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2025 MAR 26 P 3:12

**INC. VILLAGE OF FREEPORT**

**Department of Buildings**

46 NORTH OCEAN AVENUE  
FREEPORT, NEW YORK 11520  
(516) 377-2242  
FAX (516) 377-2493

CLERK'S OFFICE  
VILLAGE OF FREEPORT, NY

ROBERT T. KENNEDY  
MAYOR

E-MAIL [BUILDINGDEPT@FREEPORTNY.GOV](mailto:BUILDINGDEPT@FREEPORTNY.GOV)

SERGIO A. MAURAS  
SUPERINTENDENT OF BUILDINGS

**March 17, 2025**  
**LETTER OF DENIAL**

Alyssa Narine  
66 S Bay Ave  
Freeport, NY 11520

**RE: 66 S Bay Ave, Freeport, NY 11520**  
**Zoning District – Residence A Sec. 62 Blk. 154 , Lot 520**  
**Building Permit Application #20254139**  
**Description – Maintain 266' of 6' High closed PVC fence and 180' of 4' High open.**

Dear Sir/Madam:

Please be advised that the above captioned Building Permit Application must be denied for the following reason(s):

**Village Ordinance §210-6A.** No building or land shall hereafter be used or occupied and no building or part thereof shall be erected, moved or altered unless in conformity with the regulations herein specified for the district in which it is located.

**Village Ordinance §210-171. Fences and enclosures.**

**D.** Fences in Residence A, Residence AA, Residence Apartment, Marine Residence, Marine Apartment-Boatel, Condominium and Cooperative Districts which meet the following criteria and subject to the approval of the Site Plan Review Board, where applicable, and without the consideration of the Freeport Zoning Board of Appeals, may be approved:

(2) In the secondary front yard of a corner lot, an open or closed fence not to exceed six feet in height, will be permitted. All fences in secondary front yards exceeding four feet in height shall be limited to half of the depth of the secondary front yard measured from the closest footprint of the structure to the property line abutting the sidewalk. Any fence closer to the sidewalk in a secondary front yard, including part of a rear fence, must be of an open design and of a height not exceeding four feet. Such fences may be constructed of wood, metal or plastic. According to the survey that you have submitted indicates that 6' H fence extending beyond what's permitted in the secondary front yard, you show 44' fencing when only 22' is allowed when half of the depth of the secondary front yard its permitted.



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2025 MAR 27 A 9:18

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**INC. VILLAGE OF FREEPORT**

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SERGIO A. MAURAS  
SUPERINTENDENT OF BUILDINGS

**March 17, 2025**  
**LETTER OF DENIAL**

Ansel Wallace  
3 Ray St  
Freeport, NY 11520

**RE: 3 Ray St, Freeport, NY 11520**  
**Zoning District – Residence A Sec. 62 Blk. 52 , Lot 500**  
**Building Permit Application #20244021**  
**Description – Maintain 86' of 6' high closed PVC fence.**

Dear Sir/Madam:

Please be advised that the above captioned Building Permit Application must be denied for the following reason(s):

**Village Ordinance §210-6A.** No building or land shall hereafter be used or occupied and no building or part thereof shall be erected, moved or altered unless in conformity with the regulations herein specified for the district in which it is located.

**Village Ordinance §210-171. Fences and enclosures.**

**D.** Fences in Residence A, Residence AA, Residence Apartment, Marine Residence, Marine Apartment-Boatel, Condominium and Cooperative Districts which meet the following criteria and subject to the approval of the Site Plan Review Board, where applicable, and without the consideration of the Freeport Zoning Board of Appeals, may be approved:

(2) In the secondary front yard of a corner lot, an open or closed fence not to exceed six feet in height, will be permitted. All fences in secondary front yards exceeding four feet in height shall be limited to half of the depth of the secondary front yard measured from the closest footprint of the structure to the property line abutting the sidewalk. Any fence closer to the sidewalk in a secondary front yard, including part of a rear fence, must be of an open design and of a height not exceeding four feet. Such fences may be constructed of wood, metal or plastic. According to the survey that you have submitted indicates that 6' H fence extending beyond what's permitted in the secondary front yard, you show 21' fencing when only 10.5' is allowed when half of the depth of the secondary front yard its permitted.

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SEC. 62 BLK. 88 LOT. 50

CLERK'S OFFICE  
VILLAGE OF FREEPORT, NY

BOARD OF APPEALS OF THE VILLAGE OF FREEPORT

In the Matter  
Of  
the Application of

To The Board of Appeals of the Village of Freeport, New York

Index No.

COMPLY WITH  
ORIGINAL NOTES

The application of NUSRAL SHOVA

respectfully states and alleges:

Strike out  
inapplicable  
phrase

1. That the applicant (resides at) (has its principal office for the conducting of its business at)

411 GUY LOMBARDO AVE., FREEPORT, NY. 11520

State whether  
applicant is owner,  
lessee, or has option  
or contract. If other  
than owner, state  
briefly terms of  
agreement.

2. That the premises affected by this application is located at

Land Map of Nassau County

411 GUY LOMBARDO AVE, RES-A

Sec. 62 Blk. 88 Lot(s) 50

and that the interest which the applicant has in the property concerned is that of OWNER

3. That (the applicant) (the applicant's duly authorized MARCELO KOHAW, RA) on or about the 25 day of NOVEMBER 2024, filed in the office of the Department of Buildings of the Village of Freeport, New York, an application for a Building Permit. Documents filed with said application were as follows:

BY 40' WIDE  
PROPOSED 6' HIGH COMBINED BRICK / ALUM. RAILING  
AT FRONT OF THE PROPERTY, AND (3) ALUM. GATES.

Obtain reason for  
denial from  
Department of  
Buildings.

4. That on or about the 26 day of FEBRUARY, 2025, the Department of Buildings denied said application; upon information and belief that the reason for said denial was as follows:

IN PRIMARY FRONT YARDS, AN OPEN FENCE IS NOT TO EXCEED 4' IN HEIGHT.

