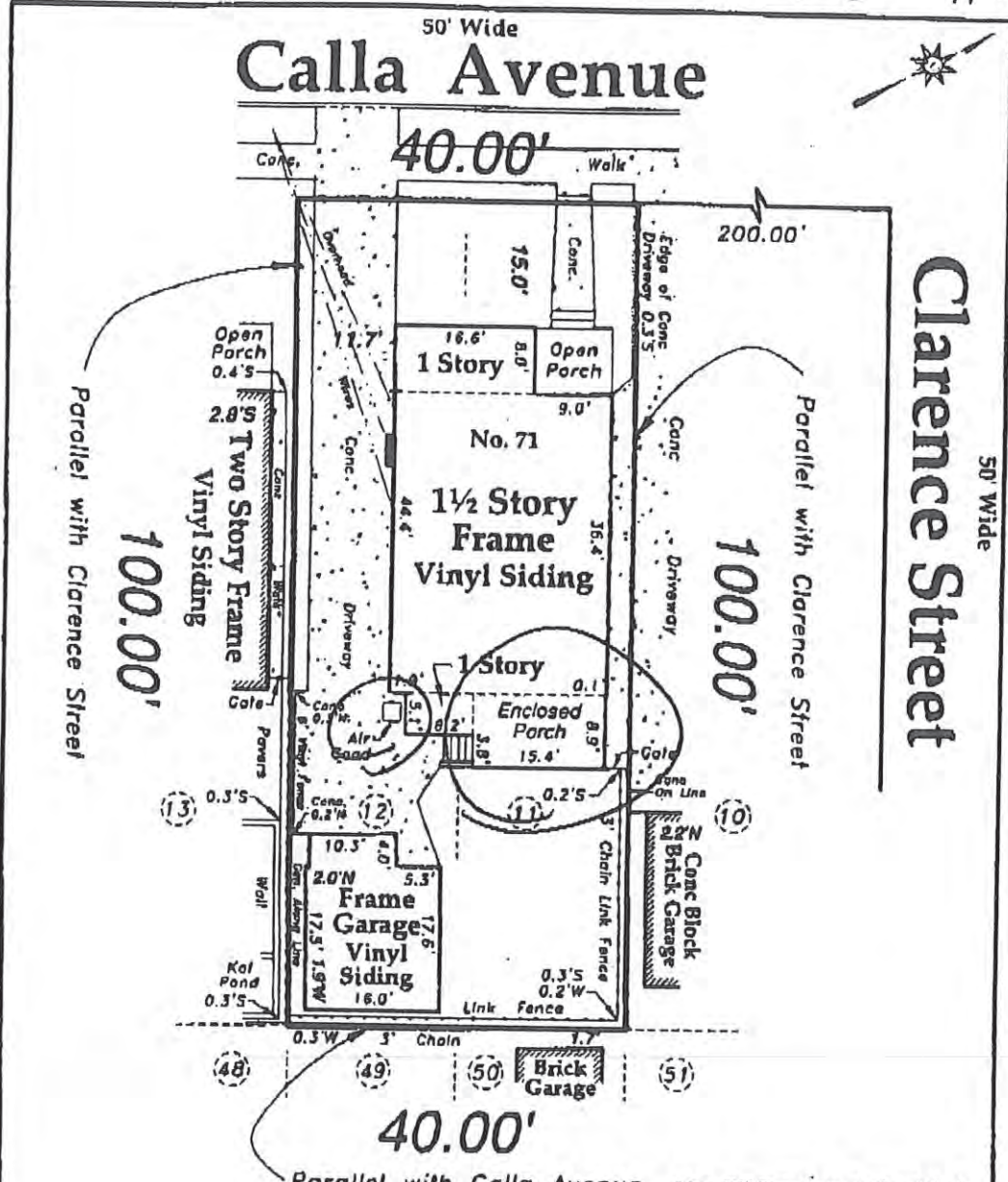
Of the Zoning Code of the Inc. Village of Floral Park.

If you choose to file for a variance to appeal this decision, an application and instructions can be obtained from the Building Department or the Village website at <https://fpvillage.org/departments/building-department/>.

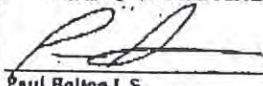
This application has not been reviewed for Building Code compliance.

Renee Marcus, AIA
Superintendent of Buildings

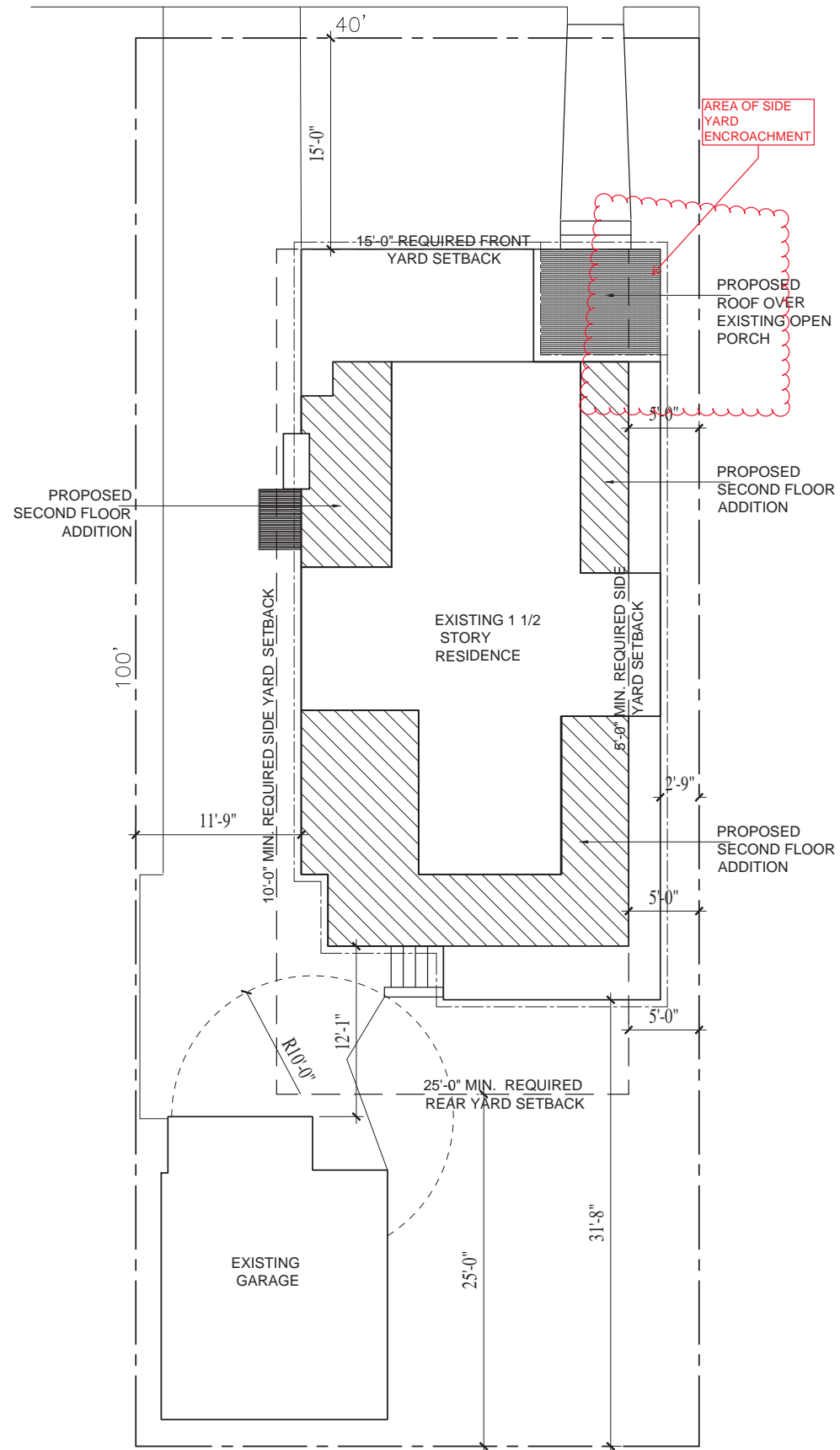
188 11/12



Map "B" Property at Floral Park
 Filed June 29, 1912 Case No. 133
 Lots 11 & 12 Block no. 22

TAX DESIGNATION: DISTRICT _____ SECTION 32 BLOCK 188 LOT(S) 11 & 12	
MEASUREMENT IN U.S. STANDARD	THE EXISTENCE OF RIGHTS OF WAYS AND/OR EASEMENTS OF RECORD, IF ANY NOT SHOWN, ARE NOT GUARANTEED
THE DIMENSIONS SHOWN HEREON, FROM THE STRUCTURES TO THE PROPERTY LINE, ARE FOR A SPECIFIC PURPOSE ONLY. THEY ARE NOT INTENDED TO BE USED FOR THE ERECTION OF FENCES, STRUCTURES OR ANY OTHER IMPROVEMENT.	
UNAUTHORIZED ALTERATION OR ADDITION TO A SURVEY MAP BEARING A LICENSED LAND SURVEYOR'S SEAL IS A VIOLATION OF SECTION 7209, SUBDIVISION 1, OF THE NEW YORK STATE EDUCATION LAW.	ONLY COPIES FROM THE ORIGINAL OF THIS SURVEY MARKED WITH AN ORIGINAL OF LAND SURVEYOR'S EMBOSSED SEAL SHALL BE CONSIDERED TO BE VALID TRUE COPIES.
CERTIFICATIONS INDICATED HEREON SHALL RUN ONLY TO THE PERSON FOR WHOM THE SURVEY IS PREPARED, AND ON HIS BEHALF TO THE TITLE COMPANY, GOVERNMENTAL AGENCY AND LENDING INSTITUTION LISTED HEREON, AND TO THE ASSIGNEES OF THE LENDING INSTITUTION. CERTIFICATIONS ARE NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS.	
DATE 12-05-2011	TITLE No. LB13619
Floral Park Nassau COUNTY	CERTIFIED TO: Chicago Title Insurance Company Land Baron Abstract Company, Inc. New York Community Bank
JOB No. 11-5326	Michael Capula Carla Capula
Homestead Land Surveying P.C. Phone: 516-729-6297 Fax: 516-520-0850 EMAIL: HOMESTEADPB@GMAIL.COM  Paul Bolton L.S. N.Y.S.L.S. License No. 050778	

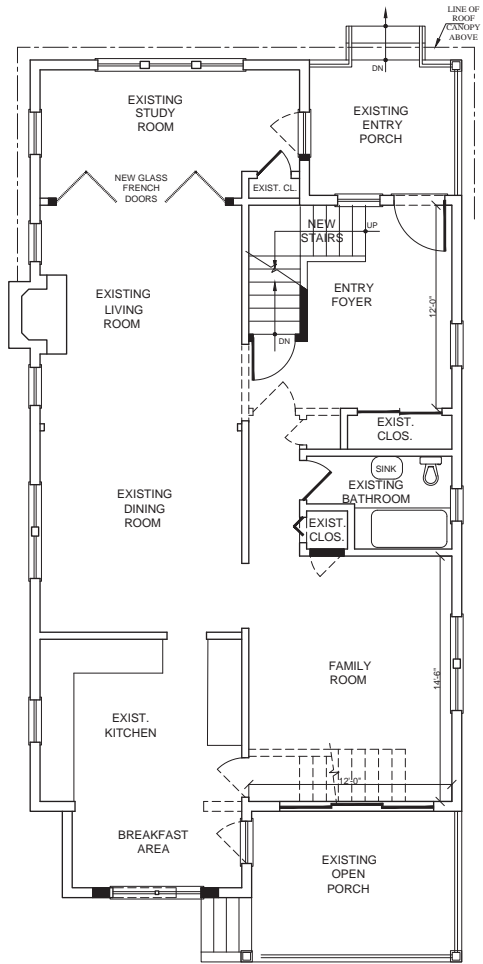
CALLA AVENUE



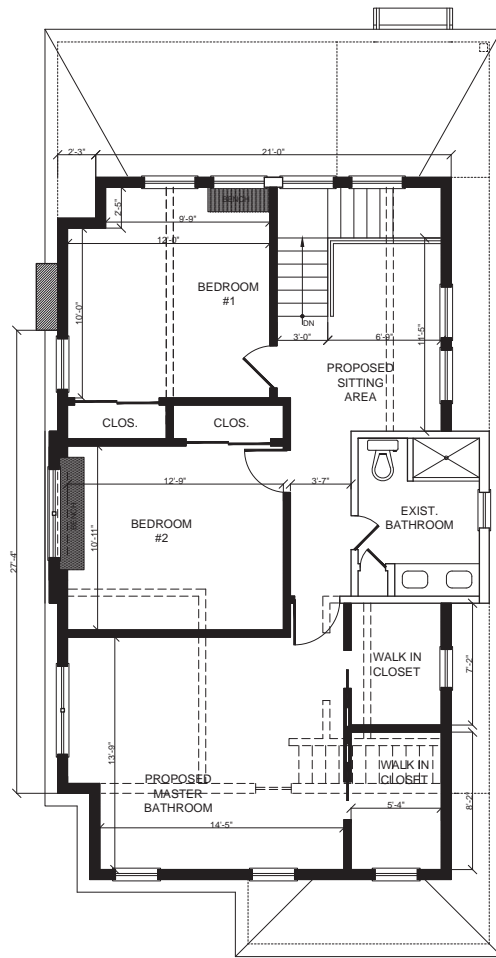
SITE PLAN

SCALE: 3/16" = 1'-0"

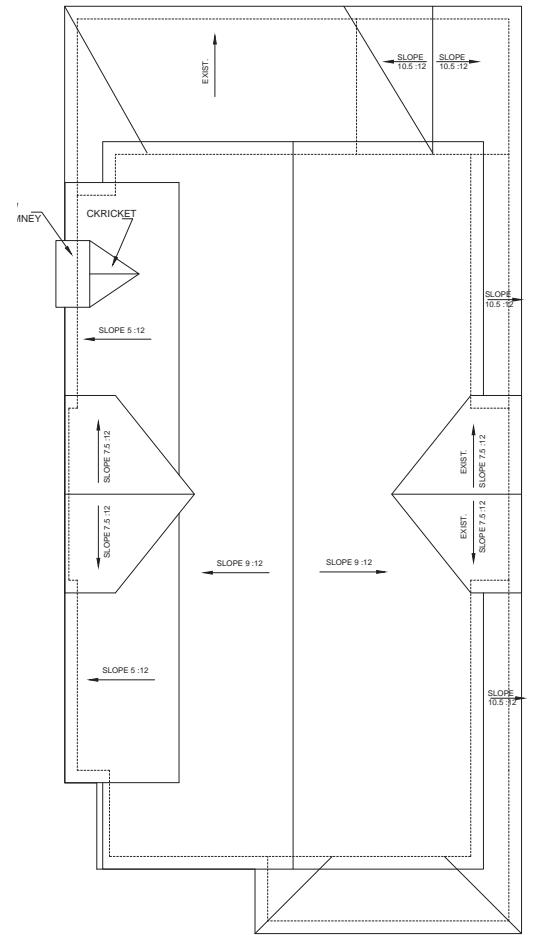
SITE PLAN INFORMATION TAKEN FROM SURVEY DRAWN
by LIC. SURVEYOR PAUL BOLTON OF HOMESTEAD LAND SURVEYING P.C.
DATED: 12-05-2011



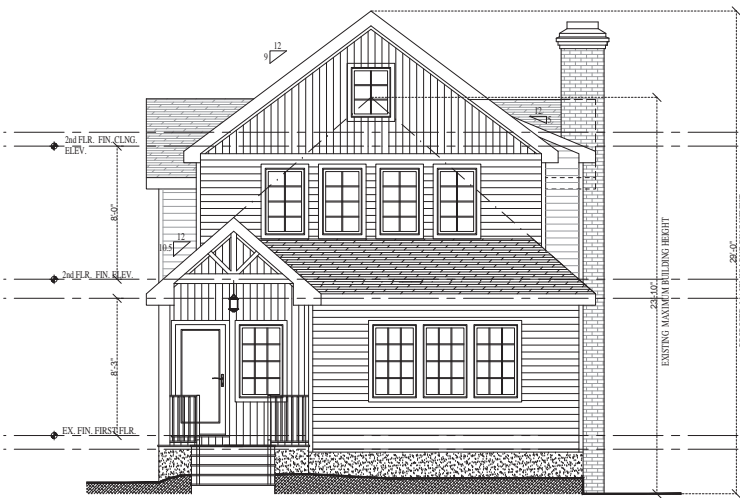
FIRST FLOOR PLAN
SCALE: 1/4"=1'-0"



SECOND FLOOR PLAN
SCALE: 1/2"=1'-0"
DATE: 9-29-22



ROOF PLAN SCALE: 1/2"=1'-0"
STRUCTURAL NOTE:
ALL KING POSTS IN ATTIC TO BEAR ON DOUBLE JOISTS UNLESS OTHERWISE NOTED
FLASHING NOTE:
PROVIDE ALUM. FLASHING AT ALL PENETRATION THROUGH ROOF AND WALLS AS REQUIRED
STRUCTURAL NOTE:
ARCHITECT AND STRUCTURAL ENGINEER TO REVIEW EXISTING FRAMING AFTER IS EXPOSED AND VERIFY PROPOSED FRAMING



FRONT ELEVATION (N-W) SCALE: 1/4"=1'-0"



RIGHT ELEVATION (S-W) SCALE: 1/4"=1'-0"



LEFT ELEVATION (N-E) SCALE: 1/4"=1'-0"



REAR ELEVATION (S-E) SCALE: 1/4"=1'-0"

