

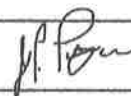
**Town of Olive  
Application for Site Plan/Special Use Permit**

*Submit ten (10) copies to:  
Town of Olive  
PO Box 513  
Shokan, NY 12481*

**1. Identification of Applicant**

Name J. Timothy Trojan

Address 72 Andrew Lane, Mt Tremper NY

Signature 

Date 08/25/2021 Phone 917 848 1545

--Applicant if other than owner

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

--Professional person preparing site plan (if any)

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_

2. Identification of Subject Property

Tax map designation:

Section <sup>37.3</sup> \_\_\_\_\_ Block <sup>3</sup> \_\_\_\_\_ Lot <sup>11</sup> \_\_\_\_\_

Land Area <sup>1.91 acres</sup> \_\_\_\_\_ Zoning District <sup>HB/VB</sup> \_\_\_\_\_

Description of Proposed Development:

Proposed Use <sup>Retail shop, Restaurant</sup> \_\_\_\_\_

Gross Non-Residential Floor Area:

Existing <sup>0</sup> \_\_\_\_\_ Proposed <sup>0</sup> \_\_\_\_\_ Total \_\_\_\_\_

Dwelling Units (by type):

Existing <sup>2</sup> \_\_\_\_\_ Proposed <sup>0</sup> \_\_\_\_\_ Total <sup>2</sup> \_\_\_\_\_

**The property meets the requirements of the Zoning Ordinance  
as Follows:**

Zoning Ordinances Requirement

Minimum Lot Size

Area <sup>83345 sq. ft</sup> \_\_\_\_\_ (Sq. Feet/Acres)

Width <sup>211</sup> \_\_\_\_\_

Depth <sup>395</sup> \_\_\_\_\_

Minimum Yards

Front <sup>211</sup> \_\_\_\_\_

Side <sup>395</sup> \_\_\_\_\_

Rear <sup>209</sup> \_\_\_\_\_

Plan Proposal

Minimum Lot Size

Area <sup>1.91 acres</sup> \_\_\_\_\_ (Sq. Feet/Acres)