Describe by  
construction and  
number of stories. If  
none, so state.

5. That the nature of the improvements now upon said premises is as follows:

COMBINATION BRICK / ALUM. 6' HIGH FENCE SYSTEM,  
INSTALLED FOR SAFETY (FOR 2- AUTISTIC CHILDREN)

State nature of use of  
property. If a  
business, give brief  
description.

6. That said premises are now being used as follows: (1) FAMILY RESIDENCE.

Describe fully and  
clearly the use  
desired.

7. That the applicant seeks authority to make use of said premises as follows:

(1) FAMILY RESIDENCE

Strike out whichever  
word is not  
applicable. Follow  
language in  
ordinance.

8. Upon information and belief that a (permit) (variance) for such use may be granted by this Board by virtue of the following sections of the said Zoning Code of The Village of Freeport or statutes of the State of New York VILLAGE ORDINANCE § 210-171, FENCES

AND ENCLOSURES.

WE ARE SEEKING FOR A 2' HEIGHT VARIANCE FOR THE FENCE.

Refer where possible  
to paragraphs and  
section by numbers.

9. That the following is a statement of other factual information deemed pertinent by the applicant. If the application involves a subdivision of property, describe the existing property: THE PROPOSED

FENCE, ALTHOUGH NOT COMPLIANT W/ CODE, IS INSTALLED FOR SAFETY ISSUES. IT'S DESIGNED FOR THE BEST POSSIBLE APPEARANCE SO IT DOES NOT CREATE A NEGATIVE IMPACT ON THE NEIGHBORHOOD.

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VILLAGE OF FREEPORT, NY

If more space is needed annex statement on separate sheet and refer to it here with following words: "See annexed statement which is made a part hereof." Save opinions for the hearing.

10. That the grounds for this application are as follows: OWNER TAKES CARE OF NEPHEWS WHO ARE AUTISTIC AND CLIMB FENCES. INSTALLING THE 6' HIGH FENCE WILL PREVENT THEM FROM ESCAPING

11. That any deed restrictions running with the land prohibiting the desired use are as follows: -NOT APPLICABLE-

If non-conforming use is claimed, set forth uses made of premises and dates thereof in chronological order.

12. That (the applicant has made no previous application to this Board for the authority sought herein) (upon information and belief a previous application was made for the same or similar authority sought herein and denied by this Board, but that this application contains facts not alleged or shown in any previous proceeding before this Board).

WHEREFORE, the applicant respectfully prays that the authority sought herein be granted.

Dated: 3/24/25, 2025

*[Signature]*  
BY: \_\_\_\_\_  
ITS: \_\_\_\_\_

If this verification is made by an officer of a corporation or an Association or by a legal representative of an estate, his name and office should be designated on the first line.

State of New York )  
County of Nassau ) ss:

The applicant MARCELO KOLAN named in the foregoing application, being duly sworn, depose and say that I read the foregoing application subscribed by ME and know the contents thereof; and that the same is true to MY own knowledge except as to the matters therein stated to be alleged on information and belief, and that as to those matters I believe \_\_\_\_\_ to be true.

2963 HOLIDAY  
PIZZA DR,  
MERRICK,  
N.Y. 11566

Sworn to before me this 24<sup>th</sup> day  
of MARCH, 2025

Notary Public Robert P. Scall

*[Signature]*  
Signature of Applicant  
ROBERT P. SCALL  
Notary Public, State of New York  
County of Nassau 4812544  
Commission Expires January 31, 2027

**Notice  
Conflict of Interest**

I have read Section 809 of the General Municipal Law concerning disclosure of and conflict of interest, and hereby certify that there are no conflicts in respect to this application requiring disclosure.

3/24, 2025  
Date Year

*[Signature]*  
Signature

**Affidavit of Owner**

To be completed only if the owner is not the applicant.

State of New York )  
County of Nassau ) ss:

I PARMANAND SHIVPAL being duly sworn, depose and say:

That ~~he~~she (the owner of SHOVA NEUSRAT) (is the 411 GUY LOMBARDO of BLVD. FREEPORT, N.Y. 11520) the property concerned is correct to the best of the knowledge of deponent \_\_\_\_\_.)

That the owner SHOVANUSRAT consents to the granting of the authority sought in the above application.

Sworn to before me this 27 day  
of MARCH, 2025

X M Shava  
Signature

Notary Public Parmanand Shivpal

REVISED 2/2017

PARMANAND SHIVPAL  
Notary Public - State of New York  
NO. 01SH6004437  
Qualified in Queens County  
My Commission Expires 3-23-26



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**INC. VILLAGE OF FREEPORT**

**Department of Buildings**

46 NORTH OCEAN AVENUE  
FREEPORT, NEW YORK 11520  
(516) 377-2242  
FAX (516) 377-2493

E-MAIL [BUILDINGDEPT@FREEPORTNY.GOV](mailto:BUILDINGDEPT@FREEPORTNY.GOV)

CLERK'S OFFICE  
VILLAGE OF FREEPORT, NY

ROBERT T. KENNEDY  
MAYOR

SERGIO A MAURAS  
SUPERINTENDENT OF BUILDINGS

**LETTER OF DENIAL**

March 31, 2025

Nusral Shova  
411 Guy Lombardo Ave  
Freeport, NY 11520

**RE: 411 Guy Lombardo Ave, Freeport, NY**  
**Zoning District – Residence A Sec. 62 Blk. 88 Lot 50**  
**Building Permit Application #20243997**

**Description: Complete proposed 40' by 6' high brick/aluminum fence plus 3 aluminum gates.**

Dear Sir/Madam:

Please be advised that the above captioned Building Permit Application must be denied for the following reason(s):

**Village Ordinance §210-6A. Conformity Required.** No building or land shall hereafter be used or occupied and no building or part thereof shall be erected, moved or altered unless in conformity with the regulations herein specified for the district in which it is located.