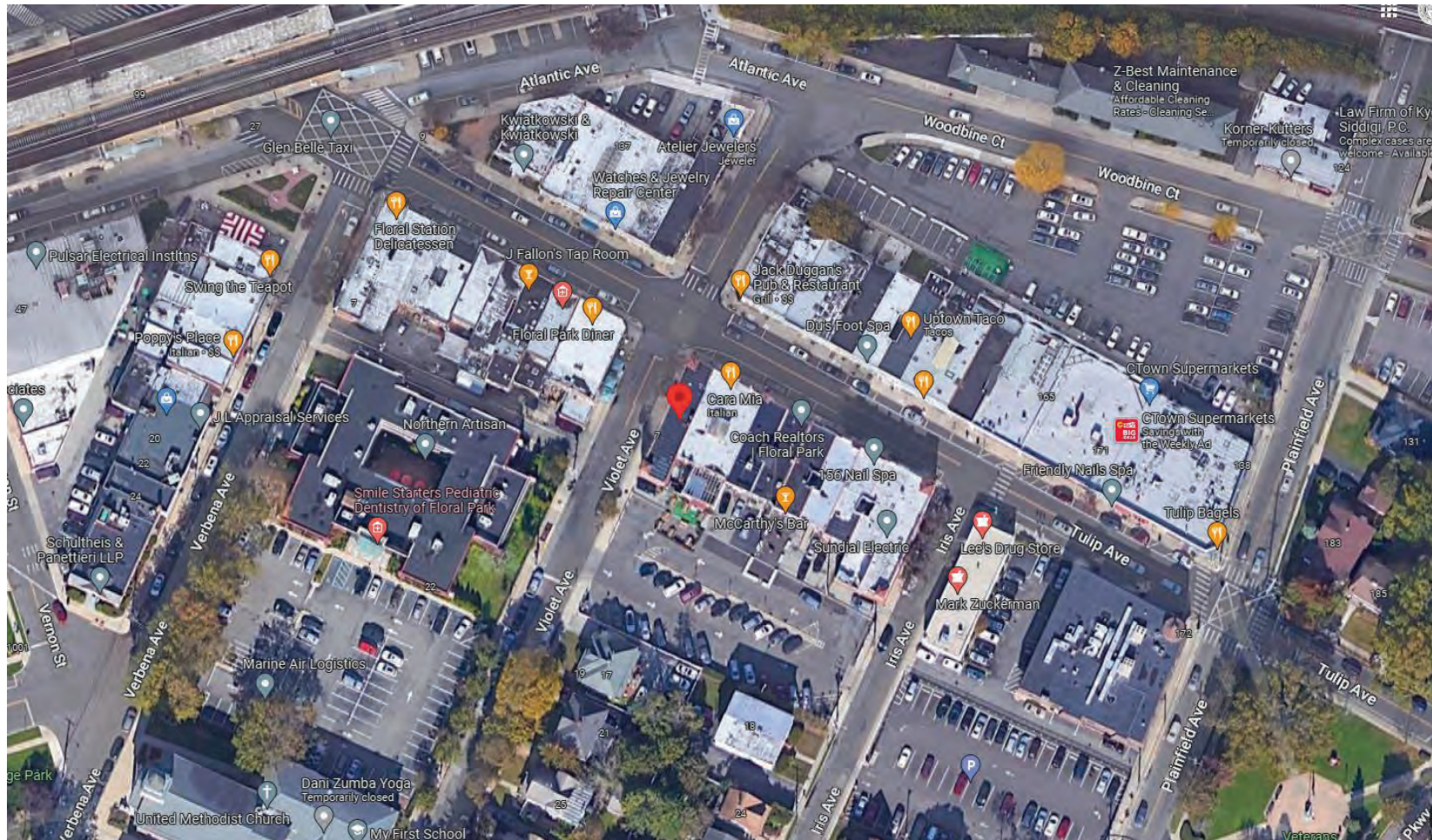
Case	Building Number	Street	Sec / Blk / Lot	Owner / Applicant	Description
3	144	Tulip Avenue	32 / 120 / 419	Horse Hill Property Management LLC. / Tim Dougherty	Parking



144 Tulip Avenue (Side View)



144 Tulip Avenue (Aerial View)





Incorporated Village of Floral Park - Department of Buildings
BUILDING DEPARTMENT 516-326-6319 WWW.FPVILLAGE.ORG

NOTICE OF DISAPPROVAL

04/03/2023

OWNER:

Horse Hill Property Management, LLC
15 Lenox Lane
Hilton Head, SC 29926

APPLICANT:

Peter Gioulos
12 Jonathan Ave
Hicksville, NY 11801

Please take notice that your application to: Addition of Tables and Chairs for Restaurant Use

at: 144 Tulip Avenue Floral Park New York 11001

Section: Parcel: 32.-419-120

Is hereby disapproved contrary to:

§ 99 Attachment 1 Schedule of Regulations - One space for every three seats in a dining area and one space for every two seats in a lounge area, whichever formula will result in the greatest number of parking spaces.

Applicant is proposing to add 24 seats in restaurant increasing the parking requirement by 5 spaces.

If the Zoning Variance is approved, an application to the Board of Trustees shall be submitted for a special use permit amendment.

§ 99-10 B-1 District; Special uses. A building may be erected, altered or used for any purpose set forth in this subsection only when authorized by the Board of Trustees as a special use after a public hearing conducted by the Board of Trustees and for no other: (1) Restaurant, diner, tavern, bar and grill.

Of the Zoning Code of the Inc. Village of Floral Park.


If you choose to file for a variance to appeal this decision, an application and instructions can be obtained from the Building Department or the Village website at <https://fpvillage.org/departments/building-department/>.

This application has not been reviewed for Building Code compliance.

Renee Marcus, AIA
Superintendent of Buildings



BOARD OF ZONING APPEALS
APPLICATION FOR VARIANCE

Property Information:			
Property Address: 144 TULIP AVENUE			
Business Name (If Commercial): GYRO VILLAGE			
Section: 32	Block: 120	Lot: 419	Zone: B-1
Existing:	<input type="checkbox"/> Single Family	<input type="checkbox"/> 2-Family	<input checked="" type="checkbox"/> Commercial/Business <input type="checkbox"/> Other:
Are there any Violations or Notices of Violations Outstanding on this Property? NO (If yes, attach copies.)			
Applicant information:		Incomplete applications will not be accepted	
Applicant Name: PETER GIOULOS	Relationship of Applicant to Owner: New Tenant / Business owner		
Mailing Address: 12 JONATHAN AVE.	City: HICKSVILLE	State: NY	Zip: 11801
Phone Number: (516)724-1260	Email: Pgioulos63@gmail.com		
Owner Information:			
Owner Name: HORSE HILL PROPERTY MANAGEMENT LLC. TIM DOUGHERTY			
Mailing Address: 15 LENOX LANE	City: HILTON HEAD	State: SC	Zip: 29926
Phone Number: (516)658-6214	Email: vobtim@aol.com		
Previous Appeals: (check one)			
<input type="checkbox"/> A previous appeal has been made on this property (attach all relevant decisions)			
<input checked="" type="checkbox"/> A previous appeal has not been made on this property			
Type of Variance Applied For:			
Article <u>99</u> Section <u>attcm.1 & 10B-1</u> of Code			
Variance or Relief Desired: <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Maintain (year built _____)			
ADD RESTAURANT SEATING			
Reason(s) Supporting Appeal: (if necessary, submit separate attachment)			
TO OFFER THE CONVINIENCE TO CUSTOMERS TO HAVE THEIR MEAL ON PREMISES IN ADDITION TO TAKE AWAY			
Owner Signature:			
 Signature of Property Owner			



BOARD OF ZONING APPEALS
APPLICATION FOR VARIANCE

Affidavit of Individual Owner:

STATE OF NEW YORK)

ss.:

COUNTY OF NASSAU)

_____ being duly sworn, deposes and says that (s)he is the owner of the property described in this application and that the statements contained therein are true; that he/she is the appellant herein and he/she authorizes _____ to act as his/her agent and to make this application

Signature of Owner

Sworn before me this _____ day of _____, 20____

Notary Public

Affidavit of Corporate Owner:

STATE OF NEW YORK)

ss.:

COUNTY OF NASSAU)

TIM DOUGHERTY being duly sworn, deposes and says that (s)he is the ^X owner of HORSE HILL PROPERTY MANAGEMENT LLC, which is the owner of the property described in this application and that the statements contained therein are true; that 144 TULIP AVE. RESTAURANT CORP. is the appellant herein and hereby authorizes PETER GIOULOS GYRO VILLAGE to act as his/her agent and to make this application.

HORSE HILL PROPERTY MANAGEMENT LLC.

Name of Corporation

By: Timothy Dougherty owner
Signature and Title

Sworn before me this 5th day of April, 2023

[Signature]
Notary Public

CARLOS E. CASTILLO
Notary Public, State of New York
No. 01CA6135623
Qualified in Suffolk County
Commission Expires October 24, 2024



BOARD OF ZONING APPEALS
APPLICATION FOR VARIANCE

Affidavit of Corporate Owner (continued) Answer all applicable questions:

STATE OF NEW YORK)

ss.:

COUNTY OF NASSAU)

I, TIM DOUGHERTY being duly sworn, deposes and say:

1. I am the President of _____, the corporation applying for the variance in the annexed application dated the _____ day of _____ 20____.

2a. Said corporation is the owner of record of the premises described in the aforementioned application for variance.

-or-

2b. I am the sole owner of record of the premises described in the annexed application for variance, and reside at _____

-or-

2c I am one of the owners of record of the premises described in the annexed application for variance and make this affidavit at the request of all the owners of record and on behalf of all such owners, whose names and home address are as follows:

3. This affidavit is made a part of the application for variance dated X April 5 2023, as if fully set forth herein at length.

4. It is understood that I make this affidavit to induce the granting of the decision for variance by the Board of Zoning Appeals of the Incorporated Village of Floral Park, NY

5. There are no contracts for the sale of the premises described in the application for variance except as listed below. A copy of said contract is attached hereto and made a part hereof.

Contract Dated: _____

Name of Contract Vendee: _____

Home Address: _____

(If corporation, list names and home addresses of officers and all stockholders, including percentage of each ownership)

6. There is no other contract presently in existence, or presently contemplated, which affects the premises for which this variance is sought, with regard to its occupancy, lease or sale of any or any part thereof, except as follows. A copy of said contract is attached hereto and made a part hereof.

Contract Dated: X DECEMBER 1 2022

Contract Expires: X DECEMBER 31 2032

Name of Parties: PETER GIOULOS

Home Address: 12 JONATHAN AVE., HICKSVILLE, NY 11801

(If corporation, list names and home addresses of officers and all stockholders, including percentage of each ownership)



BOARD OF ZONING APPEALS APPLICATION FOR VARIANCE

Affidavit of Corporate Owner (continued) Answer all applicable questions:

7. There is no lease presently in existence covering all or any part of the premises described in the application for variance, except as follows. A copy of said contract is attached hereto and made a part hereof.

Lease Dated: _____

Lease Expires: _____

Name of Lessee: _____

Home Address: _____

(If corporation, list names and home addresses of officers and all stockholders, including percentage of each ownership)

(Note: if more than four (4) leases, and none are for a commercial use except for Home Professional Office [as defined in Article II of the Zoning Ordinance of the Incorporated Village of Floral Park], only list number of lessees. Otherwise, all are to be listed, showing type of occupancy with copies of all leases attached.)

8. There are no other persona, firms, partnerships, organizations or corporations, except as herein mentioned, or in the application for variance, who have or may have any financial or monetary interest in the premises described in the application for variance or in said application for variance, except: _____

(If none, so state. Otherwise, state names and home addresses. If corporation, list names and home addresses of officers and all stockholders, including percentage of each ownership)

9. In connection with the application for variance, I firmly swear that I have not paid, nor have I promised to pay, or have I made, or promised to make, any gift to any person who is employed by the Incorporated Village of Floral Park, or any elected or appointed official thereof, or to any member of his/her family.

10. I also swear and agree as part of the application for variance and as part of this affidavit, to file, within forty-eight (48) hours after a change of ownership prior to the issuance of a certification of completion, an affidavit embodying the following:

- a. Name and home address of each new owner (if corporation, list names and home addresses of officers and all stockholders, including percentage of each ownership)
- b. A statement indicating that negotiations were not commenced until after the filing of the application for variance and this affidavit.
- c. A reaffirmation of paragraph 9.

X Timothy Douglas

Signature

Sworn before me this
5th day of April, 2023
[Signature]

Notary Public

CARLOS E. CASTILLO
Notary Public, State of New York
No. 01CA6135623
Qualified in Suffolk County
Commission Expires October 24, 2024

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
Name of Action or Project: GYRO VILLAGE			
Project Location (describe, and attach a location map): 144 TULIP AVE., FLORAL PARK, NY11001			
Brief Description of Proposed Action: REQUEST FOR SEATING FOR A "TAKE AWAY RESTAURANT"			
Name of Applicant or Sponsor: PETER GIOULOS		Telephone: (516)724-1260	
		E-Mail: Pgioulos63@gmail.com	
Address: 12 JONATHAN AVE.			
City/PO: HICKSVILLE		State: NY	Zip Code: 11801
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input type="checkbox"/>
			YES <input checked="" type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:			NO <input type="checkbox"/>
			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		.0455 acres	
b. Total acreage to be physically disturbed?		0 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		.0455 acres	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

		NO	YES	N/A
5.	Is the proposed action:			
a.	A permitted use under the zoning regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	Is the proposed action consistent with the predominant character of the existing built or natural landscape?		NO	YES
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?		NO	YES
	If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	a. Will the proposed action result in a substantial increase in traffic above present levels?		NO	YES
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Are public transportation services available at or near the site of the proposed action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Does the proposed action meet or exceed the state energy code requirements?		NO	YES
	If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Will the proposed action connect to an existing public/private water supply?		NO	YES
	If No, describe method for providing potable water: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11.	Will the proposed action connect to existing wastewater utilities?		NO	YES
	If No, describe method for providing wastewater treatment: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12.	a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?		NO	YES
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?		NO	YES
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:

- Shoreline Forest Agricultural grasslands Early mid-successional
 Wetland Urban Suburban

15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?

NO	YES
<input checked="" type="checkbox"/>	<input type="checkbox"/>

16. Is the project site located in the 100-year flood plan?

NO	YES
<input checked="" type="checkbox"/>	<input type="checkbox"/>

17. Will the proposed action create storm water discharge, either from point or non-point sources?

If Yes,

a. Will storm water discharges flow to adjacent properties?

NO	YES
<input checked="" type="checkbox"/>	<input type="checkbox"/>

b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?

If Yes, briefly describe:

NO	YES
<input checked="" type="checkbox"/>	<input type="checkbox"/>

18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)?

If Yes, explain the purpose and size of the impoundment:

NO	YES
<input checked="" type="checkbox"/>	<input type="checkbox"/>

19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?

If Yes, describe:

NO	YES
<input checked="" type="checkbox"/>	<input type="checkbox"/>

20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?

If Yes, describe:

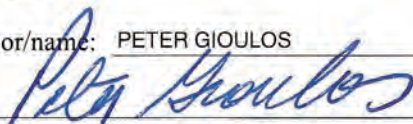
NO	YES
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Applicant/sponsor/name: PETER GIOULOS

Date: X 4/5/23

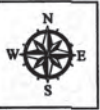
Signature: X



Title: BUSINESS OWNER

Nassau County Department of Assessment

200' Radius Map
Section/Block/Lot: 32-120-419
144 TULIP AVE., FLORAL PARK, NY 11001

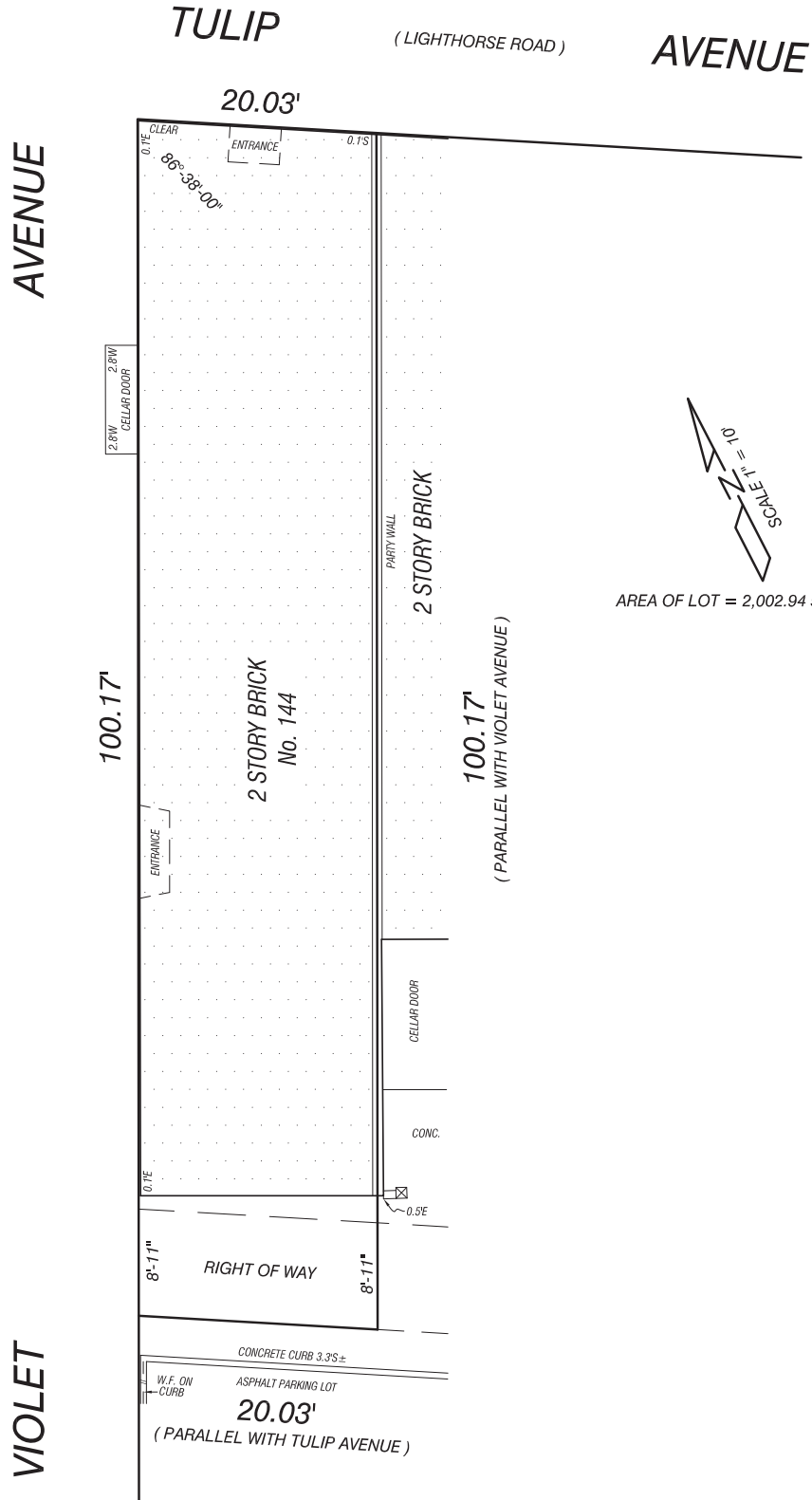


Legend

- Target Lot: 32-120-419
- 200' Radius
- Outside 200'



