

NOTICE — This APPLICATION must be filed in duplicate within 30 days of the date of the order of the administrative official on which application is based, accompanied by necessary data. (See reverse side of this sheet.)

TOWN OF OLIVE  
BOARD OF APPEALS

Owner: Anthony Marciano  
Address: 6 KOLB RD  
Boiceville NY, 12412  
Signature: Anthony Marciano  
Date: 5/24/23 Phone: 732-362-6838  
Applicant, if other than owner:  
Address:  
Phone:

(For Office Use Only)	Date	Initials
Cal. No.		
Application & Fee Rec'd.		
Other Req. Documents/Information Rec'd.		
Hearing Notice Given		
Copy Sent to Town Board and Planning Board		
Planning Board Opinion Rec'd.		
Public Hearing Held		
Decision Notice Sent		
County Planning Board Referral		
Notice to Abutting Property Owners		

Interest of applicant, if other than owner:

TO THE ZONING BOARD OF APPEALS OF THE TOWN OF OLIVE: Application is hereby made for:

- ( ) A Variation of Article \_\_\_\_\_, Section \_\_\_\_\_ of the Zoning Ordinance.
- ( ) An Interpretation of Article \_\_\_\_\_, Section \_\_\_\_\_ of the Zoning Ordinance.
- ( ) An Interpretation of the Zoning Map in the \_\_\_\_\_. (Describe the general area)
- ( ) Appeal under Section 280(a) of the Town Law.
- ( ) An Appeal from an Order of the Zoning Inspector to correct a Violation of the Zoning Ordinance, Section \_\_\_\_\_.
- ( ) (Other) \_\_\_\_\_

and further described as follows (Specify ruling sought):

1. Location of Affected Premises

6 KOLB RD, Boiceville NY, 12412

(Give street number, name, site distance from cross street)

and shown on the Tax Map (if any) as: Sheet 36.1 Block 1 Lot 44

Zoning District \_\_\_\_\_

2. Size of Lot: Front 155" Rear 233" Depth 330" Area 1.90 Acres

3. Have previous appeals been filed in regard to these premises? NO

(If yes, give calendar number and date, if any)

Cal. No. \_\_\_\_\_ Date \_\_\_\_\_

Cal. No. \_\_\_\_\_ Date \_\_\_\_\_

Cal. No. \_\_\_\_\_ Date \_\_\_\_\_

4. Has court summons been served relative to this matter? NO



PO Box 180, West Shokan 12494 / Building Department (845) 657-8118, Ext. 18

5/31/2023

Anthony Marciano  
6 Kolb Rd  
Boiceville, NY 12412

RE:6 Kolb Rd-Denial Letter for a shed

Dear Mr.Marciano,

Your zoning permit application for a shed did not meet the required setbacks. You are zoned in a Residential/Rural 3Acre Zone, the setbacks are 50-50-75 feet for the front-side-rear yard lines.

I recommend you to go to the Zoning Board of Appeals for the variance.

Sincerely,

John Ingram  
/Code enforcement Officer/

TOTAL  
\$212.40

CE-200 or insurance



# BUILDING PERMIT APPLICATION

PO Box 180, West Shokan 12494 / Building Department (845) 657-8118, Ext. 18

24 x 19 = 456

DATE: 5/24/23	FEE: \$182.40
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## APPLICANT INFORMATION

(if the applicant is the property owner only fill the property owner part)

Applicant's name printed (if different from the owner):	
Applicant's signature:	
If an LLC provide the name person(s) authorized to sign on behalf of the LLC:	
Address:	
Phone Number:	Email:
Design Professional/Architect/Engineer Preparing the plans:	
Phone Number:	
Email:	

## PROPERTY OWNER INFORMATION

Property owner's name printed:	Leena Marciano
Property owner's signature:	Leena Marciano
If an LLC provide the name person(s) authorized to sign on behalf of the LLC: N/A	
Address: 6 Kolb RD Boiceville NY 12412	
Phone Number: 908-420-9486	Email: leena.ropo <sup>217</sup> @gmail.com