**Village Ordinance §210-171. Fences and enclosures.**

**D.** Fences in Residence A, Residence AA, Residence Apartment, Marine Residence, Marine Apartment-Boatel, Condominium and Cooperative Districts which meet the following criteria and subject to the approval of the Site Plan Review Board, where applicable, and without the consideration of the Freeport Zoning Board of Appeals, may be approved:

**(1)** In primary front yards, an open fence not to exceed four feet in height. Such fences may be constructed of wood, plastic or metal. According to the drawings submitted the fence is 6' high solid made of brick. You will be seeking a variance of 2' height and solid and a variance for the brick.

Please be further advised that if you intend to appeal this decision you must file a Zoning Board of Appeals application within sixty (60) days of the date of this letter. For your convenience, we have enclosed the instructions, application, Building Department letters/documents, the Environmental Assessment form, and the Negative Declaration page pertaining to your building application. Please call the Village Clerk's Office at 516-377-2202 to make an appointment to review the completed application. Changes or additional information may be required for the application; therefore, only **ONE** complete package of the twelve (12) sets should be brought in for the initial appointment with the Clerk's office. **Only after this initial appointment should the additional copies be made.**

In the event that you do not file an application within the allotted sixty (60) days, this letter will expire and the Building Permit Application in conjunction with same will be cancelled. Subsequently, a new Building Permit Application and filing fees will be required.

If you should have any questions or require any additional information with reference to the Zoning Board of Appeals Application only, please call the VILLAGE CLERK'S OFFICE at 377-2202.

Very truly yours,



Sergio A. Mauras  
Superintendent of Buildings  
Daniela Hernandez, Plans Examiner  
cc: Village Clerk

SITE PLAN APPROVAL NEEDED: YES

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VILLAGE OF FREEPORT  
Department of Buildings  
Recommendation

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VILLAGE OF FREEPORT, NY

Notice

X Negative Declaration

Positive Declaration

In accordance with Section 8-0113, Article 8 of the New York Environmental Conservation Law and Chapter 110 of the Village Code, this Department has conducted an initial review to determine whether the following project may have a significant effect on the environment and on the basis of that review hereby finds:

X The proposed project will not have a significant effect on the environment and therefore does not require the preparation of an Environmental Impact Statement.

— The proposed project may have a significant effect on the environment and therefore requires the preparation of an Environmental Impact Statement.  
(See reasons below)

Project:

Building Permit App. 20243997

Location: 411 Guy Lombardo Ave, Freeport, NY 11520

Applicant: Nusral Shova

Description: Complete proposed 40' by 6' high brick/aluminum fence plus 3 aluminum gates.

Lead Agency: Department of Buildings  
for the Board of Trustees  
Village of Freeport  
46 North Ocean Avenue, Freeport, NY

Agency Contact Person:  
Superintendent of Buildings  
(516) 377-2242

**REASON(S) FOR DETERMINATION**

This finding is based upon Section 617.10 of Article of the New York Environmental Conservation Law, the criteria for determining what actions may have a significant effect on the environment, as follows:

A) \_\_\_\_\_

B) Possible environment effects identified:  
(only if positive determination)

Dated: March 31, 2025

*Sergio A. Mauras*

Sergio A. Mauras  
Superintendent of Buildings

**IMPORTANT:** This declaration and supporting attachments are open for inspection and public response at the office of the Superintendent of Buildings.

**617.20**  
**Appendix B**  
**Short Environmental Assessment Form**

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**Instructions for Completing**

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VILLAGE OF FREEPORT, NY

**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>			
SHOVA'S RESIDENCE			
<b>Name of Action or Project:</b> NEW FENCE AND GATES AT FRONT			
<b>Project Location (describe, and attach a location map):</b> 411 GUY LOMBARDO AVE, FREEPORT, NY 11520			
<b>Brief Description of Proposed Action:</b> PROPOSED 40' W BY 6' HIGH BROCK/ALUMINUM FENCE, PLUS (3) ALUMINUM GATES.			
<b>Name of Applicant or Sponsor:</b> MARCELO KOHAN		<b>Telephone:</b> 516-378-2178	
		<b>E-Mail:</b> MAK@DELARGENTDESIGN.COM	
<b>Address:</b> 2963 HOLIDAY PARK DR			
<b>City/PO:</b> MERRICK		<b>State:</b> NY	<b>Zip Code:</b> 11566
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 governmental 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?		0.27	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?		0.27	acres
4. Check all land uses that occur on, adjoining and 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, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<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	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? If Yes, identify: _____	NO	YES	
	<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 service(s) 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 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? If the proposed action will exceed requirements, describe design features and technologies: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? [If Yes, does the existing system have capacity to provide service? <input type="checkbox"/> NO <input type="checkbox"/> YES] If No, describe method for providing potable water: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? [If Yes, does the existing system have capacity to provide service? <input type="checkbox"/> NO <input type="checkbox"/> YES] If No, describe method for providing wastewater treatment: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the proposed action located in an archeological sensitive area?	<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? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	<input checked="" type="checkbox"/>	<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 <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 plain?	NO	YES	
	<input type="checkbox"/>	<input checked="" 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? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	NO	YES	
	<input type="checkbox"/>	<input checked="" 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"/> NO <input type="checkbox"/> YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____	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"/>
<b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>		
Applicant/sponsor name: MARCELO KOHAN	Date: 12/6/24	
Signature: _____		

**Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. 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 checked="" type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing: a. public / private water supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>

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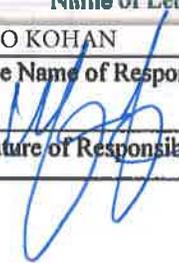
	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. 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.**

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VILLAGE OF FREEPORT, NY

<input type="checkbox"/>	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.
<input checked="" type="checkbox"/>	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.
DELARGENT DESIGN	12/6/24
Name of Lead Agency	Date
MARCELO KOHAN	ARCHITECT
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)

FENCE PERMIT APPLICATION

Application Number: 20243997 S/B/L 62/088/50 Date of filing: 10/25/24

Permit Number: \_\_\_\_\_

Detailed Description of Project: PROPOSED 40' W BY 6' HIGH BRICK / ALUMINUM FENCE WITH (3) ALUMINUM GATES.