1 inch = 35 feet



CERTIFIED TO:
TOWN OF HEMPSTEAD

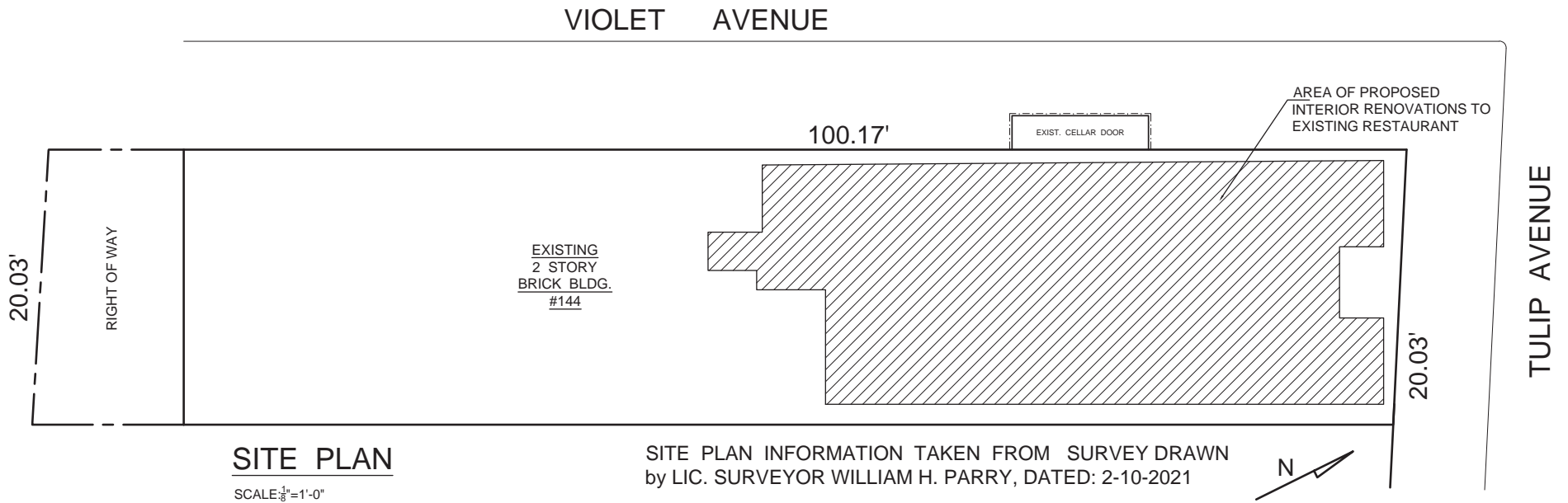
1. GUARANTEES OR CERTIFICATIONS INDICATED HEREON SHALL RUN ONLY TO THE PERSON OR PERSONS FOR WHOM THE SURVEY IS PREPARED AND CERTIFIED TO AND ARE NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS.
2. EASEMENTS OF RECORD ARE ONLY GUARANTEED IF A DESCRIPTIVE ABSTRACT OF TITLE IS FURNISHED TO THE SURVEYOR.
3. THIS MAP WAS MADE AT A SCALE OF 1"=10' WHEN ORIGINALLY DRAWN.
4. PROPERTY CORNER MONUMENTS WERE NOT PLACED AS PART OF THIS SURVEY.
5. IT IS A VIOLATION OF THE STATE EDUCATION LAW FOR ANY PERSON, UNLESS ACTING UNDER THE DIRECTION OF A LICENSED LAND SURVEYOR TO ALTER AN ITEM IN ANY WAY.
6. ARCHITECTS MUST ORDER A TOPOGRAPHICAL MAP SPECIFYING THEIR EXACT NEEDS.
7. ALL ELEVATIONS SHOWN IF ANY REFER TO THE NAVD1988.
8. ONLY COPIES FROM THE ORIGINAL OF THIS SURVEY MARKED WITH AN ORIGINAL OF THE LAND SURVEYOR'S INKED OR EMBOSSED SEAL SHALL BE CONSIDERED TO BE VALID TRUE COPIES.
9. CONSULT WITH THE HIGHWAY DEPARTMENT BEFORE DESIGNING, INSTALLING, OR MODIFYING ANY NEW OR EXISTING CURBS, WALKS, OR ROADWAYS IN THE STREETS SHOWN HEREON.
10. SUBSURFACE INFORMATION SHOWN WERE OBTAINED FROM VARIOUS CITY DEPARTMENTS AND/OR PRIVATE UTILITY COMPANIES. THE SURVEYOR ACCEPTS NO RESPONSIBILITY FOR ANY OF THIS DATA.
11. SURVEYED AS IN POSSESSION.

**ANASTASIA I. PARSATOON
LAND SURVEYING, P.C.**

1300 JERICHO TURNPIKE, STE. 207
 NEW HYDE PARK, NY 11040
 OFFICE (516) 352-0396
 EMAIL: INFO@AIPLS.COM
SURVEY No. PN002316
 TOWN OF HEMPSTEAD
 COUNTY OF NASSAU
 STATE OF NEW YORK
 TAX MAP
 DISTRICT
 SECTION 32
 BLOCK 120
 LOT 419

DATE: FEBRUARY 10th, 2021

ANASTASIA I. PARSATOON, L.S.
NEW YORK LICENSE 051088



CODE COMPLIANCE:

TO THE BEST OF THE KNOWLEDGE, BELIEF, AND PROFESSIONAL JUDGMENT OF THE UNDERSIGNED, THE PLANS AND SPECIFICATIONS DEPICTED ON THESE DRAWINGS ARE IN COMPLIANCE WITH THE APPLICABLE PROVISIONS OF THE 2020 NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODE COORDINATE ALL INSPECTIONS WITH THE LOCAL BUILDING DEPARTMENT

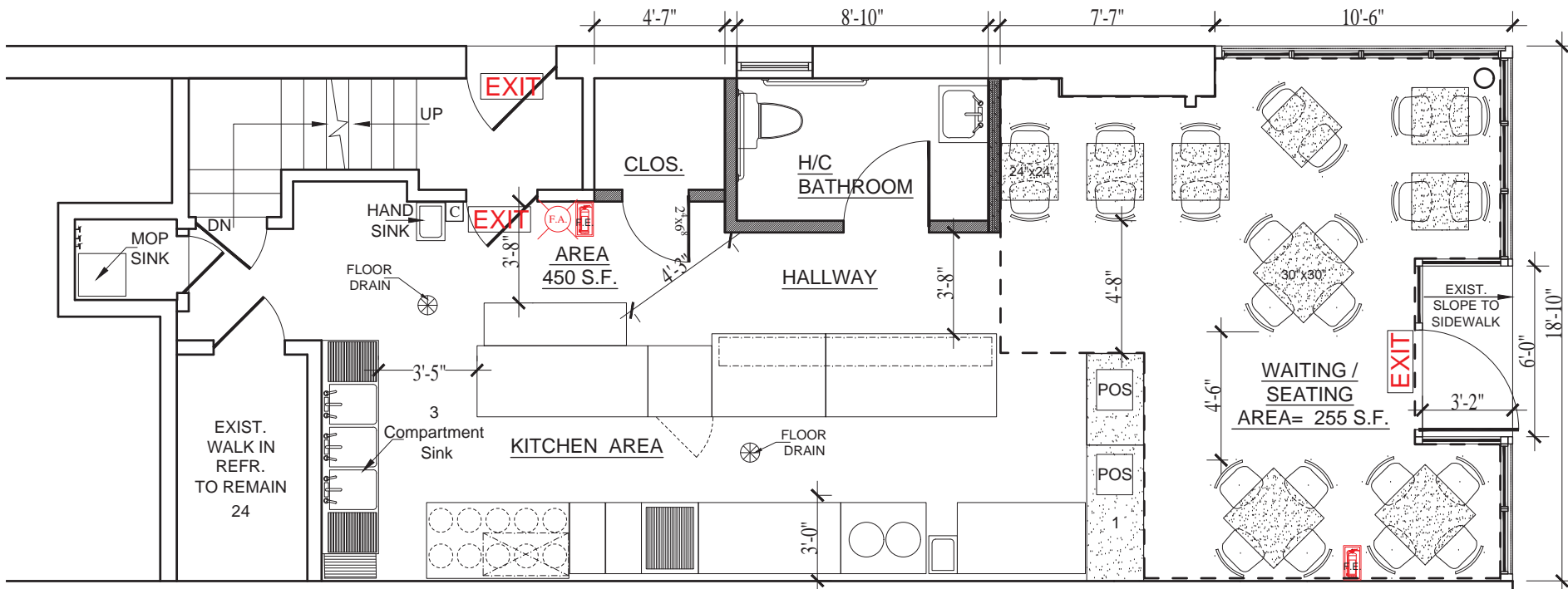
EXCAVATION NOTE: GC. TO CALL 1(800)272-4480/811 PRIOR TO ANY EXCAVATION, TO RECEIVE A LIST OF ALL UNDERGROUND UTILITIES AND OBTAIN WRITTEN CLEARANCE AND INDICATION FROM EACH OF THE PRESENT UTILITIES AT THE SITE .

ENERGY CODE:

TO THE BEST OF MY KNOWLEDGE, BELIEF AND PROFESSIONAL JUDGMENT, PLANS AND SPECIFICATIONS ARE IN COMPLIANCE WITH THE NYS ENERGY CODE.

PERMITS REQUIRED:

ALL SPECIALTY WORK, SUCH AS PLUMBING , ELECTRICAL, MECHANICAL-HVAC & FIRE SPRINKLERS TO BE PERFORMED BY LICENSED CONTRACTORS AND OBTAIN REQUIRED PERMITS AS REQUIRED



ALTERATION LEVEL II

GROUP "B" OCCUPANCY

OCCUPANT LOAD ALLOWED :

A- WAITING / SEATING AREA : 254 S.F. /15 = 17 PEOPLE
 (UNCONCENTRATED : TABLES & CHAIRS)

PROPOSED: 24 PEOPLE

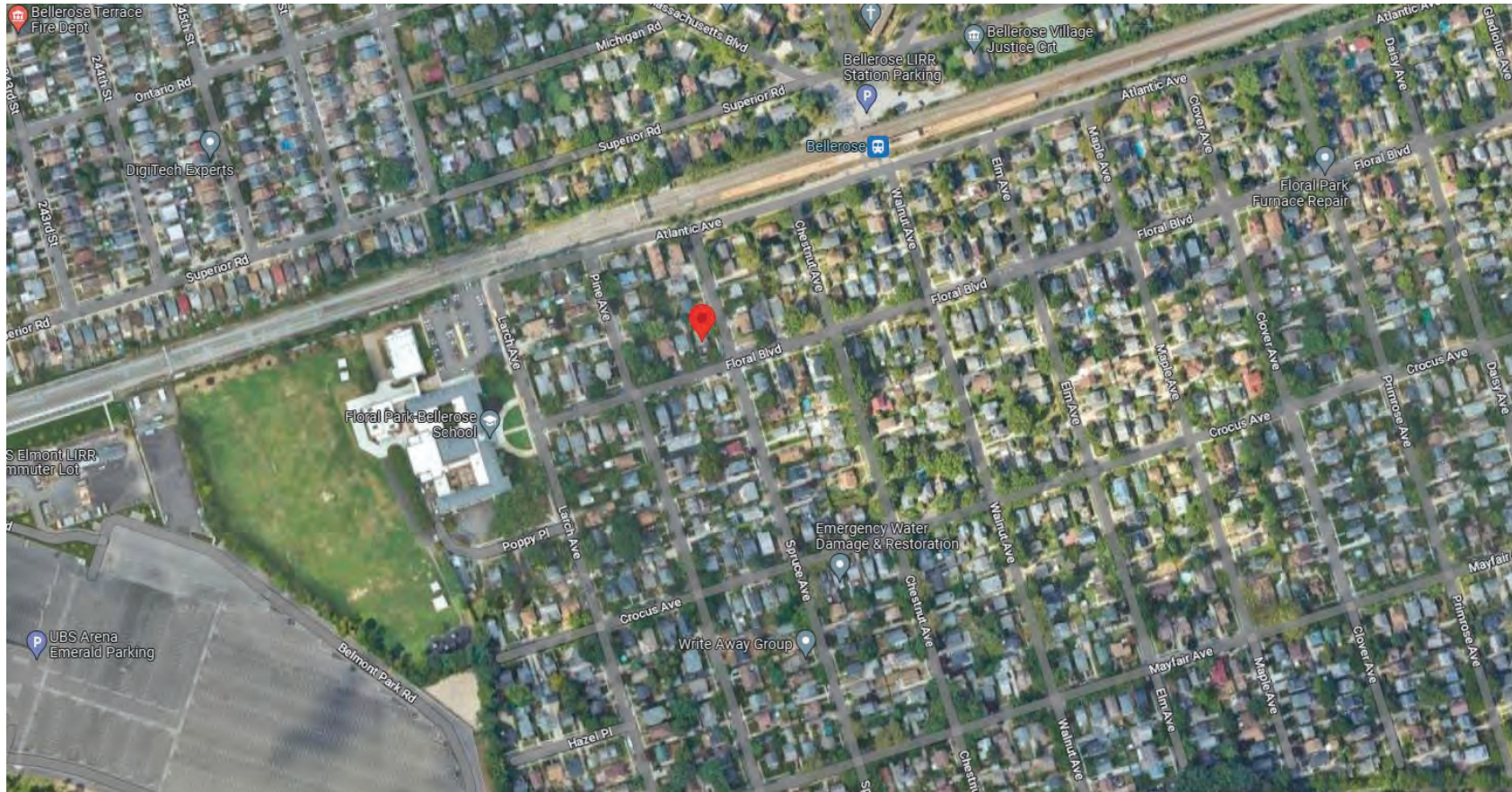
PROPOSED SEATING PLAN

SCALE:1/4"=1'-0"

Case	Building Number	Street	Sec / Blk / Lot	Owner / Applicant	Description
4	14	Spruce Avenue	32 / 138 / 308	Jennifer Reilly	Front Yard Addition



14 Spruce Avenue (Aerial View)





Incorporated Village of Floral Park - Department of Buildings
BUILDING DEPARTMENT 516-326-6319 WWW.FPVILLAGE.ORG

NOTICE OF DISAPPROVAL

04/03/2023

OWNER:
COLARUSSO, JENNIFER & REILLY, KENNETH
14 SPRUCE AVE
FLORAL PARK, NY 11001

APPLICANT:
Demetris Demetriou
5 Geranium Avenue
Floral Park, NY 11001

Please take notice that your application to: Addition and Alterations

at: 14 SPRUCE AVE Floral Park NY 11001

Section: Parcel: 32-138-308

Is hereby disapproved contrary to:

§ 99-21 (B.) Side yards. In any residence district, the side yard on the street side of a corner lot shall have a width of not less than 1/4 of the lot frontage; provided, however, that no such side yard need have a width greater than 25 feet.

Applicant proposes a vestibule addition on a corner property which results in a 10' side yard setback (street facing) where 13'6" is required.

Of the Zoning Code of the Inc. Village of Floral Park.


If you choose to file for a variance to appeal this decision, an application and instructions can be obtained from the Building Department or the Village website at <https://fpvillage.org/departments/building-department/>.

This application has not been reviewed for Building Code compliance.

Renee Marcus, AIA
Superintendent of Buildings



BOARD OF ZONING APPEALS
APPLICATION FOR VARIANCE

Property Information:			
Property Address: 14 SPRUCE AVENUE			
Business Name (If Commercial):			
Section: 32	Block: 138	Lot: 308	Zone: R-1
Existing:	<input checked="" type="checkbox"/> Single Family	<input type="checkbox"/> 2-Family	<input type="checkbox"/> Commercial/Business <input type="checkbox"/> Other:
Are there any Violations or Notices of Violations Outstanding on this Property? NO (If yes, attach copies.)			
Applicant information:		Incomplete applications will not be accepted	
Applicant Name: JENNIFER A. REILLY		Relationship of Applicant to Owner: OWNER	
Mailing Address: 14 SPRUCE AVENUE		City: FLORAL PARK	State: NY Zip: 11001
Phone Number: (917)449-2231		Email: JenniferReilly14@gmail.com	
Owner Information:			
Owner Name: JENNIFER A. REILLY			
Mailing Address: 14 SPRUCE AVENUE		City: FLORAL PARK	State: NY Zip: 11001
Phone Number:		Email: JenniferReilly14@gmail.com	
Previous Appeals: (check one)			
<input type="checkbox"/> A previous appeal has been made on this property (attach all relevant decisions)			
<input checked="" type="checkbox"/> A previous appeal has not been made on this property			
Type of Variance Applied For:			
Article 99 Section 21(B) of Code			
Variance or Relief Desired: <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Maintain (year built _____)			
PROPOSING A VESTIBULE ADDITION ON A CORNER PROPERTY WHICH RESULTS IN A 10' SIDE YARD SETBACK (STREET FACING) WHERE 13'6" IS REQUIRED.			
Reason(s) Supporting Appeal: (if necessary, submit separate attachment)			
THE PROPOSED ENCLOSED PORTICO WILL BE LIGHT / ALL GLASS & OFFER A MORE SPACIOUS ENTRY FOYER THAN THE EXSITING. THE NEW COVERED CANOPY TO THE SIDE OF THE ENCLOSURE WILL BE THE MIN. REQUIRED BY NYS. CODE "3'-0" LANDING AND THE NEW STEPS TO THE SIDE WILL BEPACF THE EXISTING THAT ARE ALREADY ENCROACING FURTHER INTO THE REQUIRED FRONT SETBACK.			
Owner Signature:			
 Signature of Property Owner			



**BOARD OF ZONING APPEALS
APPLICATION FOR VARIANCE**

Affidavit of Individual Owner:

STATE OF NEW YORK)

ss.:

COUNTY OF NASSAU)

JENNIFER A. REILLY

being duly sworn, deposes and says that (s)he is the owner of the property

described in this application and that the statements contained therein are true; that he/she is the appellant herein and he/she

authorizes **JENNIFER A. REILLY** to act as his/her agent and to make this application

Jennifer Reilly
Signature of Owner

Sworn before me this

5 day of April, 2023

Carol R. Harbajan
Notary Public

CAROL R HARBAJAN
NOTARY PUBLIC-STATE OF NEW YORK
No. 01HA6281716
Qualified in Queens County
My Commission Expires 05-13-2025

Affidavit of Corporate Owner:

STATE OF NEW YORK)

ss.:

COUNTY OF NASSAU)