Width <sup>211</sup> \_\_\_\_\_

Depth <sup>395</sup> \_\_\_\_\_

Minimum Yards

Front <sup>211</sup> \_\_\_\_\_

Side <sup>395</sup> \_\_\_\_\_

Rear <sup>209</sup> \_\_\_\_\_

Zoning Ordinances Requirement

Maximum Building Coverage

Percent of Lot Area <sup>4.7%</sup> \_\_\_\_\_ %

Maximum Building Height

Stories/Feet <sup>1</sup> \_\_\_\_\_ / <sup>16</sup> \_\_\_\_\_

Parking Spaces <sup>22</sup> \_\_\_\_\_

Loading Spaces <sup>2</sup> \_\_\_\_\_

Plan Proposal

Maximum Building Coverage

Percent of Lot Area <sup>7%</sup> \_\_\_\_\_ %

Maximum Building Height

Stories/Feet <sup>0</sup> \_\_\_\_\_ / <sup>16</sup> \_\_\_\_\_

Parking Spaces <sup>22</sup> \_\_\_\_\_

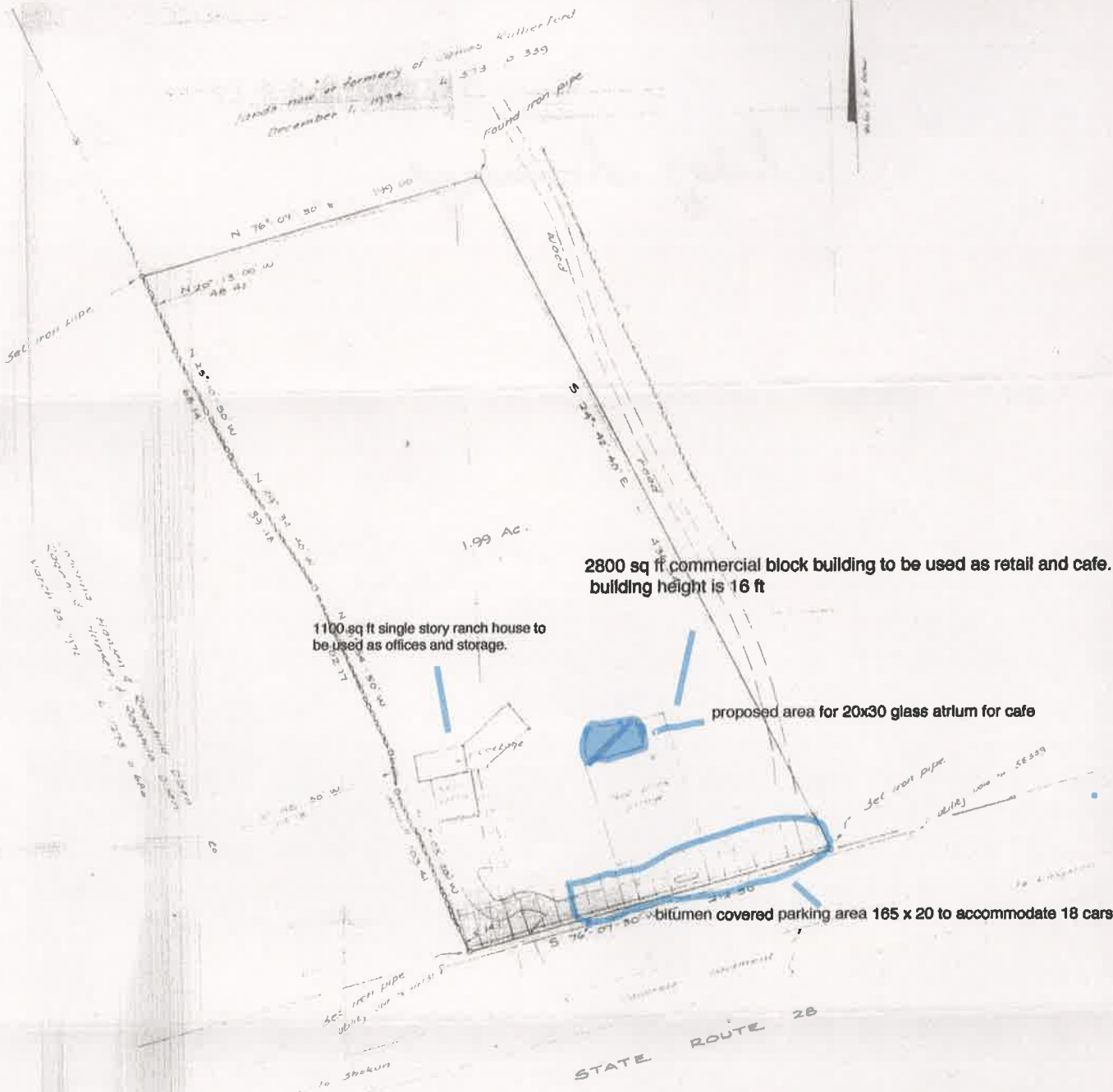
Loading Spaces <sup>2</sup> \_\_\_\_\_

## FLL Planning Board Info

### 1. Neighbors within 500 ft

- a. Lane, LeRoy W III 2884 Rt 28 Shokan, NY 12481
- b. Incantalupo, Frank 2888 Rt 28 Shokan, NY 12481 (PO Box 81 Shokan, NY)
- c. Kramer harris, Wm 2989 Rt 28 Shokan NY 12481
- d. Kyper, Vincent J 2832-2840 Rt 28 Shokan, NY 12481
- e. Ian, Jamison J 2844 Rt 28, Shokan NY 12481 (3934 Rt 28, Shokan NY)
- f. Jones, David W. 294 Mountain Rd, Shokan NY
- g. The Lake 1212 LLC, 12 Loomis Lane, Diamond Point NY ( @2858 Rt 28, Shokan NY )





lands now or formerly of Captain Rulifer Ford  
 December 7, 1794 4 573 339

2800 sq ft commercial block building to be used as retail and cafe.  
 building height is 16 ft