Property Owner: NUSRAT SHOVA

Property Address: 411 GUY LOMBARDO AVE Zoning District: \_\_\_\_\_

Owners Mailing Address: \_\_\_\_\_

Owners Contact Number: 347-975-2525

Owners Email Address: NShivPAL@GMAIL.COM

Contractor Information: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contractor Phone Number: \_\_\_\_\_

Contractor Email Address: \_\_\_\_\_

Documents Submitted from Contractor:

- Nassau County License YES  NO
- Workers Compensation Insurance YES  NO
- Liability Insurance YES  NO
- Disability Insurance YES  NO

Will Homeowner Install Their Own Fence YES  NO

If So, Was a Valid Copy a Valid Homeowners Insurance Policy Submitted? YES  NO

Was the Fence Already Installed? YES  NO

Total Cost of Project (Must include contract): \$8,000.00

Total Length of Fencing: 76 FT.

NOTARY REQUIRED:

Print Name of Applicant: NUSRAT SHOVA

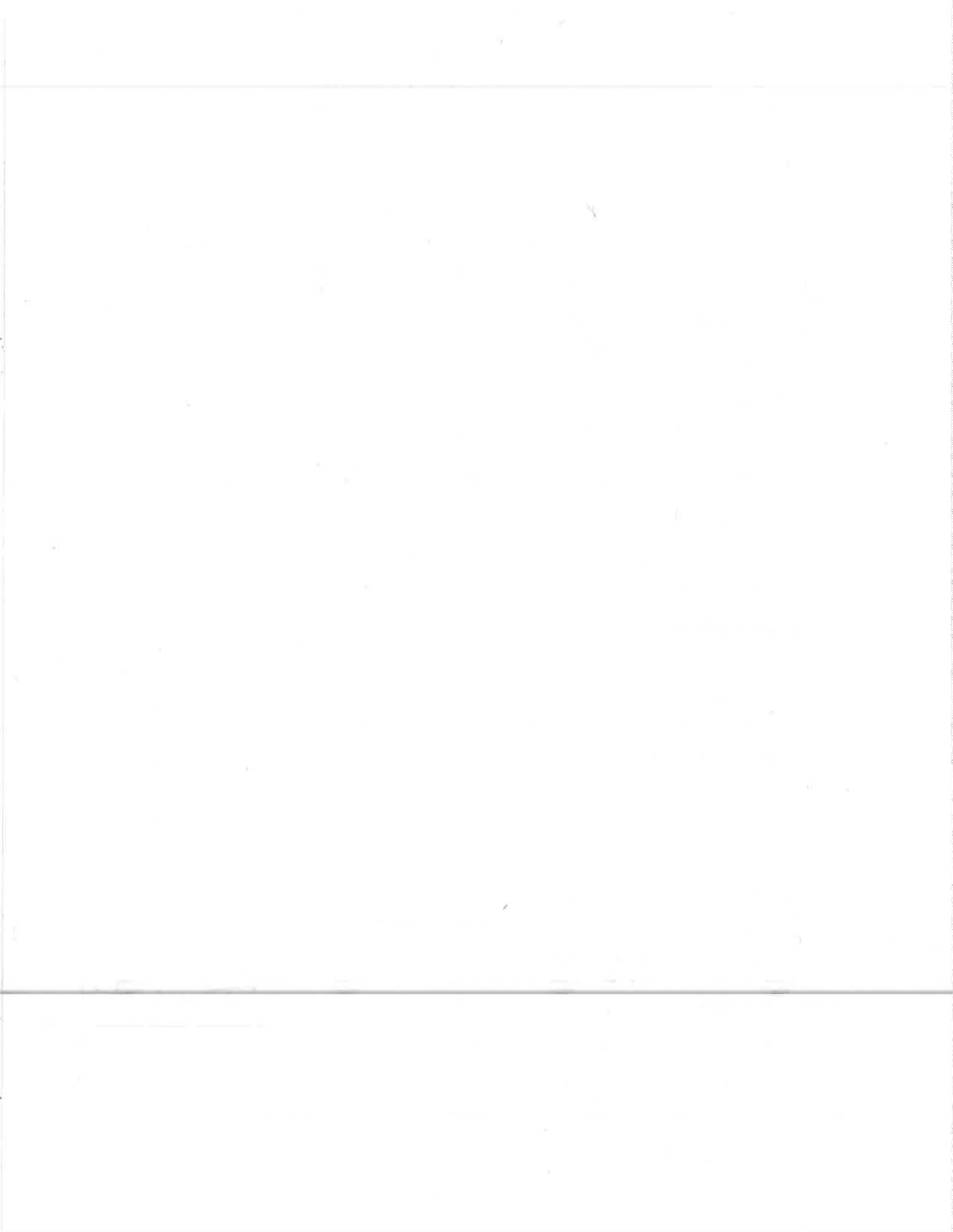
Signature of Applicant: Nusrat Shova

Sworn to before me this 16<sup>th</sup> day of Oct 2024

Notary Public: Ruhal Abdin Superintendent of Buildings: \_\_\_\_\_

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VILLAGE OF FREEPORT, NY

Ruhal Abdin  
RUHAL ABDIN  
Notary Public - State of New York  
No. 01AB6087339  
Qualified in Queens County  
Commission Expires Feb 18, 2027