_____ being duly sworn, deposes and says that (s)he is the _____

of _____ which is the owner of the property described in this application and that the

statements contained therein are true; that _____ is the appellant herein and hereby authorizes

_____ to act as his/her agent and to make this application.

Name of Corporation

By: _____
Signature and Title

Sworn before me this

_____ day of _____, 20_____

Notary Public

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
Name of Action or Project: REILLY RESIDENCE			
Project Location (describe, and attach a location map): 14 SPRUCE AVENUE			
Brief Description of Proposed Action: ADDITIONS & RENOVATION TO EXISTING ONE FAMILY RESIDENCE			
Name of Applicant or Sponsor: JENNIFER A. REILLY		Telephone: (917)449-2231	
		E-Mail: JenniferReilly14@gmail.com	
Address: 14 SPRUCE AVENUE			
City/PO: FLORAL PARK		State: NY	Zip Code: 11001
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input checked="" type="checkbox"/>
			YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:			NO <input checked="" type="checkbox"/>
			YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		0.091 acres	
b. Total acreage to be physically disturbed?		0 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		0.091 acres	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

		NO	YES	N/A
5. Is the proposed action,	a. A permitted use under the zoning regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?		NO	YES	
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?		NO	YES	
If Yes, identify: _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?		NO	YES	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	b. Are public transportation services available at or near the site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?		NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?		NO	YES	
If No, describe method for providing potable water: _____ _____		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?		NO	YES	
If No, describe method for providing wastewater treatment: _____ _____		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?		NO	YES	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?		NO	YES	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____				

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:		
<input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Will storm water discharges flow to adjacent properties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe:	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor/name: <u>JENNIFER A. REILLY</u>	Date: <u>4/5/2023</u>	
Signature: <u><i>Jennifer Reilly</i></u>	Title: <u>HOMEOWNER</u>	

**200' Radius Map
Section/Block/Lot 32-138-308
14 Spruce Avenue Floral Park, NY 11001**

Nassau County Department of Assessment



Date Completed: 4/5/2023

1 inch = 40 feet

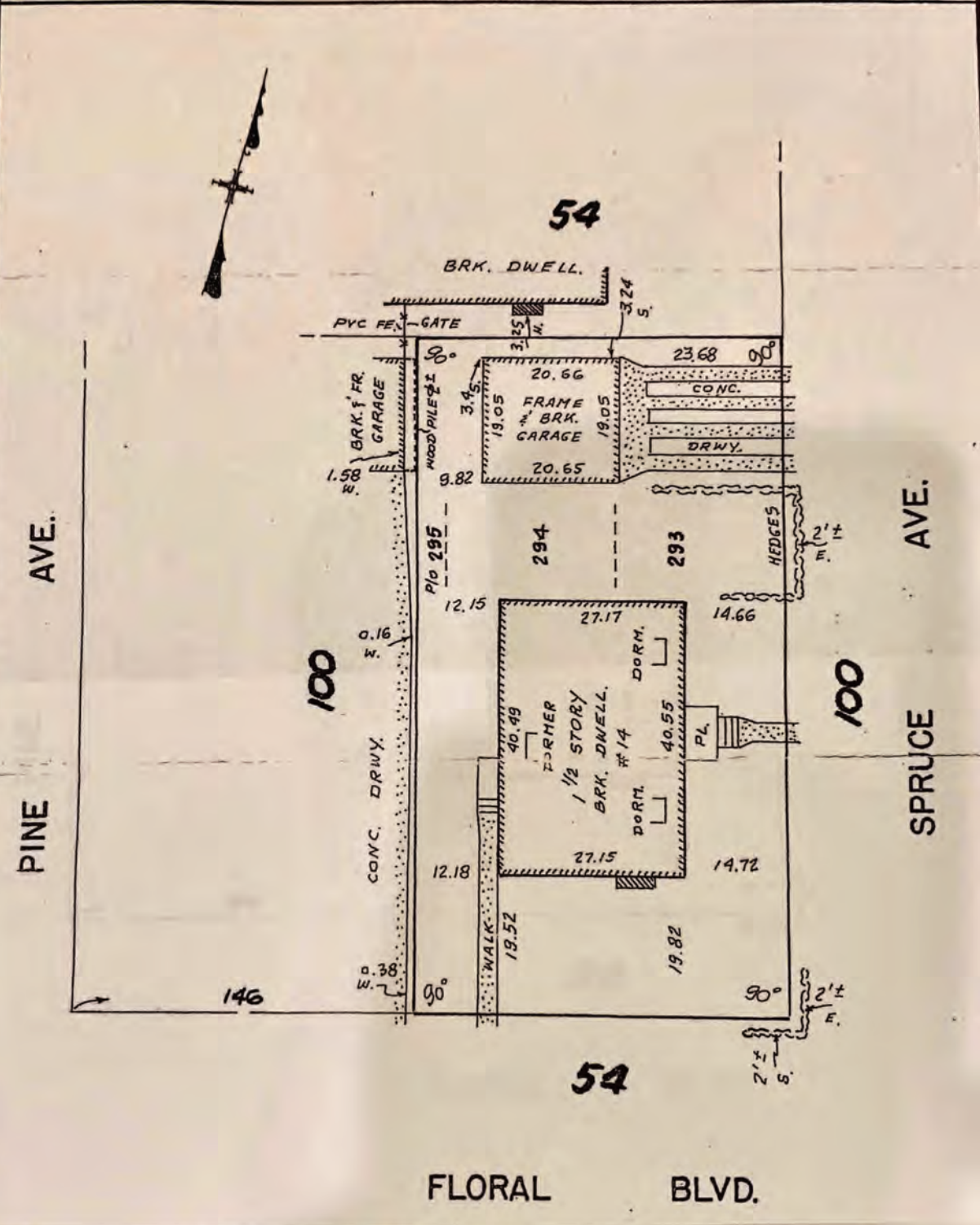
Legend

- Target_Lot 32-138-308
- 200' Radius
- outside 400'

