

ZONING BOARD OF APPEALS

City of Beacon, New York

APPLICATION FOR APPEAL

.. Ryan Havers + Lori Mchige ADDRESS: 104 South Chestnut St.
TELEPHONE: 845-200-0106 E-MAIL: ryhavers@gmail.com
201-403-4320 lorimchige@gmail.com
APPLICANT (if not owner): _____ ADDRESS: _____
TELEPHONE: _____ E-MAIL: _____
REPRESENTED BY: Steve Whalen RA ADDRESS: 3 Van Wyck Lane
X101 Wappinger Falls 12590
TELEPHONE: 845-227-9190 E-MAIL: SW@whalenarch.com
PROPERTY LOCATION: 104 South Chestnut St. ZONING DISTRICT: R1.5
TAX MAP DESIGNATION: SECTION 5954 BLOCK 44 LOT 880723
Section of Zoning Code appealed from or Interpretation desired:
223 17C

Reason supporting request:

We would like to increase our living space to move bedrooms upstairs + add a 2nd bathroom. We love our location in Beacon and don't want to relocate as we are heavily invested in this community.
Supporting documents submitted herewith: Site Plan, Survey, etc. as required:

Date: X 1/27/19

X [Signature]
Owner's Signature

Fee Schedule

AREA VARIANCE	\$ 250
USE VARIANCE	\$ 500
INTERPRETATION:	\$ 250

Applicant's Signature

escrow fees may apply if required by Chairman

APPLICATION PROCESSING RESTRICTION LAW

Affidavit of Property Owner

Property Owner: Ryan Harvers + Lori Meshige

If owned by a corporation, partnership or organization, please list names of persons holding over 5% interest.

List all properties in the City of Beacon that you hold a 5% interest in:

Applicant Address: 104 South Chestnut St.

Project Address: 104 South Chestnut St.

☒ Project Tax Grid # _____

☒ Type of Application _____

Please note that the property owner is the applicant. "Applicant" is defined as any individual who owns at least five percent (5%) interest in a corporation or partnership or other business.

I, Ryan Harvers, the undersigned owner of the above referenced property, hereby affirm that I have reviewed my records and verify that the following information is true.

- | | |
|---|----------|
| 1. No violations are pending for ANY parcel owned by me situated within the City of Beacon | <u>T</u> |
| 2. Violations are pending on a parcel or parcels owned by me situated within the City of Beacon | <u>F</u> |
| 3. ALL tax payments due to the City of Beacon are current | <u>T</u> |
| 4. Tax delinquencies exist on a parcel or parcels owned by me within the City of Beacon | <u>F</u> |
| 5. Special Assessments are outstanding on a parcel or parcels owned by me in the City of Beacon | <u>F</u> |
| 6. ALL Special Assessments due to the City of Beacon on any parcel owned by me are current | <u>F</u> |


Signature of Owner

Title if owner is corporation

Office Use Only:

Applicant has violations pending for ANY parcel owned within the City of Beacon (Building Dept.)

ALL taxes are current for properties in the City of Beacon are current (Tax Dept.)

ALL Special Assessments, i.e. water, sewer, fines, etc. are current (Water Billing)

NO	YES	Initial
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Jm</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>CH</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>SW</u>

FOR OFFICE USE ONLY

Application #

CITY OF BEACON

1 Municipal Plaza, Beacon, NY

Telephone (845) 838-5000 • <http://cityofbeacon.org/>**INDIVIDUAL DISCLOSURE FORM**

(This form must accompany every land use application and every application for a building permit or certificate of occupancy submitted by any person(s))

Disclosure of the names and addresses of all persons) filing a land-use application with the City is required pursuant to Section 223-62 of the City Code of the City of Beacon. Applicants shall submit supplemental sheets for any additional information that does not fit within the below sections, identifying the Section being supplemented.

SECTION AName of Applicant: Ryan Havers + Lori MerhigeAddress of Applicant: 104 South Chestnut St.Telephone Contact Information: 845-200-0106 + 201-803-4320**SECTION B. List all owners of record of the subject property or any part thereof.**

Name	Residence or Business Address	Telephone Number	Date and Manner title was acquired	Date and place where the deed or document of conveyance was recorded or filed.
Ryan Havers + Lori Merhige	104 South Chestnut	845-200-0106 201-803-4320	12/20/2011 12/20/2011	1/18/2012 1/18/2012 Beacon, NY
Stanislaw Yankowski + Jania Keenan	11 Bowers Ave, Newark, OH 43055 44 Ross Rd. Preston, CT 06365		10/26/01	1/23/02
Stanley + Lida Yankowski	deceased			

SECTION B. Is any owner of record an officer, elected or appointed, or employee of the City of Beacon or related, by marriage or otherwise, to a City Council member, planning board member, zoning board of appeals member or employee of the City of Beacon?



YES



NO

If yes, list every Board, Department, Office, agency or other position with the City of Beacon with which a party has a position, unpaid or paid, or relationship and identify the agency, title, and date of hire.

Agency	Title	Date of Hire, Date Elected, or Date Appointed	Position or Nature of Relationship
<i>Recreation Dept.</i>	<i>Educator, After School Program</i>	<i>March 2017</i>	<i>Ind. Contractor Form 1099</i>

SECTION C. If the applicant is a contract vendee, a duplicate original or photocopy of the full and complete contract of purchase, including all riders, modification and amendments thereto, shall be submitted with the application.

SECTION D. Have the present owners entered into a contract for the sale of all or any part of the subject property and, if in the affirmative, please provide a duplicate original or photocopy of the fully and complete contract of sale, including all riders, modifications and amendments thereto.



YES



NO

I, *Ryan Havers* being first duly sworn, according to law, deposes and says that the statements made herein are true, accurate, and complete.

(Print)

X *Ryan Havers*

(Signature)

X *Ryan Havers*