1100 sq ft single story ranch house to  
 be used as offices and storage.

proposed area for 20x30 glass atrium for cafe

bitumen covered parking area 165 x 20 to accommodate 18 cars

I hereby certify that this survey was prepared  
 in accordance with the existing code of practice  
 for land surveys, promulgated by the New York State  
 Association of Professional Land Surveyors

Certified to  
 ALAN EISENSON  
 100-000 TITLE INSURANCE COMPANY  
 10 78 05 01335

*Richard A. Styler*

MAP  
 of survey of lands to be conveyed by  
 HERMAN WENDT  
 to  
 ALAN EISENSON  
 5 acres or  
 TOWN OF OLIVE - COUNTY OF ULSTER  
 STATE OF NEW YORK

SCALE.  
 1 inch = 50 feet

COPIES OF THIS SURVEY MAP NOT BEARING THE LAND  
 SURVEYOR'S INKED OR EXPOSED SEAL SHALL NOT  
 BE CONSIDERED VALID

- TOWN CLERK
- ASSESSORS
- CONTRACTOR
- OWNER


# TOWN OF OLIVE

DEPARTMENT OF BUILDINGS

**BUILDING PERMIT  
RECEIPT**

**WEST SHOKAN, N.Y. 12494**

**1. IDENTIFICATION OF APPLICANT**

Owner: Foxfire Living / J. Timothy Trojlan  
 Address: 2688 Rt 28, Shokan, NY  
 Phone: 917 848 1545  
 Signature:   
 Date: 09/22/2021  
 Fire #: \_\_\_\_\_

Applicant, if other than owner: \_\_\_\_\_

Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Interest of applicant, if other than owner: \_\_\_\_\_

Person Preparing Plan: J. Timothy Trojlan

Address: 5881 Rt 28, Phoenicia NY 12464 Phone: 917 848 1545

**2. IDENTIFICATION OF SUBJECT PROPERTY**

Location: 2688 Rt 28, Shokan, NY  
 Tax Map Designation (if any): Section 37.3 Block 3 Lot(s) 11  
 If subdivision, give name: \_\_\_\_\_ Date approved: \_\_\_\_\_  
 Lot size (acres): 1.9 acres Zoning District(s): hc 1

**3. State existing use and occupancy of premises and intended use and occupancy of proposed construction:**

a. Existing use and occupancy retail shop w/ cafe  
 b. Intended use and occupancy retail shop w/ cafe

4. Nature of work (check when applicable): New Building \_\_\_\_\_ Addition  Alteration \_\_\_\_\_  
 Repair \_\_\_\_\_ Removal \_\_\_\_\_ Demolition \_\_\_\_\_ Mobil Home \_\_\_\_\_ Modular \_\_\_\_\_

5. Estimated Construction Cost \$55,000 Fee\* \_\_\_\_\_  
 (To be paid on filing this application)

6. If dwelling, number of dwelling units \_\_\_\_\_  
 Number of dwelling units on each floor \_\_\_\_\_  
 If garage, number of cars \_\_\_\_\_

7. If business, commercial or mixed occupancy, specify nature and extent of each type of use:  
To add a 20x30 glass atrium to be used as cafe seating

8. If accessory building, describe use of building: \_\_\_\_\_

9. a. Dimensions of existing structure, (if any): Front \_\_\_\_\_ Rear \_\_\_\_\_ Depth \_\_\_\_\_ Height \_\_\_\_\_  
 b. Dimensions of proposed structure: Front 30 Rear 30 Depth 20 Height 16

10. Is proposed construction in conflict with any zoning law, ordinance or regulation?  
no

**11. Name of Compensation Insurance and Disability Insurance:**

Carrier: TBD on closing  
 Name of Policy: \_\_\_\_\_  
 Date of Expiration: \_\_\_\_\_

12. Contractor or Homeowners Policy #: \_\_\_\_\_

13. Name of Architect (if any): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Name of Contractor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

14. Has the construction site or a portion thereof been designated as a flood hazard area:  
 Yes \_\_\_\_\_ No

15. Woodburning appliance installation: \_\_\_\_\_