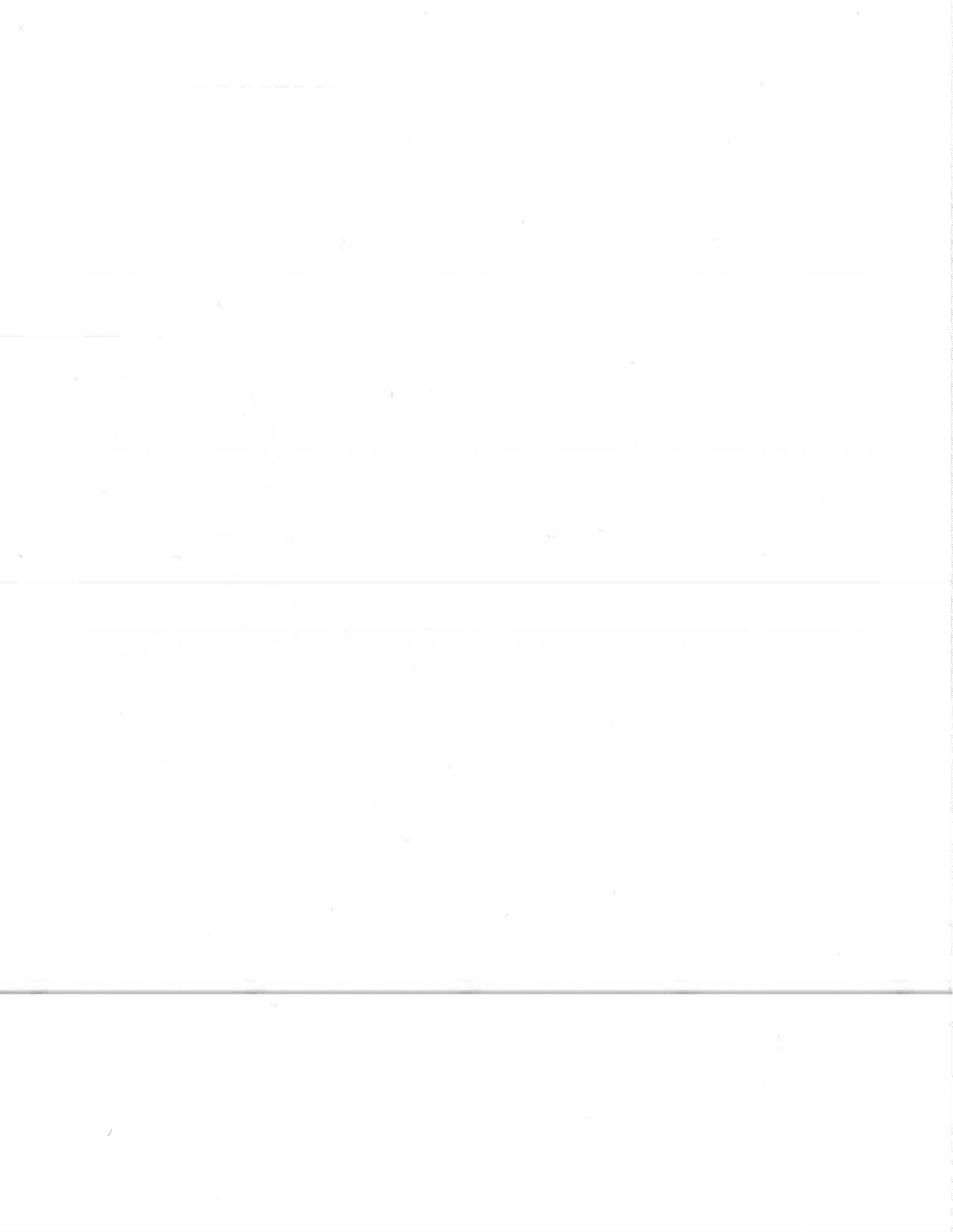
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411 GUY LOMBARDO AVE, FREEPORT, NY 11520

2025 MAR 31 P 3:17

CLERK'S OFFICE  
VILLAGE OF FREEPORT, NY







March 28<sup>th</sup>, 2025

**To: Village of Freeport**  
 Municipal Building  
 46 North Ocean Ave., Freeport, NY, 11520  
 Attn. Board of Appeals

**RE: 6' high fence at front of the property.**  
 411 Guy Lombardo Ave, Freeport, NY, 11520

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To whom it may concern,

I have been retained by my clients, Nusral Shova and Navid Shipval, to maintain the construction of a 6' high fence at the front of the property (please refer to plans). The fence was partially built before a stop work order was issued.

The main reason for the building of the fence is for the safety, welfare and security of their nephews, diagnosed with autism, who are currently living with them due to their father's illness.

The children's father, Arvin Shivpaul, is currently being treated for colon cancer (please refer to the attached medical document) and cannot care for his children at this time. Therefore, my clients are taking care of two of Arvin's children, Alana and Nicholas, who both, in turn, have their own medical issues and need to be monitored 24 hs/day.

Both Alana, 9 years old, and Nicholas 10 years old, have the same autistic disorder, and have a history of trying to run off their parent's property by climbing their 4' high fence, even while being monitored. Please refer to the attached medical disclosures for both children.

At this point, my clients want to make certain that both children can play freely and safely in their yard without worrying that they can leave the property, even while being supervised.

We understand the 6'-0" height of this fence does not meet the current Village of Freeport zoning regulations, but due to the circumstance explained above, we respectfully request to have this petition granted, as it's being filed for the welfare of the 2 young children.

The fence was designed so it would not only provide protection for the children but also will not be an eyesore to the adjacent properties. The ample arched aluminum railing and gates provide a sense of openness and allow you to see through the brick pier fence.



We believe that due to the circumstances mentioned above, this elegant fence will serve its main purpose of providing security for the children, and at the same time will not cause a negative effect on the adjacent properties.

We appreciate your consideration on this matter and look forward to a positive determination.