## IDENTIFICATION OF SUBJECT PROPERTY

Address:

6 KOIB RD Boiceville Ny 12412

Section/Block/Lot Number (Tax map ID):

36.1 - 1 - 44

Fire Number:

## DETAILS

Application is for a  Construction  Demo  Repair  Exterior Alteration  Interior Alteration  Addition  
 Generator  Pool  Deck  Solar  Electric  HVAC  Appliance Installation  
 Roof  New Building  Oil Tank Removal  Hot Tub/Spa  Shed  Other

NOTES for electric work:

All Building permit for electrical work must be performed by an Ulster County Licensed electrician and inspected by a Town of Olive approved electrical inspector!

NOTES for appliance:

If appliance please name the MODEL/TYPE/BTU/KW

The use shall be:  Residential if Residential Single Family/ Multi Family  
 Commercial  Other

If dwelling, number of dwelling units:

Number of dwelling units on each floor:

If garage number of cars:

If accessory building describe the use of the building:

Square feet:

456

Dimensions of the new construction/model, brand, btu, kw

Amish Barn Co

Estimated cost:

13,800

Describe, including measurements:

19 x 24

Is proposed construction in conflict with any zoning law, ordinance or regulation?

Close to Road

Has the construction site or a proportion thereof been designated as a flood hazard area?

NO

## CHECKLIST

Checklist:  Proof of Insurance (WC/Liability/CE-200)  
 PDF

- Zoning Permit Application (when needed)
- Drawings with measurements
- Detailed information on appliances/generator /solar/HVAC/
- Any corresponding contractors estimate with a detailed list of the work or detailed list of the work with an estimated cost

1. Work conducted pursuant to a building permit must be visually inspected by a Town of Olive's Building Inspector and must conform to the New York State Uniform Fire and Building Code.
2. It is the owner's responsibility to ensure the required inspections are completed. Inspections shall be scheduled at least 24 hours prior. Building Department hours are 9:00 to 4:00, Monday-Friday
3. A Certificate of Occupancy or Compliance is required; the structure shall not be occupied until said certificate has been issued.
4. Proof of ownership will be required if purchased within the last month.
5. Flood Development Permit may be required. Please check with the Building Inspector.
6. The building permit shall be prominently displayed to be visible from the street.

I, the undersigned agent/applicant, do hereby certify that the above statements are true to my knowledge and belief and that all work or installation shall be entirely within the boundaries of the subject lot. The undersigned is the responsible party for compliance with all regulations,

I give the Building Department permission to inspect my property:

\_\_\_\_\_  
Signature of the Owner

\_\_\_\_\_  
Date

This application was Approved/Denied by

\_\_\_\_\_  
Signature of the Building Inspector/ CEO

\_\_\_\_\_  
Date



# ZONING PERMIT APPLICATION

PO Box 180, West Shokan 12494 / Building Department (845)  
657-8118, Ext. 18

## ZONING PERMIT APPLICATION

DATE: 5/24/23

FEE: 30\$

### APPLICANT INFORMATION

Applicant's name printed (if different from the owner):

Anthony Marciano

If an LLC provide the name person(s) authorized to sign on behalf of the LLC:

Address:

6 Kolb Rd Boiceville NY 12412

Phone Number:

732-362-6838

Email

Amarci007@gmail.com

Signature:

### PROPERTY OWNER INFORMATION

Property owner's name printed:

Leena Marciano

If an LLC provide the name person(s) authorized to sign on behalf of the LLC:

Address:

6 Kolb Rd Boiceville NY 12412

Phone Number:

908-420-9486

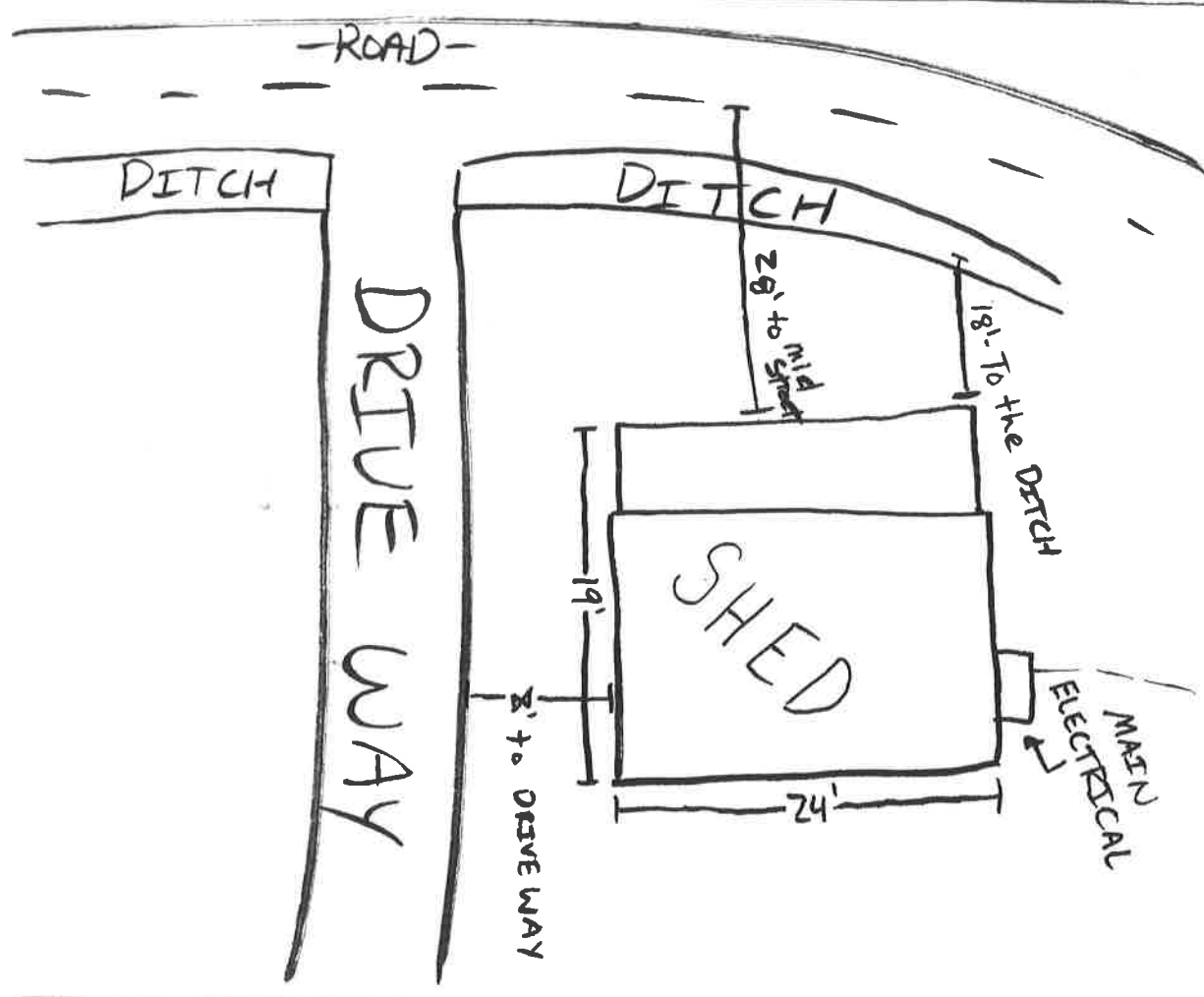