TITLE NO. CLC 214 64N SURVEY NO. 703 - A - 138

LEGEND
 X-X-X-X-X FENCE
 ~~~~~ SHRUBS/HEDGES  
 O.H.S.W OVER HEAD SERVICE WIRES  
 † ON LINE

UNAUTHORIZED ALTERATIONS OR ADDITIONS TO THIS SURVEY IS A VIOLATION OF SEC. 7209 OF THE N.Y.S. EDUCATIONAL LAW. COPIES OF THIS SURVEY NOT BEARING THE SURVEYOR'S INKED OR EMBOSSED SEAL SHALL NOT BE CONSIDERED TO BE A VALID TRUE COPY. SURVEYS ARE INTENDED FOR TITLE PURPOSES ONLY. OFFSETS OF BUILDINGS AND OTHER POSSESSIONS ARE NOT TO BE USED FOR CONSTRUCTION OR DESIGN PURPOSES. SUBSURFACE CONDITIONS ARE NOT SHOWN. RIGHT OF WAY OF RECORD IF ANY, NOT SHOWN. GUARANTEES INDICATED HEREON ARE NOT TRANSFERABLE.



TAX SEC. -32, BLK. -138, LOT-308

**Peter J. Brabazon PLS, PC**  
**Professional Land Surveyor**  
 430 W. Old Country Rd, Hicksville N.Y. 11801  
 Phone: (516)822-5111 Fax: (516)822-4395  
 www.BrabazonSurveying.com

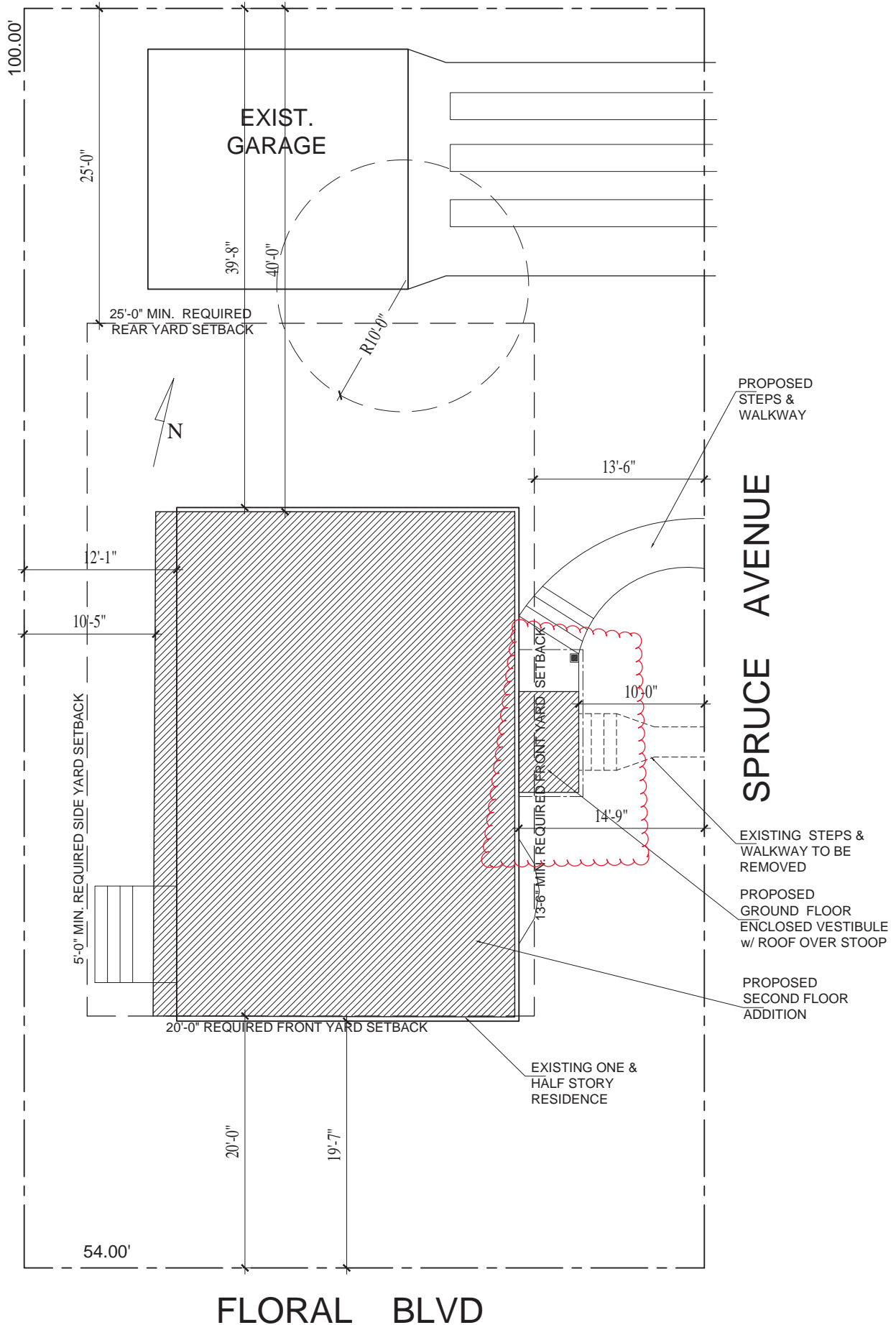
*P. J. Brabazon*

Successor to:  
 KENNETH S. O'BRIEN - BALDWIN & CORNELIUS - PETER & WALTER KEMPA - FREDERICK W. KAHLER - GEORGE H. WALBRIDGE CO. (W. SUFFOLK) - PETER L. PFLEIDERER JR. - ARTHUR W. LEACH - H.F. BISHOP - ROBERT D. JONES (NASSAU) - SHAH ASSOCIATES - JULIUS JARGSTORFF - MURRETT H. DELORME - WILLIAM H. SEAMAN - JEFFREY J. ROBERTSON - H.A. SCHMELAU - IVAN E. CZPOTT - C.A. MONROE - KAHLER & PYNCHON - SMITH & MALCOMSON - ALBERT L. LOEFFLER - WILLIAM S. ALCH - BIRDSALL JACKSON

SURVEY OF PROPERTY AT: **FLORAL PARK**  
 MAP: NO ONE OF THE ROSE PROPERTY AT FLORAL PARK  
 SECTION: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT(S): 293, 294, Plo 295  
 FILED: 04.29.1893 QUEENS CASE No: 232 QUEENS 134 NASSAU  
 MAP No: \_\_\_\_\_ COUNTY: NASSAU

GUARANTEED TO: Stewart Title Insurance Company  
 CLASS ABSTRACT SERVICES, INC.  
 Jennifer Calaruso  
 Kenneth Reilly

SURVEY DATE: 11.10.2011



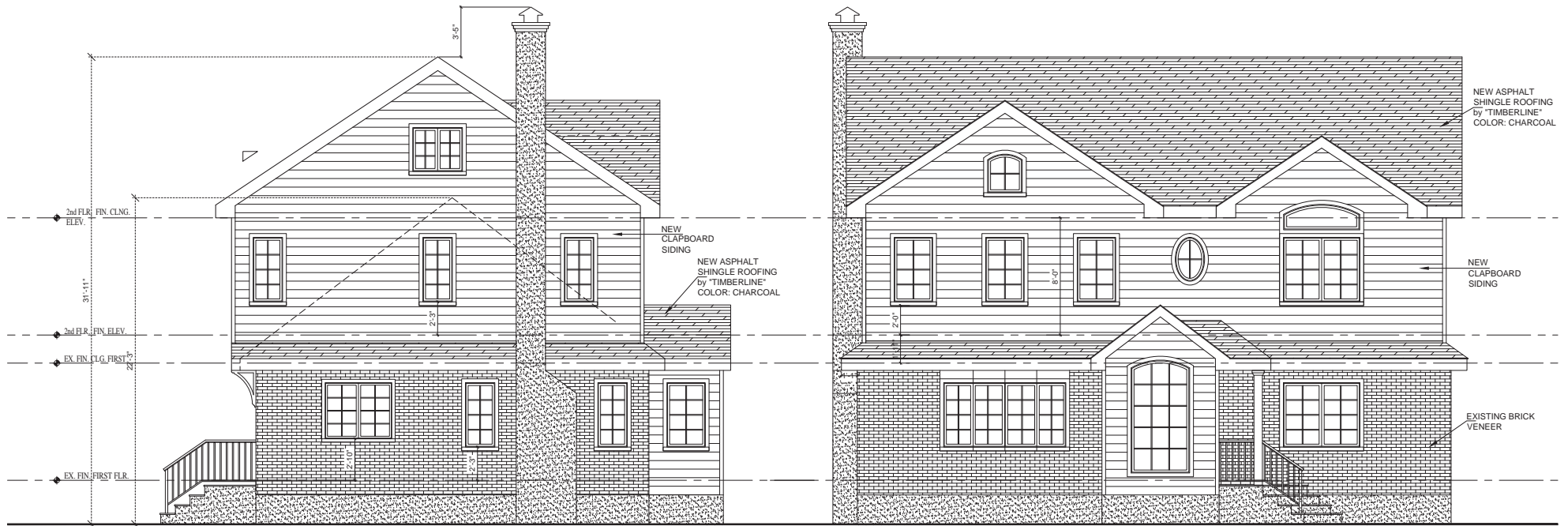
# SITE PLAN

SCALE: 3/16" = 1'-0"

SITE PLAN INFORMATION TAKEN FROM SURVEY DRAWN  
by LIC. SURVEYOR PETER J. BRABAZON, DATED: 11-10-2011





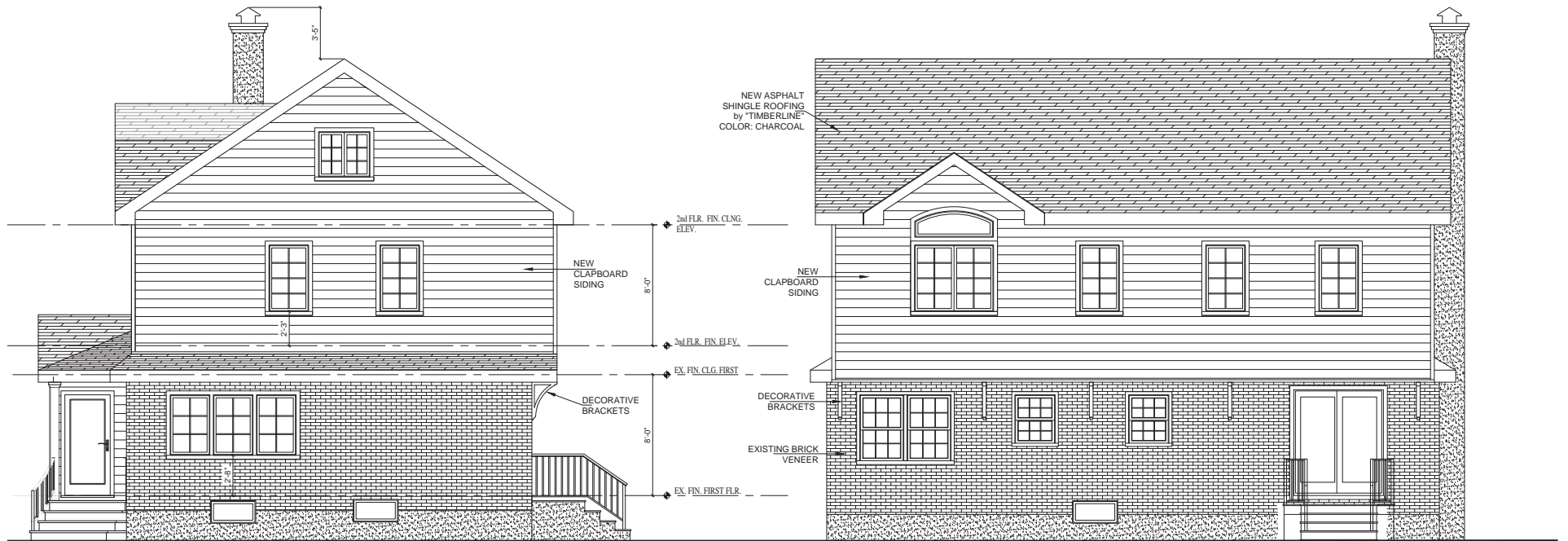


LEFT SIDE (S) ELEVATION

SCALE:  $\frac{1}{2}''=1'-0''$

FRONT (E) ELEVATION

SCALE:  $\frac{1}{2}''=1'-0''$



RIGHT SIDE (N) ELEVATION

SCALE:  $\frac{1}{2}''=1'-0''$

REAR (W) ELEVATION

SCALE:  $\frac{1}{2}''=1'-0''$



| Case | Building Number | Street           | Sec / Blk / Lot | Owner / Applicant | Description          |
|------|-----------------|------------------|-----------------|-------------------|----------------------|
| 5    | 130             | Hawthorne Avenue | 8 / 93 / 8-9    | Matthew Wilson    | Maintain Ductless AC |











**Department of Buildings**  
**NOTICE OF DISAPPROVAL**

Date: 12.13.22

To: Matthew Wilson

Please take notice that your application to: Maintain Two Ductless Split Air Conditioning Units  
at: 130 Hawthorne Avenue

Section: 8                      Block: 93                      Lot(s): 8

Is hereby disapproved contrary to the Zoning Code of the Inc. Village of Floral Park:

*§ 99-24 (F) (1) No part of any freestanding heating, cooling, pumping, filtering, generating or other type of equipment or device shall be located in any front or side yard, or within 20 feet of any rear lot line, except that freestanding heating and cooling equipment may be located in the side yard, provided that it is not located forward of the front line of the house or closer than 20' from the front lot line whichever is farther, and closer than 5 feet from the side lot line.*

The applicant proposed to maintain 2 units that are approximately 27" from the side property line.

If you choose to file for a variance to appeal this decision, an application and instructions can be obtained from the Building Department or Village website: [fvillage.org/departments/building-department/](http://fvillage.org/departments/building-department/) .

This application has not been reviewed for Building Code compliance.


---

Renee Marcus, AIA  
Superintendent of Buildings



**BOARD OF ZONING APPEALS  
APPLICATION FOR VARIANCE**



|                                                                                                                              |                                                   |                                              |                                                                              |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------|
| <b>Property Information:</b>                                                                                                 |                                                   |                                              |                                                                              |
| Property Address: 130 hawthorne ave                                                                                          |                                                   |                                              |                                                                              |
| Business Name (If Commercial):                                                                                               |                                                   |                                              |                                                                              |
| Section: 8                                                                                                                   | Block: 93                                         | Lot: 8-9                                     | Zone:                                                                        |
| Existing:                                                                                                                    | <input checked="" type="checkbox"/> Single Family | <input type="checkbox"/> 2-Family            | <input type="checkbox"/> Commercial/Business <input type="checkbox"/> Other: |
| Are there any Violations or Notices of Violations Outstanding on this Property?                                              |                                                   | (If yes, attach copies.)                     |                                                                              |
| <b>Applicant information:</b>                                                                                                |                                                   | Incomplete applications will not be accepted |                                                                              |
| Applicant Name: matthew wilson                                                                                               |                                                   | Relationship of Applicant to Owner: owner    |                                                                              |
| Mailing Address: 130 hawthorne ave                                                                                           |                                                   | City: floral park                            | State: ny Zip: 11001                                                         |
| Phone Number: 9178380571                                                                                                     |                                                   | Email: matthewdwilson@aol.com                |                                                                              |
| <b>Owner Information:</b>                                                                                                    |                                                   |                                              |                                                                              |
| Owner Name: matthew wilson                                                                                                   |                                                   |                                              |                                                                              |
| Mailing Address: 130 hawthorne ave                                                                                           |                                                   | City: floral park                            | State: ny Zip: 11001                                                         |
| Phone Number:                                                                                                                |                                                   | Email: matthewdwilson@aol.com                |                                                                              |
| <b>Previous Appeals:</b> (check one)                                                                                         |                                                   |                                              |                                                                              |
| <input type="checkbox"/> A previous appeal has been made on this property (attach all relevant decisions)                    |                                                   |                                              |                                                                              |
| <input checked="" type="checkbox"/> A previous appeal has not been made on this property                                     |                                                   |                                              |                                                                              |
| <b>Type of Variance Applied For:</b>                                                                                         |                                                   |                                              |                                                                              |
| Article <u>99</u> Section <u>24</u> of Code                                                                                  |                                                   |                                              |                                                                              |
| <b>Variance or Relief Desired:</b>                                                                                           |                                                   | <input type="checkbox"/> Proposed            | <input checked="" type="checkbox"/> Maintain (year built <u>2018</u> )       |
|                                                                                                                              |                                                   |                                              |                                                                              |
|                                                                                                                              |                                                   |                                              |                                                                              |
| <b>Reason(s) Supporting Appeal:</b> (if necessary, submit separate attachment)                                               |                                                   |                                              |                                                                              |
|                                                                                                                              |                                                   |                                              |                                                                              |
|                                                                                                                              |                                                   |                                              |                                                                              |
| <b>Owner Signature:</b>                                                                                                      |                                                   |                                              |                                                                              |
| <br>_____<br>Signature of Property Owner |                                                   |                                              |                                                                              |





**BOARD OF ZONING APPEALS  
APPLICATION FOR VARIANCE**

**Affidavit of Individual Owner:**

STATE OF NEW YORK )

ss.:

COUNTY OF NASSAU

Matthew Berk being duly sworn, deposes and says that (s)he is the owner of the property described in this application and that the statements contained therein are true; that he/she is the appellant herein and he/she authorizes \_\_\_\_\_ to act as his/her agent and to make this application

[Signature]  
Signature of Owner

Sworn before me this  
30th day of Jan, 20 23

Lucille Langone  
Notary Public

**LUCILLE LANGONE**  
Notary Public, State of New York  
No. 01LA6083835  
Qualified in Nassau County  
Commission Expires 11/25/20 26

**Affidavit of Corporate Owner:**

STATE OF NEW YORK )

ss.:

COUNTY OF NASSAU )

\_\_\_\_\_ being duly sworn, deposes and says that (s)he is the \_\_\_\_\_ of \_\_\_\_\_ which is the owner of the property described in this application and that the statements contained therein are true; that \_\_\_\_\_ is the appellant herein and hereby authorizes \_\_\_\_\_ to act as his/her agent and to make this application.

\_\_\_\_\_  
Name of Corporation

By: \_\_\_\_\_  
Signature and Title

Sworn before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public







**BOARD OF ZONING APPEALS**  
**APPLICATION FOR VARIANCE**

**Affidavit of Corporate Owner (continued) Answer all applicable questions:**

7. There is no lease presently in existence covering all or any part of the premises described in the application for variance, except as follows. A copy of said contract is attached hereto and made a part hereof.

Lease Dated: \_\_\_\_\_

Lease Expires: \_\_\_\_\_

Name of Lessee: \_\_\_\_\_

Home Address: \_\_\_\_\_

(If corporation, list names and home addresses of officers and all stockholders, including percentage of each ownership)

(Note: if more than four (4) leases, and none are for a commercial use except for Home Professional Office [as defined in Article II of the Zoning Ordinance of the Incorporated Village of Floral Park], only list number of lessees. Otherwise, all are to be listed, showing type of occupancy with copies of all leases attached.)

8. There are no other persona, firms, partnerships, organizations or corporations, except as herein mentioned, or in the application for variance, who have or may have any financial or monetary interest in the premises described in the application for variance or in said application for variance, except: \_\_\_\_\_

(If none, so state. Otherwise, state names and home addresses. If corporation, list names and home addresses of officers and all stockholders, including percentage of each ownership)

9. In connection with the application for variance, I firmly swear that I have not paid, nor have I promised to pay, or have I made, or promised to make, any gift to any person who is employed by the Incorporated Village of Floral Park, or any elected or appointed official thereof, or to any member of his/her family.

10. I also swear and agree as part of the application for variance and as part of this affidavit, to file, within forty-eight (48) hours after a change of ownership prior to the issuance of a certification of completion, an affidavit embodying the following:

- a. Name and home address of each new owner (if corporation, list names and home addresses of officers and all stockholders, including percentage of each ownership)
- b. A statement indicating that negotiations were not commenced until after the filing of the application for variance and this affidavit.
- c. A reaffirmation of paragraph 9.

\_\_\_\_\_  
Signature

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

# Short Environmental Assessment Form

## Part 1 - Project Information

### Instructions for Completing


**Part 1 – Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

|                                                                                                                                                                                                                                                                                                                                                      |  |                                      |                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|--------------------------------------------|
| <b>Part 1 – Project and Sponsor Information</b>                                                                                                                                                                                                                                                                                                      |  |                                      |                                            |
| <i>Matthew Wilson</i>                                                                                                                                                                                                                                                                                                                                |  |                                      |                                            |
| Name of Action or Project:<br><i>Maintain Ductless A/C</i>                                                                                                                                                                                                                                                                                           |  |                                      |                                            |
| Project Location (describe, and attach a location map):<br><i>130 Hawthorne Ave Floral Park NY 11001</i>                                                                                                                                                                                                                                             |  |                                      |                                            |
| Brief Description of Proposed Action:<br><i>Maintain Ductless A/C</i>                                                                                                                                                                                                                                                                                |  |                                      |                                            |
| Name of Applicant or Sponsor:<br><i>Matthew Wilson</i>                                                                                                                                                                                                                                                                                               |  | Telephone: <i>917 838 0571</i>       |                                            |
|                                                                                                                                                                                                                                                                                                                                                      |  | E-Mail: <i>MatthewWilson@aol.com</i> |                                            |
| Address:<br><i>130 Hawthorne Ave</i>                                                                                                                                                                                                                                                                                                                 |  |                                      |                                            |
| City/PO:<br><i>Floral Park</i>                                                                                                                                                                                                                                                                                                                       |  | State: <i>NY</i>                     | Zip Code:<br><i>11001</i>                  |
| 1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?<br>If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2. |  |                                      | NO<br><input checked="" type="checkbox"/>  |
|                                                                                                                                                                                                                                                                                                                                                      |  |                                      | YES<br><input type="checkbox"/>            |
| 2. Does the proposed action require a permit, approval or funding from any other government Agency?<br>If Yes, list agency(s) name and permit or approval:                                                                                                                                                                                           |  |                                      | NO<br><input type="checkbox"/>             |
|                                                                                                                                                                                                                                                                                                                                                      |  |                                      | YES<br><input checked="" type="checkbox"/> |