Thank you very much,  
Marcelo Kohan, AIA

Sincerely,

---

Marcelo Kohan,  
Architect & Principal at Delargent Design

CC: Navid Shipval

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2025 MAR 31 P 3:18

MEDICAL REQUEST FOR HOME CARE

CLERK'S OFFICE  
VILLAGE OF FREEPORT, NY



Return Completed Form to: GSS District Office \_\_\_\_\_ Attr: Case Load No. \_\_\_\_\_ Date Returned to/Received by GSS \_\_\_\_\_  
Address \_\_\_\_\_ Borough \_\_\_\_\_  
Zip Code \_\_\_\_\_ Tel. No. \_\_\_\_\_  
FOR GSS USE ONLY

1. CLIENT INFORMATION  
Patient's Name: Alana Bhadrasain Birthdate: 10/7/16 Social Security Number: \_\_\_\_\_ Medicaid No. \_\_\_\_\_  
Home address (No. & Street): \_\_\_\_\_ Borough: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Hospital/Clinic Chart No. \_\_\_\_\_ II. MEDICAL STATUS Contact Person: \_\_\_\_\_ Contact Tel. No. \_\_\_\_\_

PATIENT'S MEDICAL RELEASE: I hereby authorize all physicians and medical providers to release any information acquired in the course of my examination of treatment to the New York City HRV Dept. of Social Services in connection with my request for home care.

Date: \_\_\_\_\_ Signature(X): \_\_\_\_\_  
How long have you treated the patient? 7 Years Date of this Examination: 03/26/25 Place of this Examination: Niaz Medical Services Date of next Examination: Not Scheduled

A. CURRENT CONDITION

Date of Onset: Diagnosed in 2019 Check(✓) prognosis of each

Anticipated Recovery 6 months (✓)	Chronic Condition (✓)	Deterioration of Present Function Level (✓)
	✓	

1. Primary Diagnosis/ ICD Code: Autistic Disorder F84.0  
2. Secondary Diagnosis/ ICD Code: \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

B. HOSPITAL INFORMATION

CURRENTLY IN: (Hospital Name) \_\_\_\_\_ Admission Date: \_\_\_\_\_  
Reason for Hospitalization: Not Hospitalized Expected Date of Discharge: \_\_\_\_\_

C. MEDICATION

	Dosage	Oral or Parenteral	Frequency
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Indicate patient's ability to take medication: (\*)

- 1.  Can self-administer
- 2.  Needs reminding
- 3.  Needs supervision
- 4.  Needs help with preparation
- 5.  Needs administration

(\*) If patient CANNOT self-administer medication

(a) Can he/she be trained to self-administer medication?  Yes  No If no, indicate why not: \_\_\_\_\_

(b) What arrangements have been made for the administration of medications? \_\_\_\_\_

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CLERK'S OFFICE  
VILLAGE OF FREEPORT, NY

D. MEDICAL TREATMENT

Does the patient receive any of the following medical treatment?  
Indicate medical treatment currently received: (✓)

Yes  No

1. Decubitus Care	
2. Dressings: Sterile Simple	
3. Bed bound Care (turning, exercising, positioning)	
4. Ambulation Exercises	
5. ROM/Therapeutic Exercises	
6. Enema	

7. Colostomy Care	
8. Ostomy Care	
9. Oxygen Administration	
10. Catheter Care	
11. Tube Irrigation	
12. Monitor Vital Signs	
13. Tube Feedings	
14. Inhalation Therapy	

15. Suctioning	
16. Speech/Hearing/ Therapy	X
17. Occupational Therapy	X
18. Rehabilitation Therapy	
19. Indicate any special dietary needs	
20. Other <i>Physical therapy</i>	

For each treatment checked, indicate frequency recommended, how the service is currently being provided and what plans have been made to provide the service in the future: (Attach additional documentation as necessary.)

*Patient receives OT/PT and speech twice a week in school. Patient is autistic and needs help with daily activities.*

Based on the medical condition, do you recommend the provision of service to assist with personal care and/or light housekeeping tasks?

Yes  No

Please indicate contributing factors (e.g. limited range of motion, muscular motor impairments, etc.) and any other information that may be pertinent to the patient's need for assistance with personal care services tasks.

*Patient is autistic and needs help with daily activities*

Can patient direct a home care worker?  Yes  No If no, explain below:

*Patient is a minor and autistic*

E. EQUIPMENT/SUPPLIES

Please indicate which equipment/supplies the client has, needs or has been ordered.

	Has	Needs	Ordered
Cane			
Crutches			
Walker			
Wheelchair			
Hospital Bed			
Side Rails			

	Has	Needs	Ordered
Bedpan/Urinal			
Commode			
Diapers			
Hoyer Lift			
Dressings			
Respiratory Aide			

	Has	Needs	Ordered
Bath Bar			
Bath Seat			
Grab Bar			
Shower Handle			
Other (Specify)			

If any needed equipment was not ordered, what other plans have been made to meet this need?

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

SSN: \_\_\_\_\_

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F. REFERRALS

CLERK'S OFFICE  
VILLAGE OF FINE POINT, NY

Has a referral been made to any of these agencies: Certified Home Health Agency, Hospital-Based Home Care Agency, Hospice, a Health Related Facility (HRF), a Skilled Nursing Facility (SNF) or the Lombardi Program? Yes  No

IDENTITY AGENCY	SERVICE	STATUS OF SERVICE	REFERRAL DATE
_____	_____	_____	_____
_____	_____	_____	_____

G. ADDITIONAL COMMENTS

Describe any other aspects of the patient's medical, social, family or home situation which affects the patient's ability to function, or may affect need for home care. If necessary, please attach an additional sheet(s) explaining the patient's condition in greater detail.

Patient is autistic and needs help with daily tasks

Signature of Person Completing Additional Comments Section	Title	Date
	Agency	

Physician's Certification

I, the undersigned physician, certify that this patient can be cared for at home, and that I have accurately described his or her medical condition, needs and regimens, including any medication regimens, at the time I examined him or her. I understand that I am not to recommend the number of hours of personal care services this patient may require. I also understand that this physician's order is subject to the New York State Department of Health regulations at part 515, 516, 517, and 518 of title 18 NYCRR, which permit the department to impose monetary penalties on, or sanction and recover overpayments from, providers or prescribers of medical care, services or supplies when medical care, services or supplies that are unnecessary, improper or exceed the patient's documented medical condition are provided or ordered.