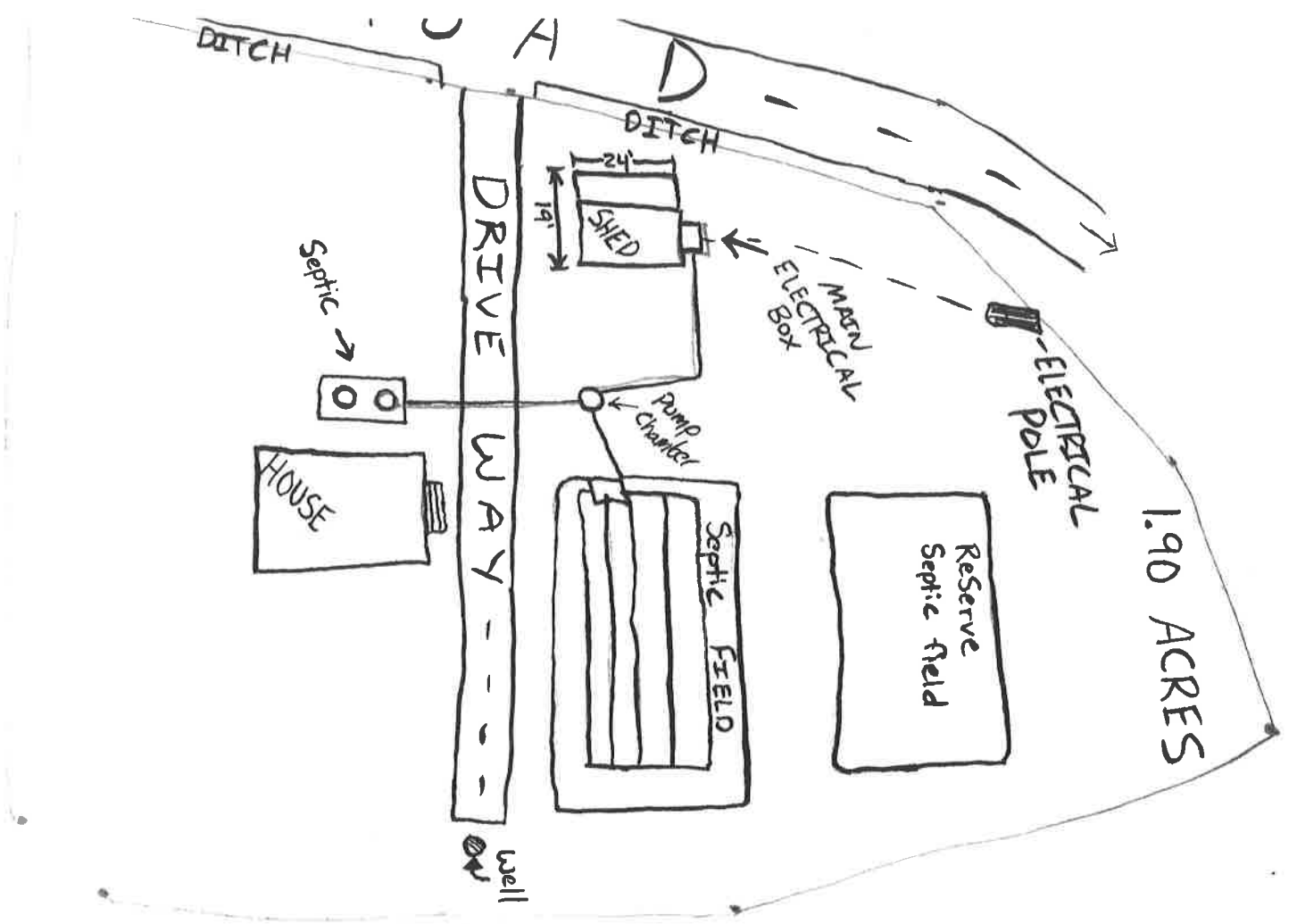
Email:

Leena.Roppo217@gmail.com

Signature:

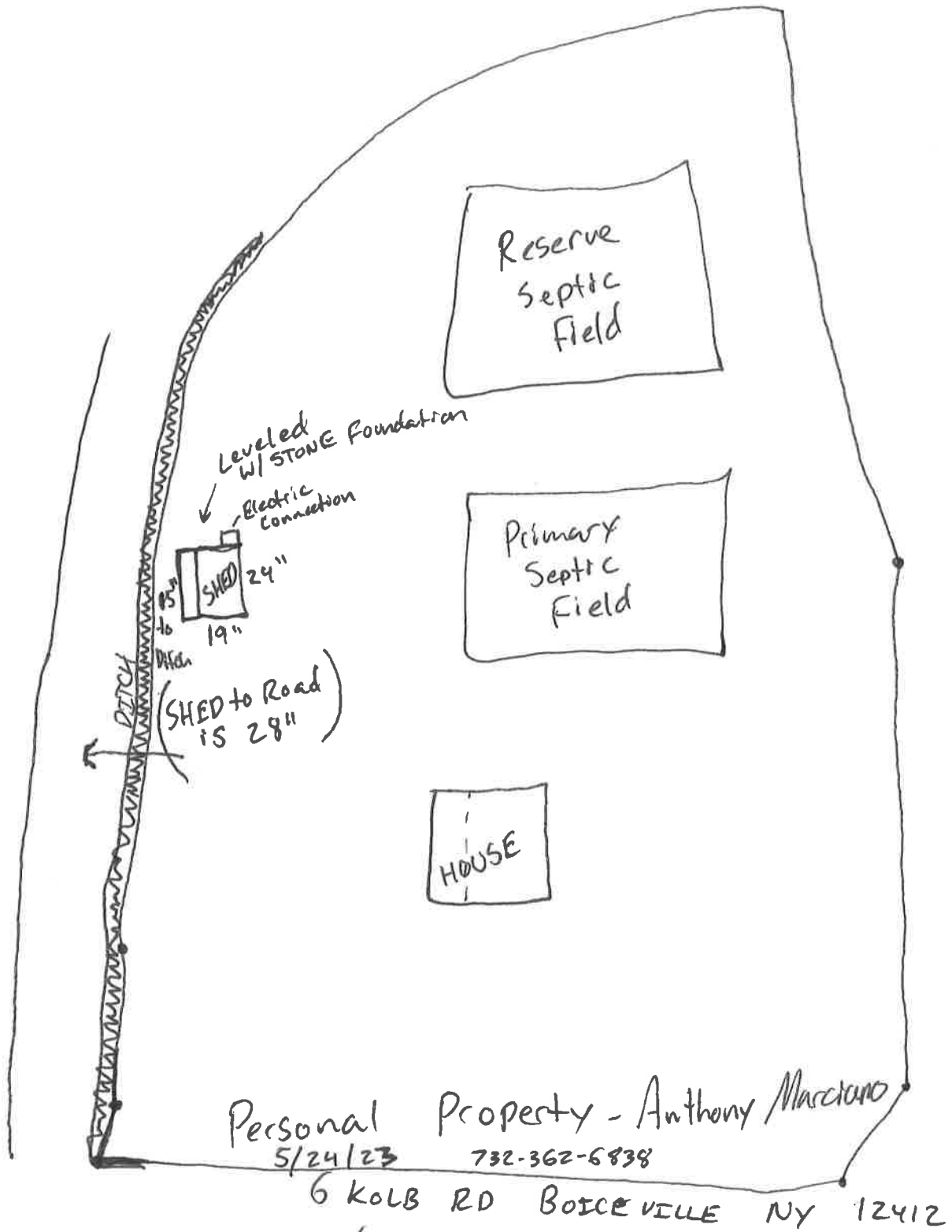


ication for zoning Variance. (Front Road)





# Diagram of Lot



Anthony Marciano

# AdJoining Property Owners

Jaime Rodriguez  
19 Traver hollow RD  
Boiceville, NY 12412

Steven Kapushy  
Sharon Logan  
8 Kolb RD  
Boiceville, NY 12412

Bruno Richard  
12 Kolb RD  
Boiceville, NY 12412

MARCI Berman  
3 Kolb RD  
Boiceville, NY 12412

Colin Houston  
Patricia Houston  
21 Traver Hollow RD  
Boiceville, NY 12412