| 3. a. Total acreage of the site of the proposed action? _____ acres                                                                                                                                                                                                                                                                                  |  |                                      |                                            |
| b. Total acreage to be physically disturbed? _____ acres                                                                                                                                                                                                                                                                                             |  |                                      |                                            |
| c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres                                                                                                                                                                                                                   |  |                                      |                                            |
| 4. Check all land uses that occur on, are adjoining or near the proposed action:                                                                                                                                                                                                                                                                     |  |                                      |                                            |
| <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)                                                                                                                                   |  |                                      |                                            |
| <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):                                                                                                                                                                                                       |  |                                      |                                            |
| <input type="checkbox"/> Parkland                                                                                                                                                                                                                                                                                                                    |  |                                      |                                            |



| 5. Is the proposed action,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NO                                                                                                                      | YES                                                                                     | N/A                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------|
| a. A permitted use under the zoning regulations?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                | <input checked="" type="checkbox"/>                                                     | <input type="checkbox"/> |
| b. Consistent with the adopted comprehensive plan?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                | <input checked="" type="checkbox"/>                                                     | <input type="checkbox"/> |
| 6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NO<br><input type="checkbox"/>                                                                                          | YES<br><input type="checkbox"/>                                                         |                          |
| 7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?<br>If Yes, identify: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NO<br><input checked="" type="checkbox"/>                                                                               | YES<br><input type="checkbox"/>                                                         |                          |
| 8. a. Will the proposed action result in a substantial increase in traffic above present levels?<br>b. Are public transportation services available at or near the site of the proposed action?<br>c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?                                                                                                                                                                                                                                                                                                 | NO<br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/> | YES<br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |                          |
| 9. Does the proposed action meet or exceed the state energy code requirements?<br>If the proposed action will exceed requirements, describe design features and technologies:<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                 | NO<br><input type="checkbox"/>                                                                                          | YES<br><input checked="" type="checkbox"/>                                              |                          |
| 10. Will the proposed action connect to an existing public/private water supply?<br>If No, describe method for providing potable water: _____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NO<br><input checked="" type="checkbox"/>                                                                               | YES<br><input type="checkbox"/>                                                         |                          |
| 11. Will the proposed action connect to existing wastewater utilities?<br>If No, describe method for providing wastewater treatment: _____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NO<br><input checked="" type="checkbox"/>                                                                               | YES<br><input type="checkbox"/>                                                         |                          |
| 12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?<br><br>b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory? | NO<br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/>                                        | YES<br><input type="checkbox"/><br><input type="checkbox"/>                             |                          |
| 13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?<br>b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?<br>If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____<br>_____<br>_____                                                                                                                                                                                         | NO<br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/>                                        | YES<br><input type="checkbox"/><br><input type="checkbox"/>                             |                          |

|                                                                                                                                                                                                                                                                                                   |                                     |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| 14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:                                                                                                                                                                        |                                     |                          |
| <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional<br><input type="checkbox"/> Wetland <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Suburban               |                                     |                          |
| 15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?                                                                                                                            | NO                                  | YES                      |
|                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Is the project site located in the 100-year flood plan?                                                                                                                                                                                                                                       | NO                                  | YES                      |
|                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17. Will the proposed action create storm water discharge, either from point or non-point sources?                                                                                                                                                                                                | NO                                  | YES                      |
| If Yes,                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| a. Will storm water discharges flow to adjacent properties?                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If Yes, briefly describe:<br>_____<br>_____                                                                                                                                                                                                                                                       |                                     |                          |
| 18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)?                                                                                                                   | NO                                  | YES                      |
| If Yes, explain the purpose and size of the impoundment:<br>_____<br>_____                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?                                                                                                                                                        | NO                                  | YES                      |
| If Yes, describe:<br>_____<br>_____                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?                                                                                                                                                      | NO                                  | YES                      |
| If Yes, describe:<br>_____<br>_____                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b><br>Applicant/sponsor/name: <u>Matthew Witsen</u> Date: <u>1/30/23</u><br>Signature: <u></u> Title: _____ |                                     |                          |



Project: Date: 

***Short Environmental Assessment Form  
Part 2 - Impact Assessment***

**Part 2 is to be completed by the Lead Agency.**

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

|                                                                                                                                                                            | No, or<br>small<br>impact<br>may<br>occur | Moderate<br>to large<br>impact<br>may<br>occur |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------|
| 1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?                                                                | <input type="checkbox"/>                  | <input type="checkbox"/>                       |
| 2. Will the proposed action result in a change in the use or intensity of use of land?                                                                                     | <input type="checkbox"/>                  | <input type="checkbox"/>                       |
| 3. Will the proposed action impair the character or quality of the existing community?                                                                                     | <input type="checkbox"/>                  | <input type="checkbox"/>                       |
| 4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?                      | <input type="checkbox"/>                  | <input type="checkbox"/>                       |
| 5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?            | <input type="checkbox"/>                  | <input type="checkbox"/>                       |
| 6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities? | <input type="checkbox"/>                  | <input type="checkbox"/>                       |
| 7. Will the proposed action impact existing:                                                                                                                               | <input type="checkbox"/>                  | <input type="checkbox"/>                       |
| a. public / private water supplies?                                                                                                                                        | <input type="checkbox"/>                  | <input type="checkbox"/>                       |
| b. public / private wastewater treatment utilities?                                                                                                                        | <input type="checkbox"/>                  | <input type="checkbox"/>                       |
| 8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?                                   | <input type="checkbox"/>                  | <input type="checkbox"/>                       |
| 9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?                     | <input type="checkbox"/>                  | <input type="checkbox"/>                       |
| 10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?                                                            | <input type="checkbox"/>                  | <input type="checkbox"/>                       |
| 11. Will the proposed action create a hazard to environmental resources or human health?                                                                                   | <input type="checkbox"/>                  | <input type="checkbox"/>                       |

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

**Short Environmental Assessment Form  
 Part 3 Determination of Significance**

For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

- Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
- 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.

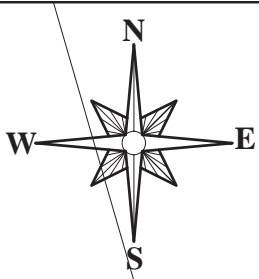
\_\_\_\_\_ Name of Lead Agency \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ 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) \_\_\_\_\_

**PRINT FORM**

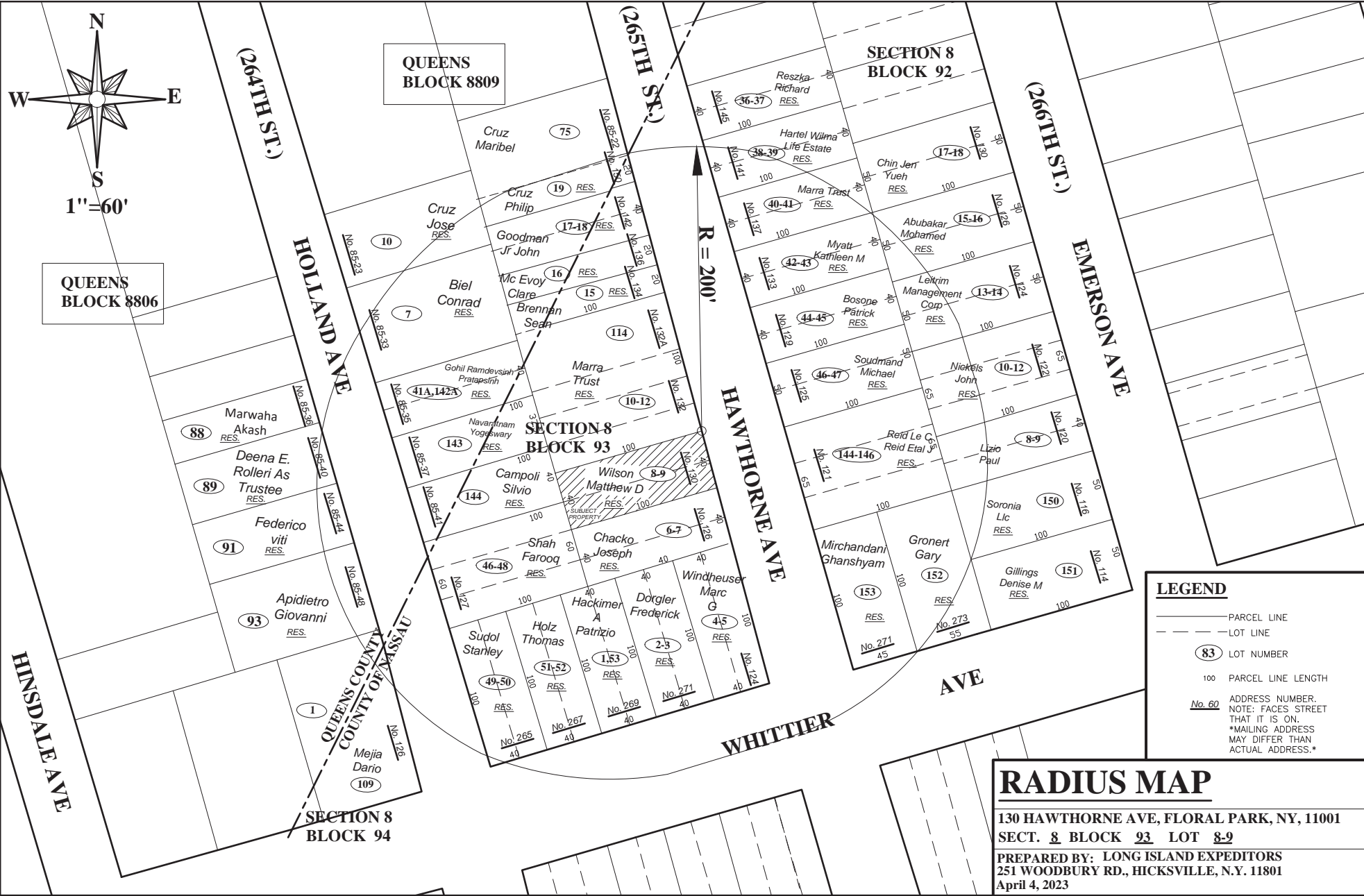




1"=60'

QUEENS  
BLOCK 8806

QUEENS  
BLOCK 8809



**LEGEND**

- PARCEL LINE
- - - LOT LINE
- (83) LOT NUMBER
- 100 PARCEL LINE LENGTH
- No. 60 ADDRESS NUMBER.  
NOTE: FACES STREET THAT IT IS ON.  
\*MAILING ADDRESS MAY DIFFER THAN ACTUAL ADDRESS.\*

**RADIUS MAP**

130 HAWTHORNE AVE, FLORAL PARK, NY, 11001  
 SECT. 8 BLOCK 93 LOT 8-9

PREPARED BY: LONG ISLAND EXPEDITORS  
 251 WOODBURY RD., HICKSVILLE, N.Y. 11801  
 April 4, 2023

## DOB

---

**From:** Matthew Wilson <matthewdwilson@aol.com>  
**Sent:** Thursday, December 1, 2022 4:24 PM  
**To:** DOB  
**Subject:** [EXTERNAL] Re Wilson 130 Hawthorne ave

Units are 6" from rear of structure  
20" off the ground  
27" from retaining wall and separated by 8"













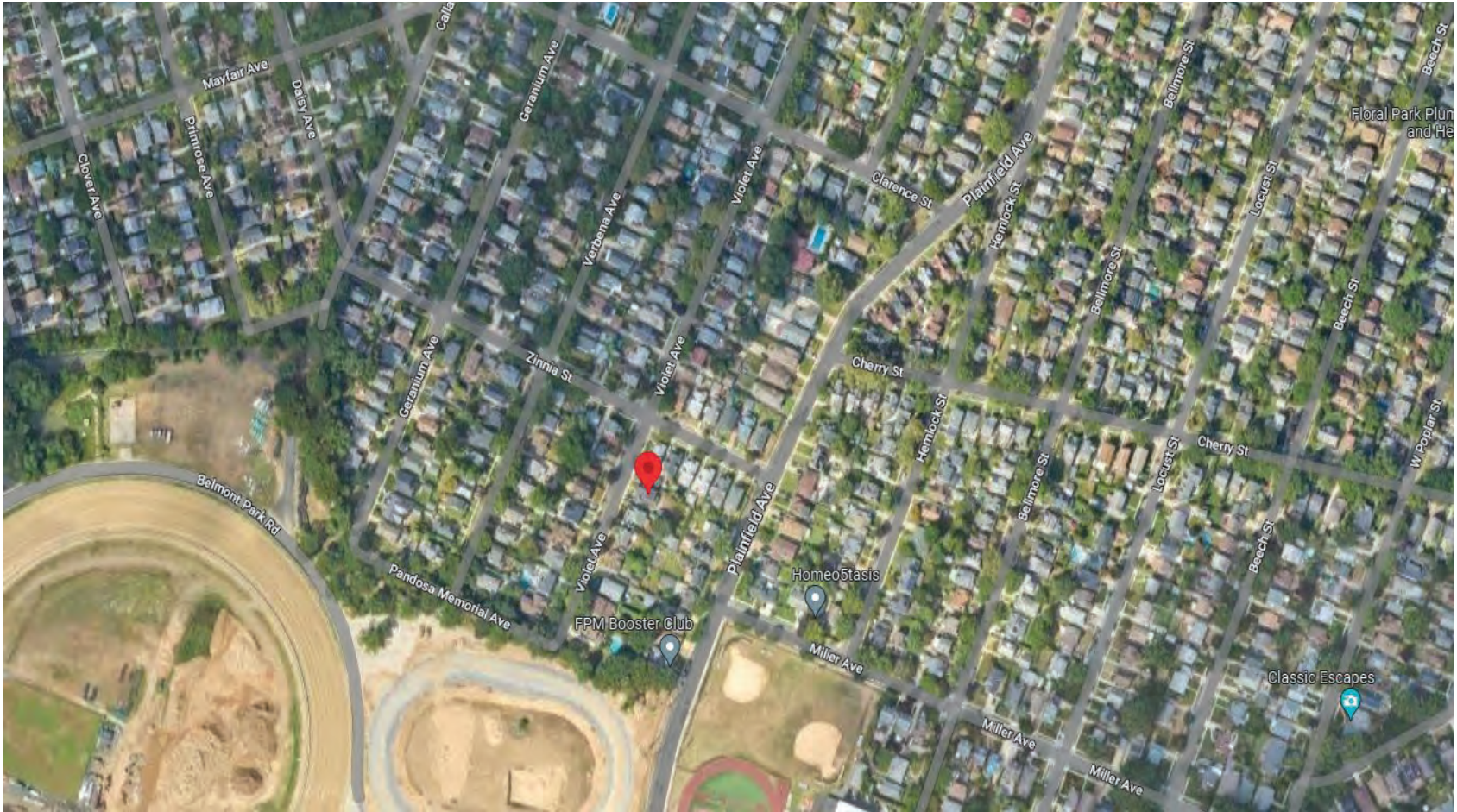


| Case | Building Number | Street        | Sec / Blk / Lot    | Owner / Applicant | Description                                      |
|------|-----------------|---------------|--------------------|-------------------|--------------------------------------------------|
| 6    | 231             | Violet Avenue | 32 / 197 / 106-107 | Peggyanne Hecker  | Encroachment of Proposed Portico into Front Yard |





# 231 Violet Avenue (Aerial View)





**Department of Buildings**  
**NOTICE OF DISAPPROVAL**

Date: 12.13.22

To: Nicholas Feihel, RA, Applicant

Please take notice that your application to: Construct an Entry Portico in the Front Yard.

at: 231 Violet Avenue

Section: 32 Block: 197 Lot(s): 106-107 Zone: R-1

Is hereby disapproved contrary to the Zoning Code of the Inc. Village of Floral Park:

*§ 99-21 E. (4) Cover over front steps only (not over a porch or other place or area), provided that such cover shall conform in architecture and in material to the existing building and further provided that said cover shall not project laterally beyond the maximum extent of the top of the existing front steps and in no event shall extend more than four feet from the face of the building, nor be greater than six feet in width.*

*The proposed portico is shown at 9.83' x 4.25' therefore larger than the allowable encroachment.*

If you choose to file for a variance to appeal this decision, an application and instructions can be obtained from the Building Department or the Village website at [fpvillage.org/departments/building-department/](http://fpvillage.org/departments/building-department/)

This application has not been reviewed for Building Code compliance.

---

Renee Marcus, AIA  
Superintendent of Buildings





**BOARD OF ZONING APPEALS**  
**APPLICATION FOR VARIANCE**

MAR 27 2023

**Property Information:**

Property Address: 231 Violet Avenue

Business Name (If Commercial):

Section: 32 Block: 197 Lot: 106-107 Zone: R-1

Existing:  Single Family  2-Family  Commercial/Business  Other:

Are there any Violations or Notices of Violations Outstanding on this Property? No (If yes, attach copies.)

**Applicant information:**

Incomplete applications will not be accepted

Applicant Name: Nicholas Feihel Relationship of Applicant to Owner: Architect

Mailing Address: 58 Lexington Avenue City: Malverne State: NY Zip: 11565

Phone Number: 516-509-1869 Email: nick@feihel.com

**Owner Information:**

Owner Name: Peggyanne Hecker

Mailing Address: 231 Violet Avenue City: Floral Park State: NY Zip: 11001

Phone Number: (516) 437-2487 Email: 516-238-5626 (CELL)

**Previous Appeals:** (check one)

A previous appeal has been made on this property (attach all relevant decisions)

A previous appeal has not been made on this property

**Type of Variance Applied For:**

Article 99 Section 21 of Code

**Variance or Relief Desired:**  Proposed  Maintain (year built \_\_\_\_\_)

Encroachment of proposed 9.83' x 4.25' portico into required front yard.

**Reason(s) Supporting Appeal:** (if necessary, submit separate attachment)

Proposed portico to be built over existing step, extend existing roof line, and utilize existing masonry piers for column support.

**Owner Signature:**

  
Signature of Property Owner



**BOARD OF ZONING APPEALS  
APPLICATION FOR VARIANCE**

**Affidavit of Individual Owner:**

STATE OF NEW YORK )

ss.:

COUNTY OF NASSAU )

PEGGYANNE M. MECKER being duly sworn, deposes and says that (s)he is the owner of the property described in this application and that the statements contained therein are true; that he/she is the appellant herein and he/she authorizes Nicholas Feihel to act as his/her agent and to make this application

Peggyanne M. Mecker  
Signature of Owner

Sworn before me this

16<sup>TH</sup> day of February, 2023

Marilyn Heller  
Notary Public

MARILYN HELLER  
NOTARY PUBLIC, STATE OF NEW YORK  
Registration No. 02HE4982212  
Qualified in Queens County  
My Commission Expires MAY 28, 2023

**Affidavit of Corporate Owner:**

STATE OF NEW YORK )

ss.:

COUNTY OF NASSAU )

\_\_\_\_\_ being duly sworn, deposes and says that (s)he is the \_\_\_\_\_ of \_\_\_\_\_ which is the owner of the property described in this application and that the statements contained therein are true; that \_\_\_\_\_ is the appellant herein and hereby authorizes \_\_\_\_\_ to act as his/her agent and to make this application.

\_\_\_\_\_  
Name of Corporation

By: \_\_\_\_\_  
Signature and Title

Sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public







**BOARD OF ZONING APPEALS**  
**APPLICATION FOR VARIANCE**

**Affidavit of Corporate Owner (continued) Answer all applicable questions:**

7. There is no lease presently in existence covering all or any part of the premises described in the application for variance, except as follows. A copy of said contract is attached hereto and made a part hereof.

Lease Dated: \_\_\_\_\_

Lease Expires: \_\_\_\_\_

Name of Lessee: \_\_\_\_\_

Home Address: \_\_\_\_\_

(If corporation, list names and home addresses of officers and all stockholders, including percentage of each ownership)

(Note: if more than four (4) leases, and none are for a commercial use except for Home Professional Office [as defined in Article II of the Zoning Ordinance of the Incorporated Village of Floral Park], only list number of lessees. Otherwise, all are to be listed, showing type of occupancy with copies of all leases attached.)

8. There are no other persons, firms, partnerships, organizations or corporations, except as herein mentioned, or in the application for variance, who have or may have any financial or monetary interest in the premises described in the application for variance or in said application for variance, except: \_\_\_\_\_

(If none, so state. Otherwise, state names and home addresses. If corporation, list names and home addresses of officers and all stockholders, including percentage of each ownership)

9. In connection with the application for variance, I firmly swear that I have not paid, nor have I promised to pay, or have I made, or promised to make, any gift to any person who is employed by the Incorporated Village of Floral Park, or any elected or appointed official thereof, or to any member of his/her family.

10. I also swear and agree as part of the application for variance and as part of this affidavit, to file, within forty-eight (48) hours after a change of ownership prior to the issuance of a certification of completion, an affidavit embodying the following:

- a. Name and home address of each new owner (if corporation, list names and home addresses of officers and all stockholders, including percentage of each ownership)
- b. A statement indicating that negotiations were not commenced until after the filing of the application for variance and this affidavit.
- c. A reaffirmation of paragraph 9.

\_\_\_\_\_  
Signature

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public



# Short Environmental Assessment Form

## Part 1 - Project Information

### Instructions for Completing

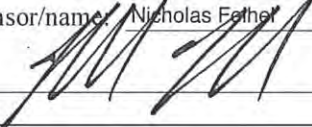
**Part 1 – Project Information** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

| <b>Part 1 – Project and Sponsor Information</b>                                                                                                                                                                    |  |                                                        |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|--------------------|
| Name of Action or Project:<br>Hecker Residence                                                                                                                                                                     |  |                                                        |                    |
| Project Location (describe, and attach a location map):<br>231 Violet Avenue, Floral Park, NY 11001                                                                                                                |  |                                                        |                    |
| Brief Description of Proposed Action:<br>Proposed portico over existing masonry step.                                                                                                                              |  |                                                        |                    |
| Name of Applicant or Sponsor:<br><br>Nicholas Feihel                                                                                                                                                               |  | Telephone: 516-509-1869<br><br>E-Mail: nick@feihel.com |                    |
| Address:<br>58 Lexington Avenue                                                                                                                                                                                    |  |                                                        |                    |
| City/PO:<br>Malverne                                                                                                                                                                                               |  | State:<br>NY                                           | Zip Code:<br>11565 |
| 1. <u>Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?</u>                                                                      |  |                                                        | NO                 |
| If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.         |  |                                                        | YES                |
| 2. <u>Does the proposed action require a permit, approval or funding from any other government Agency?</u>                                                                                                         |  |                                                        | NO                 |
| If Yes, list agency(s) name and permit or approval:                                                                                                                                                                |  |                                                        | YES                |
| 3. a. <u>Total acreage of the site of the proposed action?</u> _____ 0.17 acres                                                                                                                                    |  |                                                        |                    |
| b. <u>Total acreage to be physically disturbed?</u> _____ -- acres                                                                                                                                                 |  |                                                        |                    |
| c. <u>Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?</u> _____ -- acres                                                                       |  |                                                        |                    |
| 4. <u>Check all land uses that occur on, are adjoining or near the proposed action:</u>                                                                                                                            |  |                                                        |                    |
| <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban) |  |                                                        |                    |
| <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):                                                                     |  |                                                        |                    |
| <input type="checkbox"/> Parkland                                                                                                                                                                                  |  |                                                        |                    |

| 5. Is the proposed action,                                                                                                                                                                                                                                                                                                                                                           |                                                        | NO                                  | YES                                 | N/A                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| a.                                                                                                                                                                                                                                                                                                                                                                                   | <u>A permitted use under the zoning regulations?</u>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| b.                                                                                                                                                                                                                                                                                                                                                                                   | <u>Consistent with the adopted comprehensive plan?</u> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. <u>Is the proposed action consistent with the predominant character of the existing built or natural landscape?</u>                                                                                                                                                                                                                                                               |                                                        |                                     | NO                                  | YES                                 |
|                                                                                                                                                                                                                                                                                                                                                                                      |                                                        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7. <u>Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?</u>                                                                                                                                                                                                                                                              |                                                        |                                     | NO                                  | YES                                 |
| If Yes, identify: _____                                                                                                                                                                                                                                                                                                                                                              |                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8. a. <u>Will the proposed action result in a substantial increase in traffic above present levels?</u>                                                                                                                                                                                                                                                                              |                                                        |                                     | NO                                  | YES                                 |
|                                                                                                                                                                                                                                                                                                                                                                                      |                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| b. Are public transportation services available at or near the site of the proposed action?                                                                                                                                                                                                                                                                                          |                                                        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?                                                                                                                                                                                                                                                                         |                                                        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9. <u>Does the proposed action meet or exceed the state energy code requirements?</u>                                                                                                                                                                                                                                                                                                |                                                        |                                     | NO                                  | YES                                 |
| If the proposed action will exceed requirements, describe design features and technologies:<br>_____<br>_____                                                                                                                                                                                                                                                                        |                                                        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 10. <u>Will the proposed action connect to an existing public/private water supply?</u>                                                                                                                                                                                                                                                                                              |                                                        |                                     | NO                                  | YES                                 |
| If No, describe method for providing potable water: _____                                                                                                                                                                                                                                                                                                                            |                                                        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 11. <u>Will the proposed action connect to existing wastewater utilities?</u>                                                                                                                                                                                                                                                                                                        |                                                        |                                     | NO                                  | YES                                 |
| If No, describe method for providing wastewater treatment: _____                                                                                                                                                                                                                                                                                                                     |                                                        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? |                                                        |                                     | NO                                  | YES                                 |
|                                                                                                                                                                                                                                                                                                                                                                                      |                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?                                                                                                                                                                  |                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 13. a. <u>Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?</u>                                                                                                                                                                                      |                                                        |                                     | NO                                  | YES                                 |
|                                                                                                                                                                                                                                                                                                                                                                                      |                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?                                                                                                                                                                                                                                                                                  |                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____<br>_____<br>_____                                                                                                                                                                                                                                                                 |                                                        |                                     |                                     |                                     |



|                                                                                                                                                                                 |                                     |                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------|
| 14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:                                                      |                                     |                                                  |
| <input type="checkbox"/> Shoreline                                                                                                                                              | <input type="checkbox"/> Forest     | <input type="checkbox"/> Agricultural/grasslands |
| <input type="checkbox"/> Wetland                                                                                                                                                | <input type="checkbox"/> Urban      | <input checked="" type="checkbox"/> Suburban     |
| 15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?          | NO                                  | YES                                              |
|                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>                         |
| 16. Is the project site located in the 100-year flood plan?                                                                                                                     | NO                                  | YES                                              |
|                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>                         |
| 17. Will the proposed action create storm water discharge, either from point or non-point sources?                                                                              | NO                                  | YES                                              |
| If Yes,                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>                         |
| a. Will storm water discharges flow to adjacent properties?                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>                         |
| b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>                         |
| If Yes, briefly describe:                                                                                                                                                       |                                     |                                                  |
| _____                                                                                                                                                                           |                                     |                                                  |
| _____                                                                                                                                                                           |                                     |                                                  |
| 18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? | NO                                  | YES                                              |
| If Yes, explain the purpose and size of the impoundment:                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>                         |
| _____                                                                                                                                                                           |                                     |                                                  |
| _____                                                                                                                                                                           |                                     |                                                  |
| 19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?                                      | NO                                  | YES                                              |
| If Yes, describe:                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>                         |
| _____                                                                                                                                                                           |                                     |                                                  |
| _____                                                                                                                                                                           |                                     |                                                  |
| 20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?                                    | NO                                  | YES                                              |
| If Yes, describe:                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>                         |
| _____                                                                                                                                                                           |                                     |                                                  |
| _____                                                                                                                                                                           |                                     |                                                  |