Sana Alam \_\_\_\_\_ Intern \_\_\_\_\_ Resident \_\_\_\_\_  
\*(PRINT) Physician's Name Specialty \*Physician's Signature

104-14 113th Street \_\_\_\_\_ S. Richmond Hill \_\_\_\_\_ NY \_\_\_\_\_ 11419  
\*Business Address \*City \*State \*Zip Code

Signature date must be within thirty days after medical exam of patient.

03/26/25 \_\_\_\_\_ 1093102667 \_\_\_\_\_ 718-835-2254 \_\_\_\_\_  
\*Date Form Completed \*Registry Number \*NPI Number \*Physician's Telephone Physician's E-mail

Indicate where form was completed:

Niaz Medical Services \_\_\_\_\_ 104-14 113th Street \_\_\_\_\_ S. Richmond Hill NY \_\_\_\_\_ 718-835-2254  
Hospital/Clinic/Institution Name Address City State Zip Code Telephone No. / E-mail

If Nurse /Social Worker/other person assisted in completing this form:

\_\_\_\_\_  
Name Title Address Telephone No. / E-mail

\*Mandatory



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CLERK'S OFFICE  
VILLAGE OF FREEPORT, NY

MEDICAL REQUEST FOR HOME CARE



GSS District Office \_\_\_\_\_ Attc Case Load No. \_\_\_\_\_

Return Completed Form to:

Address \_\_\_\_\_ Borough \_\_\_\_\_

Zip Code \_\_\_\_\_ Tel. No. \_\_\_\_\_

Date Returned to/Received by GSS

1. CLIENT INFORMATION

FOR GSS USE ONLY

Patient's Name <b>Nicholas Bhadransain</b>		Birthdate <b>09/03/2015</b>		Social Security Number		Medicaid No.	
Home address (No. & Street) <b>115-27 133rd Street South Ozone Park</b>				Borough <b>Queens</b>		Zip Code <b>11420</b>	
Hospital/Clinic Chart No.				Contact Person <b>Roshnie Bhadransain</b>		Telephone No. <b>646-934-4453</b>	
II. MEDICAL STATUS				Contact Tel. No. <b>646-934-4453</b>			

PATIENT'S MEDICAL RELEASE: I hereby authorize all physicians and medical providers to release any information acquired in the course of my examination of treatment to the New York City HRA Dept. of Social Services in connection with my request for home care.

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

How long have you treated the patient? **07/10/2018** Date of this Examination: **03/06/2025** Place of this Examination: **Med. Medical Services** Date of next Examination: **N/A**

A. CURRENT CONDITION

Date of Onset	Check (✓) prognosis of each	Anticipated Recovery 6 months	Chronic Condition	Distinction of Present Problem Level (✓)
<b>04/08/2020</b>	1. Primary Diagnosis/ ICD Code <b>Autistic disorder F84.0</b>	<b>5</b>	<b>5</b>	
<b>07/10/2018</b>	2. Secondary Diagnosis/ ICD Code <b>development disorder of speech and language F80.9</b>			
	3.			
	4.			
	5.			

B. HOSPITAL INFORMATION

CURRENTLY IN: (Hospital Name) \_\_\_\_\_

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

Reason for Hospitalization: \_\_\_\_\_

Expected Date of Discharge: \_\_\_\_\_

C. MEDICATION

	Dosage	Oral or Parenteral	Frequency
1.			
2.	<b>None</b>		
3.			
4.			
5.			
6.			
7.			

Indicate patient's ability to take medication: (\*)

- 1.  Can self-administer
- 2.  Needs reminding
- 3.  Needs supervision
- 4.  Needs help with preparation
- 5.  Needs administration

(\*) If patient CANNOT self-administer medication

(a) Can he/she be trained to self-administer medication?  Yes  No If no, indicate why not: **Patient is severely autistic he requires constant supervision**

(b) What arrangements have been made for the administration of medications? **Parent/ guardian or aide has to administer medication as needed**

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D. MEDICAL TREATMENT

Does the patient receive any of the following medical treatment?  
Indicate medical treatment currently received: (✓)

Yes  No

VILLAGE OF FREEPORT, NY

1. Decubitus Care	
2. Dressings: Sterile Simple	
3. Bed bound Care (turning, exercising, positioning)	
4. Ambulation Exercise	
5. ROM/Therapeutic Exercise	
6. Enemas	

7. Colostomy Care	
8. Ostomy Care	
9. Oxygen Administration	
10. Catheter Care	
11. Tube Irrigation	
12. Monitor Vital Signs	
13. Tube Feedings	
14. Inhalation Therapy	

15. Suctioning	
16. Speech/Hearing/ Therapy	<input checked="" type="checkbox"/>
17. Occupational Therapy	
18. Rehabilitation Therapy	
19. Indicate any special dietary needs	
20. Other Physical Therapy	

For each treatment checked, indicate frequency recommended, how the service is currently being provided and what plans have been made to provide the service in the future: (Attach additional documentation as necessary.)

school has IEP He receives services through specialized

Based on the medical condition, do you recommend the provision of service to assist with personal care and/or light housekeeping tasks?

Yes  No

Please indicate contributing factors (e.g. limited range of motion, muscular motor impairments, etc.) and any other information that may be pertinent to the patient's need for assistance with personal care services tasks.

Patient is severely autistic and needs assistance with daily activities like eating, getting dressed, and using the bathroom. He cannot be left alone needs constant supervision. Patient is not aware of his surroundings and does not communicate his needs like when is hungry or has to use the bathroom.

Can patient direct a home care worker?  Yes  No If no, explain below:

Patient is nonverbal and is unable to communicate his needs.

E. EQUIPMENT/SUPPLIES

Please indicate which equipment/supplies the client has, needs or has been ordered.