| <b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>                                                                           |                                     |                                                  |
| Applicant/sponsor/name: <u>Nicholas Father</u>                                                                                                                                  |                                     | Date: <u>2/3/2023</u>                            |
| Signature:                                                                                   | Title: <u>Architect</u>             |                                                  |

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

## Short Environmental Assessment Form Part 2 - Impact Assessment

**Part 2 is to be completed by the Lead Agency**

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

|                                                                                                                                                                            | No, or small impact may occur | Moderate to large impact may occur |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?                                                                | <input type="checkbox"/>      | <input type="checkbox"/>           |
| 2. Will the proposed action result in a change in the use or intensity of use of land?                                                                                     | <input type="checkbox"/>      | <input type="checkbox"/>           |
| 3. Will the proposed action impair the character or quality of the existing community?                                                                                     | <input type="checkbox"/>      | <input type="checkbox"/>           |
| 4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?                      | <input type="checkbox"/>      | <input type="checkbox"/>           |
| 5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?            | <input type="checkbox"/>      | <input type="checkbox"/>           |
| 6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities? | <input type="checkbox"/>      | <input type="checkbox"/>           |
| 7. Will the proposed action impact existing:<br>a. public / private water supplies?<br>b. public / private wastewater treatment utilities?                                 | <input type="checkbox"/>      | <input type="checkbox"/>           |
|                                                                                                                                                                            | <input type="checkbox"/>      | <input type="checkbox"/>           |
| 8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?                                   | <input type="checkbox"/>      | <input type="checkbox"/>           |
| 9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?                     | <input type="checkbox"/>      | <input type="checkbox"/>           |
| 10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?                                                            | <input type="checkbox"/>      | <input type="checkbox"/>           |
| 11. Will the proposed action create a hazard to environmental resources or human health?                                                                                   | <input type="checkbox"/>      | <input type="checkbox"/>           |



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

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

**Short Environmental Assessment Form**  
**Part 3 Determination of Significance**

For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

- Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
- 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.

\_\_\_\_\_  
 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)

**PRINT FORM**









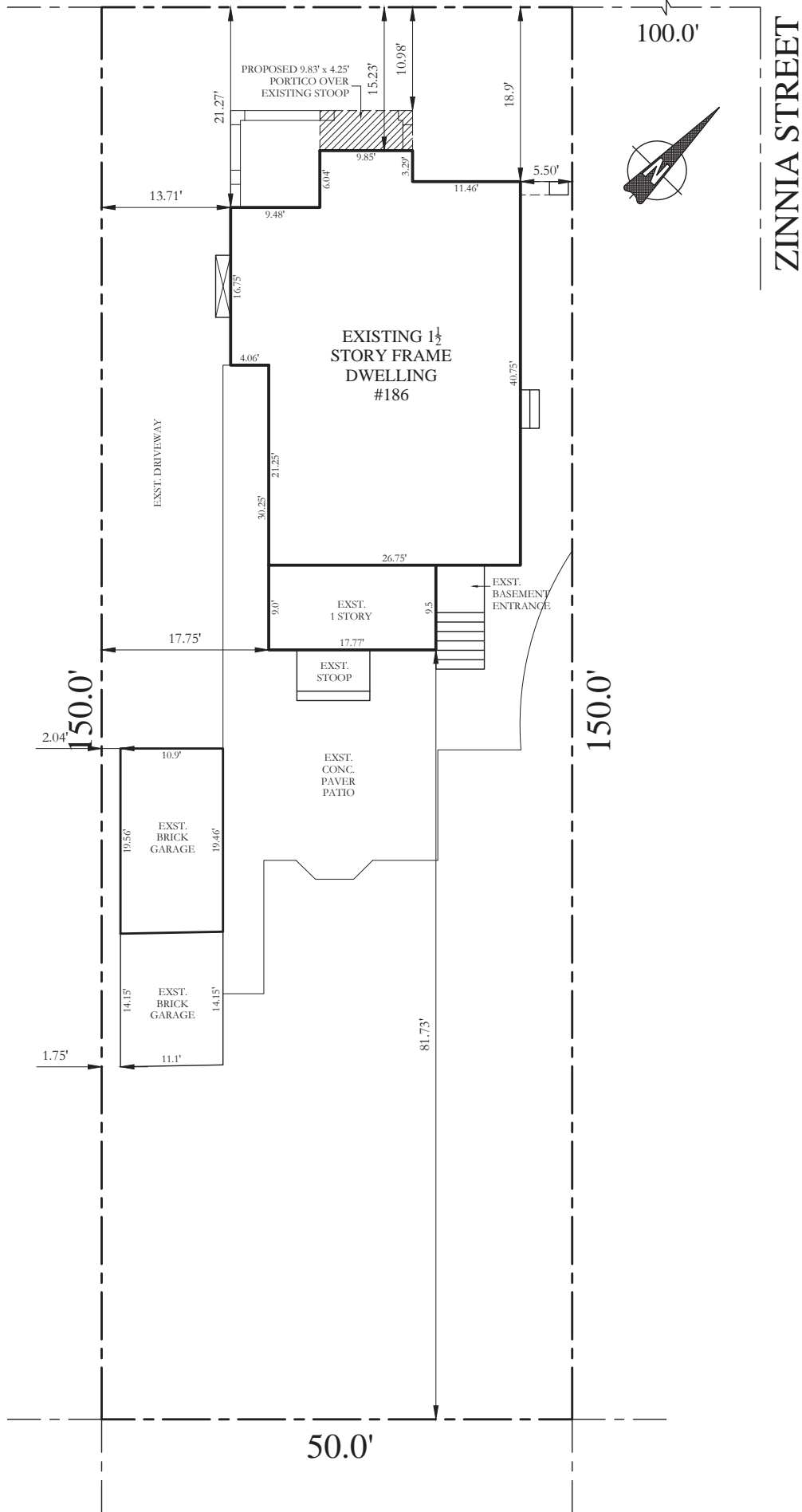






# VIOLET AVENUE

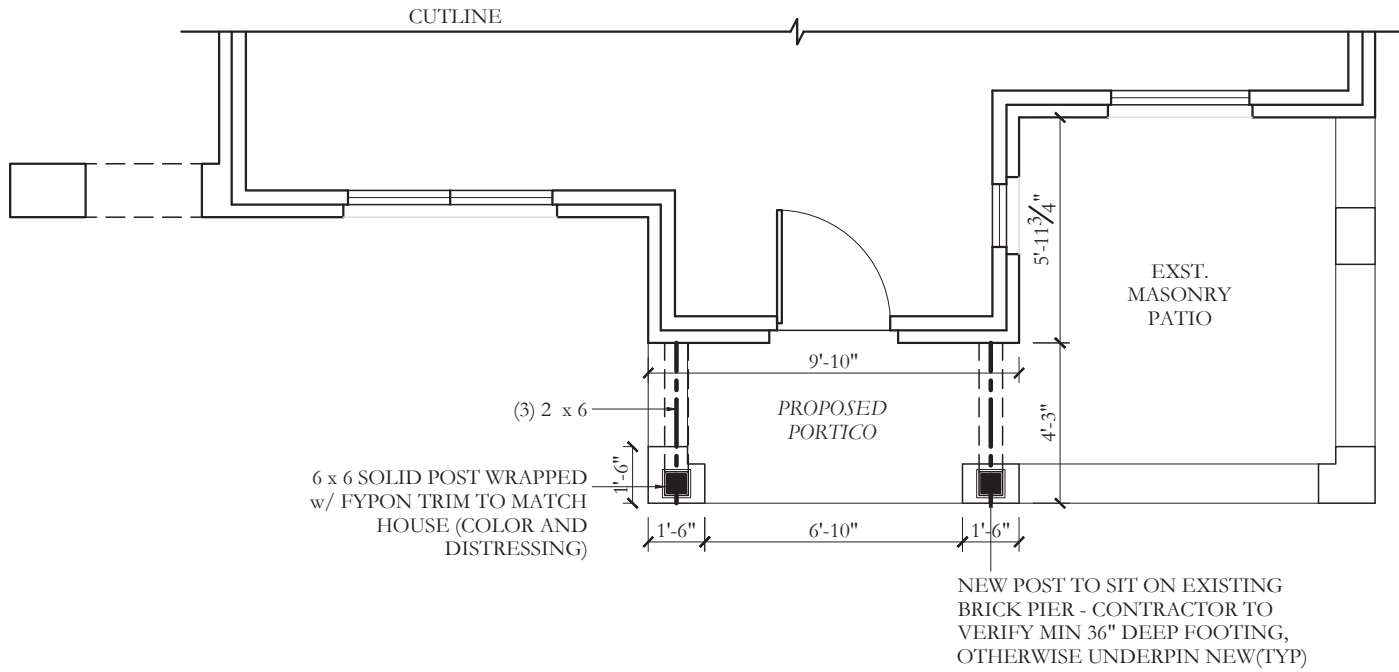
50.0'



**PLOT PLAN**

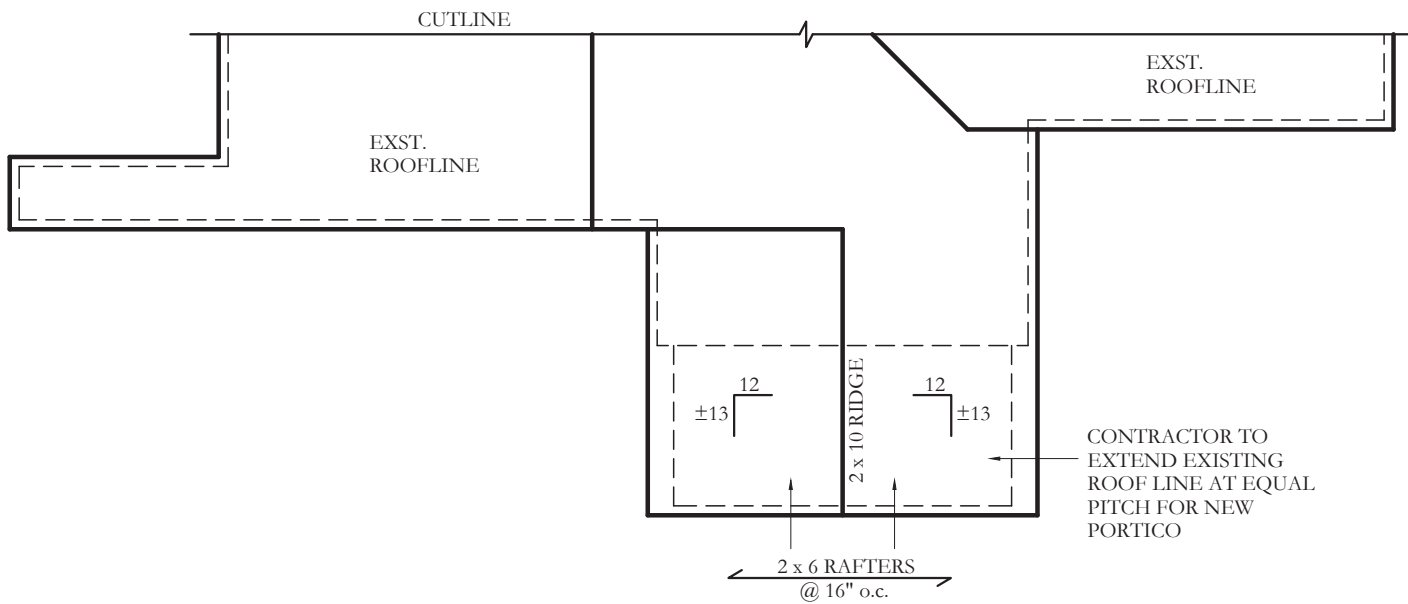
SCALE: 1/8" = 1'





**FLOOR PLAN**

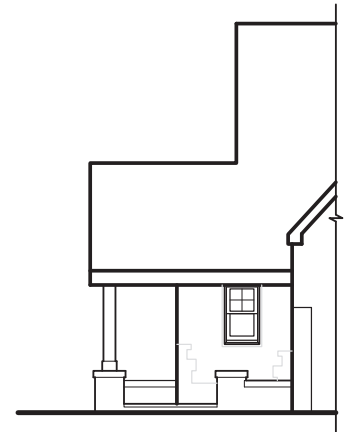
SCALE: 1/4" = 1'





**FRONT ELEVATION**

SCALE: 1/4" = 1'



**SIDE ELEVATION**

SCALE: 1/4" = 1'



| Case | Building Number | Street         | Sec / Blk / Lot | Owner / Applicant | Description               |
|------|-----------------|----------------|-----------------|-------------------|---------------------------|
| 7    | 12              | Stewart Street | 32 / A / 1      | Vito Linsalata    | Special Exception Parking |

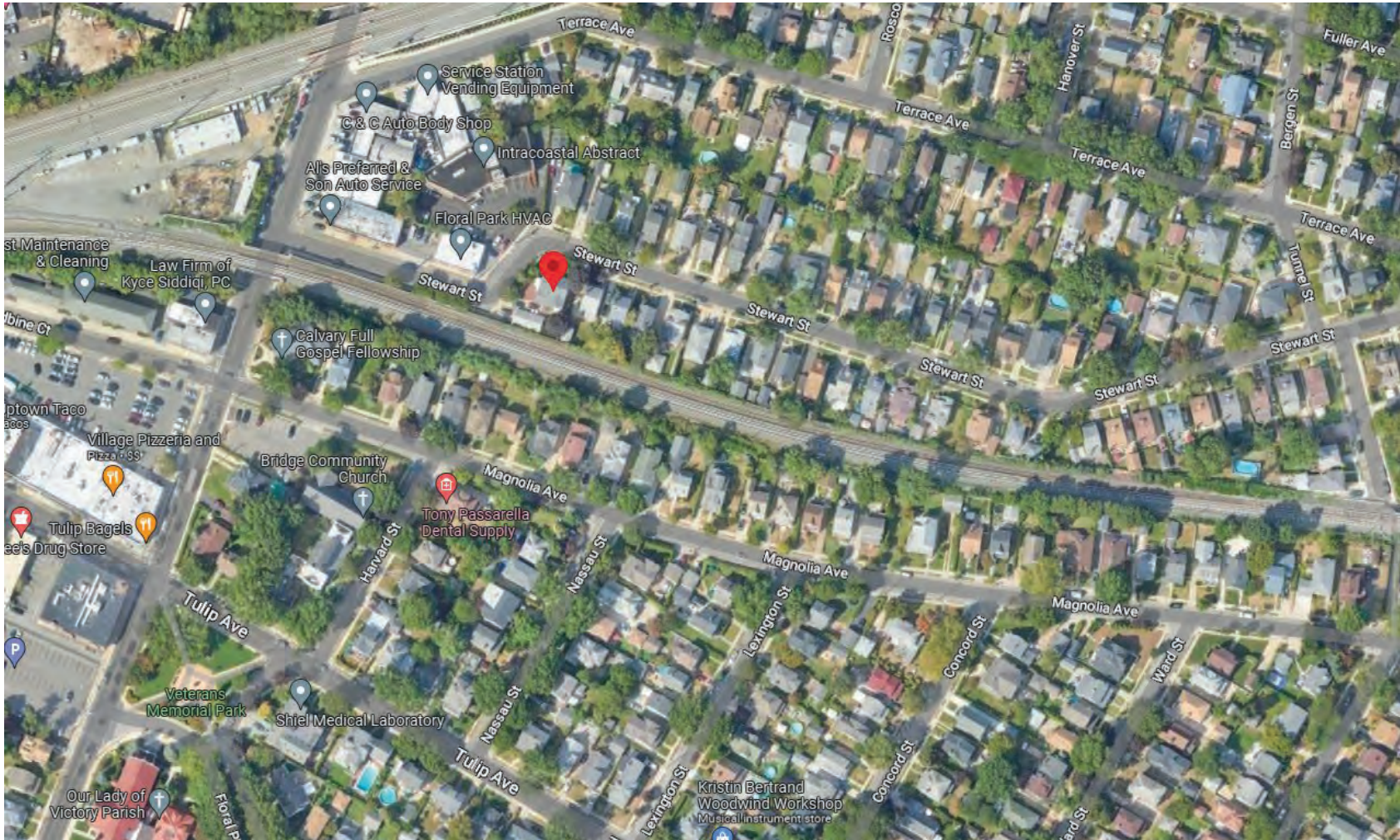


12 Stewart Street (Side View)





# 12 Stewart Street (Aerial View)





**Department of Buildings**  
**NOTICE OF DISAPPROVAL**

Date: 11.30.22

To: Vito Linsalata

Please take notice that your application to: Maintain Widened Driveway

at: 12 Stewart Street

Section: 32      Block: A      Lot(s): 1-4

Is hereby disapproved contrary to the Zoning Code of the Inc. Village of Floral Park:

*§ 99-16 (K.) Residential corner lots. Parking upon a residential corner lot shall be permitted within a driveway located in the side yard setback bordering the side street. Such parking shall be in a paved area running from the rear accessory setback line of one foot of the lot for a maximum distance of 14 feet towards the front lot line.*

The applicant is proposing to maintain an enlarged driveway approximately 40' wide.

If you choose to file for a variance or special exception to appeal this decision, an application and instructions can be obtained from the Building Department or the Village website at [fpvillage.org/departments/building-department/](http://fpvillage.org/departments/building-department/)

This application has not been reviewed for Building Code compliance.

---

Renee Marcus, AIA  
Superintendent of Buildings

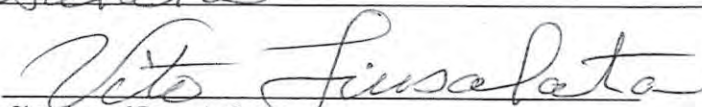




# BOARD OF ZONING APPEALS

## APPLICATION FOR FENCE, SPECIAL EXCEPTION PARKING OR GENERATOR VARIANCE

EB 27 2023

|                                                                                                                                 |                                        |                                              |                                              |                                 |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------|----------------------------------------------|---------------------------------|
| <b>Property Information:</b>                                                                                                    |                                        |                                              |                                              |                                 |
| Property Address: 12 STEWART ST FLORAL PARK N.Y. 11001                                                                          |                                        |                                              |                                              |                                 |
| Business Name (If Commercial): NONE                                                                                             |                                        |                                              |                                              |                                 |
| Section:                                                                                                                        | Block:                                 | Lot:                                         | Zone:                                        |                                 |
| Existing:                                                                                                                       | <input type="checkbox"/> Single Family | <input checked="" type="checkbox"/> 2-Family | <input type="checkbox"/> Commercial/Business | <input type="checkbox"/> Other: |
| Are there any Violations or Notices of Violations Outstanding on this Property? (If yes, attach copies.)                        |                                        |                                              |                                              |                                 |
| <b>Applicant information:</b> <span style="float: right;">Incomplete applications will not be accepted</span>                   |                                        |                                              |                                              |                                 |
| Applicant Name: VITO LINSALATA Relationship of Applicant to Owner:                                                              |                                        |                                              |                                              |                                 |
| Mailing Address: 12 STEWART ST City: FLORAL PARK State: N.Y Zip: 11001                                                          |                                        |                                              |                                              |                                 |
| Phone Number: 516 437 0350 Email: NONE                                                                                          |                                        |                                              |                                              |                                 |
| <b>Owner Information:</b>                                                                                                       |                                        |                                              |                                              |                                 |
| Owner Name: VITO LINSALATA                                                                                                      |                                        |                                              |                                              |                                 |
| Mailing Address: 12 STEWART ST City: FLORAL PARK State: N.Y Zip: 11001                                                          |                                        |                                              |                                              |                                 |
| Phone Number: 516 437 0350 Email:                                                                                               |                                        |                                              |                                              |                                 |
| <b>Previous Appeals:</b> (check one)                                                                                            |                                        |                                              |                                              |                                 |
| <input type="checkbox"/> A previous appeal has been made on this property (attach all relevant decisions) ?                     |                                        |                                              |                                              |                                 |
| <input type="checkbox"/> A previous appeal has not been made on this property                                                   |                                        |                                              |                                              |                                 |
| <b>Type of Variance Applied For:</b>                                                                                            |                                        |                                              |                                              |                                 |
| <input type="checkbox"/> Fence <input checked="" type="checkbox"/> Special Exception Parking <input type="checkbox"/> Generator |                                        |                                              |                                              |                                 |
| <b>Variance or Relief Desired:</b> YES <input type="checkbox"/> Proposed <input type="checkbox"/> Maintain (year built _____)   |                                        |                                              |                                              |                                 |
| <b>Reason(s) Supporting Appeal:</b> (if necessary, submit separate attachment)                                                  |                                        |                                              |                                              |                                 |
| DRIVEWAY SHOULD EXTEND TO OUTSIDE OF GARAGE SO PEOPLE DON'T TRIP AND FALL.                                                      |                                        |                                              |                                              |                                 |
| <b>Owner Signature:</b> X Vito Linsalata                                                                                        |                                        |                                              |                                              |                                 |
| <br>Signature of Property Owner             |                                        |                                              |                                              |                                 |



**BOARD OF ZONING APPEALS**

**APPLICATION FOR FENCE, SPECIAL EXCEPTION PARKING OR GENERATOR VARIANCE**

**Affidavit of Individual Owner:**

STATE OF NEW YORK )

ss.:

COUNTY OF NASSAU )

Vito Linsalata being duly sworn, deposes and says that (s)he is the owner of the property described in this application and that the statements contained therein are true; that he/she is the appellant herein and he/she authorizes \_\_\_\_\_ to act as his/her agent and to make this application

X Vito Linsalata  
Signature of Owner

Sworn before me this 27 day of February, 2023

Mounia Kabbaj  
Notary Public

MOUNIA KABBAJ  
NOTARY PUBLIC, STATE OF NEW YORK  
Registration No. 01KA6418005  
Qualified in Nassau County  
My Commission Expires 06/01/2025

**Affidavit of Corporate Owner:**

STATE OF NEW YORK )

ss.:

COUNTY OF NASSAU )

Vito Linsalata being duly sworn, deposes and says that (s)he is the Owner of \_\_\_\_\_ which is the owner of the property described in this application and that the statements contained therein are true; that N/A is the appellant herein and hereby authorizes \_\_\_\_\_ to act as his/her agent and to make this application.

\_\_\_\_\_  
Name of Corporation

By: \_\_\_\_\_  
Signature and Title

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

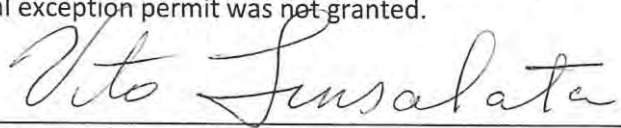
\_\_\_\_\_  
Notary Public





## BOARD OF ZONING APPEALS

### APPLICATION FOR FENCE, SPECIAL EXCEPTION PARKING OR GENERATOR VARIANCE

| Special Exception Parking Questionnaire <small>(note: this form required only for special exception parking application)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Size of Property:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <del>2850 ft<sup>2</sup></del> 6,000 sq ft |
| Size of Dwelling:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2850 ft <sup>2</sup>                       |
| What year was the property purchased?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1969                                       |
| Is there a garage? <input type="checkbox"/> No <input type="checkbox"/> Yes - One Car <input checked="" type="checkbox"/> Yes - Two Car                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |
| How many cars are registered to the subject property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3                                          |
| How many cars park overnight? <u>  1  </u> in garage <u>  2  </u> in driveway                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |
| Are any parked cars owned by someone other than the residents of the dwelling? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, who do these cars belong to?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Thomas Burke                               |
| Type of property? <input type="checkbox"/> One-Family <input checked="" type="checkbox"/> Two-Family                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |
| If two-family:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |
| How long has the dwelling been used as a two family?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1980                                       |
| Who resides on first floor? <input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Tenant<br>How many persons reside on first floor? <u>  2  </u> Adults <u>  </u> Minors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |
| Who resides on second floor? <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Tenant<br>How many persons reside on second floor? <u>  1  </u> Adults <u>  </u> Minors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |
| Who resides on third floor? <input type="checkbox"/> Owner <input type="checkbox"/> Tenant<br>How many persons reside on third floor? <u>  </u> Adults <u>  </u> Minors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |
| How long has tenant(s) occupied apartment?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Since Birth, 1994 & 2001.                  |
| Is tenant related to owner?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes, both are grandchildren of owner       |
| Does tenant pay rent?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes                                        |
| <p>By signing this document, I understand that no vehicle shall be permitted to be parked so as to overhang a sidewalk. No vehicle shall be permitted to be parked on grass or dirt. No permit under this section shall be for more than two years. A special exception permit may be renewed by the Zoning Board of Appeals without hearing and without fee upon the owner of the premises submitting a duly sworn affidavit that the special circumstances that constituted unnecessary hardship or practical difficulty to grant the permit still exist. Copies of the registrations of all vehicles maintained at the premises shall be attached to the affidavit. A permit may be renewed for two periods of two years each.</p> <p>I understand that any improvements made to the premises as a result of a special exception permit granted pursuant to this chapter shall be removed upon the expiration of that special exception permit and that the premises shall be converted back to their original condition as if the special exception permit was not granted.</p> |                                            |
| <br>Signature of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |



**Floral Park Village Justice Court**  
1 Floral Boulevard  
Floral Park, NY 11001



Douglas J. Hayden  
Village Justice

Phone: (516) 326-6325  
Fax: (516) 328-2404

January 31, 2023

Vito Linsalata  
12 Stewart St  
Floral Park, NY 11001

*People of the State of New York versus:*

Vito Linsalata  
12 Stewart St  
Floral Park, NY 11001

Case No: 23010031  
DOB: / /

| <u>TicketNo.</u> | <u>Officer</u> | <u>Statute/Section</u> | <u>Charge Text</u> |
|------------------|----------------|------------------------|--------------------|
| VO B 0710        | Boye, Kevin    | VO 99-58               | No Building Permit |

**Next Date: 03/20/2023 Time: 07:00PM**

Please be advised that the above captioned matter is scheduled for action on the date and time listed above.

**Failure to appear may result in an Arrest Warrant being issued.**

If a fine is to be paid, CREDIT CARDS, CASH OR MONEY ORDER are the only accepted methods of payment in Court. Please be prepared to pay a fine that night. Proper attire is required in Court.

In light of the recent increases in Coronavirus transmissions resulting from the Delta variant, all visitors to the Court, both unvaccinated and vaccinated individuals, must wear a face mask. Additionally, family members and friends are not permitted in the courtroom unless the defendant is a minor who must appear with a parent or the defendant is bringing a translator with him/her.

For directions to the Court, please visit the Village website at [www.fpvillage.org](http://www.fpvillage.org) (click on DIRECTIONS link)

Very truly yours,

Joan T. McAllister  
Clerk to Village Justice

DJH:la



Keep this document to show to the police and courts.

MV-639CR (8/21) NEW YORK STATE REGISTRATION DOCUMENT



G PAS

JNN5929

2004 HONDA NONTRANSFERABLE

4DSD GR 1HGCM66544A054538

3296 G 6 I8765329 DEC 01 2021  
Wt/Seats Fuel/Cyl WEB WEBCDA

Expires 11/11/23

LINSALATA, MARISSA, R

\*NYMA\*

12 STEWART ST

26.75

FLORAL PARK NY

11001

ANNUAL CHG

AMT PAID (INCL ADD CHG)

523249EA

VOID IF ALTERED EXCEPT FOR ADDRESS

133.50



Keep this document to show to the police and courts.

MV-639CR (8/21) NEW YORK STATE REGISTRATION DOCUMENT



G PAS

HXZ1648

2021 TOYOT NONTRANSFERABLE

4DSD BL JTDVPM AE1MJ136849

2862 G 4 UTD4013 FEB 28 2022  
Wt/Seats Fuel/Cyl 003 UTD21F

Expires 03/08/24

LINSALATA, VITO, S

\*NYMA\*

12 STEWART ST

23.50

FLORAL PARK NY

11001

ANNUAL CHG

AMT PAID (INCL ADD CHG)

318873EB

VOID IF ALTERED EXCEPT FOR ADDRESS

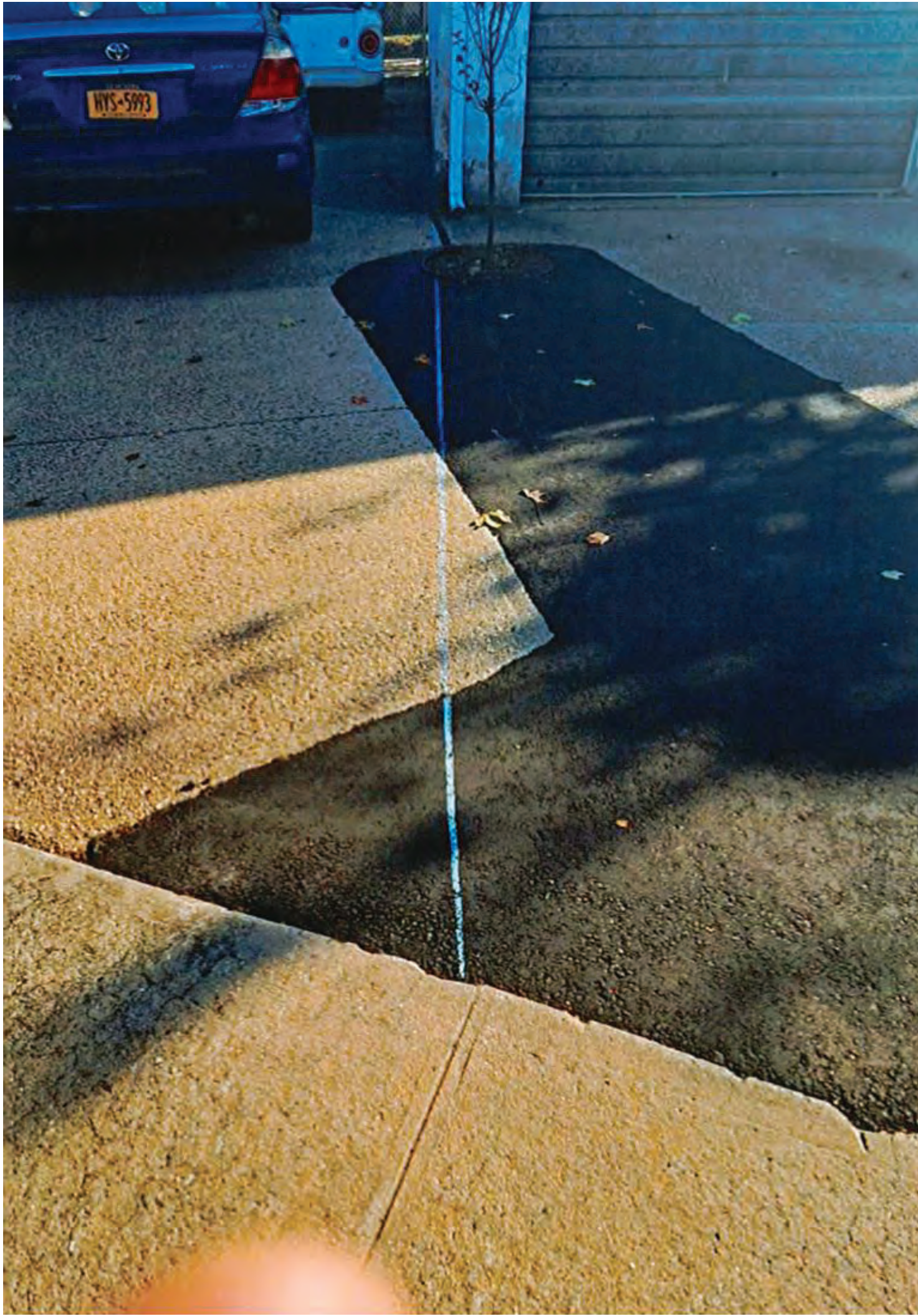
127.00

















A-12-3-4

175 390 476

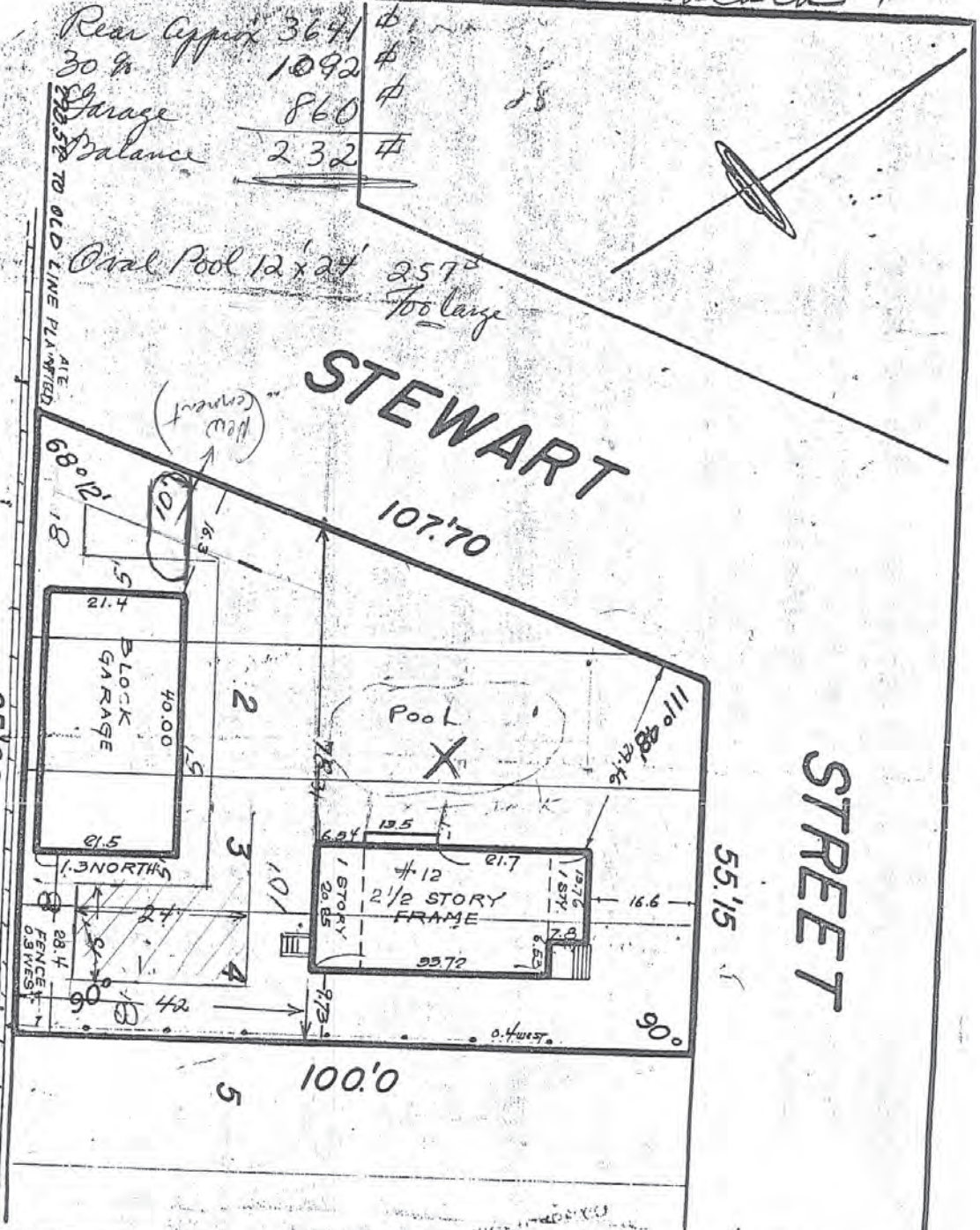
12 Stewart Insalata

|            |      |   |
|------------|------|---|
| Rear Appur | 3641 | # |
| 30%        | 1092 | # |
| Garage     | 860  | # |
| Balance    | 232  | # |

Oval Pool 12' x 24' 257' 700' large

LONG ISLAND RAIL ROAD

CONC. RETAINING WALL 1.6 SOUTH



NEW HYDE PARK, N. Y.  
212 FI 7-0300

**Friedel & Nappi**  
LAND SURVEYORS

BRENTWOOD, N. Y.  
516 BR3-1510

LIC. NO. 30200 LIC. NO. 45021

1-4 INCL.

ck

p of **FLORAL PARK TERRACE**

ation **FLORAL PARK NASSAU COUNTY NEW YORK**

aranteed to **INTER-COUNTY TITLE GUAR. & MORT. CO.**

**FLORAL PARK FEDERAL SAVINGS & LOAN ASSOC. VA**

e **7-24-69**

*R. Friedel*