	Has	Needs	Ordered
Cane			
Crutches			
Walker			
Wheelchair			
Hospital Bed			
Side Rails			

	Has	Needs	Ordered
Bedpan/Urinal			
Commode			
Diapers			
Hoyer Lift			
Dressings			
Respiratory Aide			

	Has	Needs	Ordered
Bath Bar			
Bath Seat			
Grab Bar			
Shower Handle			
Other (Specify)			

If any needed equipment was not ordered, what other plans have been made to meet this need?

SSN: \_\_\_\_\_

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F. REFERRALS

CLERK'S OFFICE  
VILLAGE DE FREEPORT, NY

Has a referral been made to any of these agencies: Certified Home Health Agency, Hospital-Based Home Care Agency, Hospice, a Health Related Facility (HRF), a Skilled Nursing Facility (SNF) or the Lombardi Program? Yes  No

IDENTITY AGENCY	SERVICE	STATUS OF SERVICE	REFERRAL DATE
_____	_____	_____	_____
_____	_____	_____	_____

G. ADDITIONAL COMMENTS

Describe any other aspects of the patient's medical, social, family or home situation which affects the patient's ability to function, or may affect need for home care. If necessary, please attach an additional sheet(s) explaining the patient's condition in greater detail.

Patient requires constant supervision and cannot be left alone. He is nonverbal and does not communicate his needs. Nicholas has an autistic sibling as well, his parents work, needs constant help and supervision.

Signature of Person Completing Additional Comments Section	Title	Date
	Agency	

Physician's Certification

I, the undersigned physician, certify that this patient can be cared for at home, and that I have accurately described his or her medical condition, needs and regimens, including any medication regimens, at the time I examined him or her. I understand that I am not to recommend the number of hours of personal care services this patient may require. I also understand that this physician's order is subject to the New York State Department of Health regulations at part 515, 516, 517, and 518 of title 18 NYCRR, which permit the department to impose monetary penalties on, or sanction and recover overpayments from, providers or prescribers of medical care, services or supplies when medical care, services or supplies that are unnecessary, improper or exceed the patient's documented medical condition are provided or ordered.

Jahnvi Bhatt PA      Pediatrics      J. Bhatt      Intern \_\_\_\_\_ Resident \_\_\_\_\_  
\*(PRINT) Physician's Name      Specialty      \*Physician's Signature

104-14 113th St South Richmond Hill, NY, 11419      South Richmond Hill      NY      11419  
\*Business Address      \*City      \*State      \*Zip Code

Signature date must be within thirty days after medical exam of patient.

03/26/2025      \_\_\_\_\_      1578075131      718-835-2254      info@niazmed.com  
\*Date Form Completed      \*Registry Number      \*NPI Number      \*Physician's Telephone      \*Physician's E-mail

Indicate where form was completed:

Niaz Medical Services      104-14 113th St South Richmond Hill, NY 11419      718-835-2254  
Hospital/Clinic/Institution Name      Address      Telephone No. / E-mail

If Nurse /Social Worker/other person assisted in completing this form:

\_\_\_\_\_  
Name      Title      Address      Telephone No. / E-mail

\*Mandatory

10  
11



**Northwell  
Health**  
North Shore University Hospital

**SHIVPAUL, ARVIN**

Date of Birth: 10/30/1980

MRN/VisitID: 41714270/500013977573

Admission Date: Feb 23, 2025

Discharge Date: Mar 01, 2025

You were seen at the hospital for: **Abdominal Pain**

Your provider(s): **La Gamma, Nicholas A**

Your provider(s) diagnosed you with: **Abdominal pain**

Your doctor performed the following procedures: **Laparoscopic hand-assisted right hemicolectomy**

### ▾ Your Doctor Wants You to Make the Following Appointments

- La Gamma, Nicholas Alexander; Colon/Rectal Surgery  
900 Northern Boulevard, Suite 100; Great Neck, NY 11021-5337  
Phone: (516)730-2100; Fax: (516)730-2121  
**Follow Up Time: 1 week**

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### ▾ Please Follow These Recommendations Made by Your Doctor

#### Treatment Goal(s)

- To get better and follow your care plan as instructed.
- **Diagnosis:** Abdominal pain **Assessment and Plan of Treatment:** low residue diet- avoid raw fruits and vegetables, thoroughly cooked vegetables that are soft and easily mashed with a fork are ok to eat. Bananas are also ok to eat. You may shower, remove dressing prior to showering. Let soap and water run over incision, pat dry after and replace dry gauze with paper tape Notify Dr. LaGamma if develop fever, chills, worsening abdominal pain, nausea/vomiting, purulent drainage from wound Please follow up with Dr. Lagamma in 1-2 weeks please call to schedule an appointment Please follow up with your regular medical doctor in 1 week, please call to schedule an appointment to discuss recent hospitalization, surgery and follow up nodule on lung seen on CT scan

#### Diet Recommendations

- Low fiber diet:  
This diet will help rest the stomach and intestine. Restrict raw fruits, raw vegetables and whole grains, seeds and nuts. A fiber-restricted diet contains less than 13 grams of fiber daily. It's also important to eat enough protein foods while you are on a fiber-restricted diet.

#### Activity Recommendations

- Follow Instructions Provided by your Surgical Team
- Showering allowed
- Stairs allowed
- Walking - Indoors allowed
- Walking - Outdoors allowed



**Northwell Health**  
North Shore University Hospital

**SHIVPAUL, ARVIN**  
Date of Birth: 10/30/1980

MRN/VisitID: 41714270/500013977573

**Discharge Medication Information**

**Note to Patient:** Please do not take any other medications without first consulting with your primary care doctor. Please bring this form to your next doctor's appointment. Carry a list of your medications with you at all times in the event of an emergency.

I will **START** or **STAY ON** these medications listed below when I leave the hospital:

Medications:	When to Take Next Changes Dose		Prescriptions
acetaminophen 500 mg oral tablet --2 tab(s) by mouth every 6 hours <b>Indication:</b> pain control	3/1/25 @ 6pm	No Changes	Continue to Take Your Medication as Prescribed
Eliquis 2.5 mg oral tablet --1 tab(s) by mouth 2 times a day <b>Indication:</b> elevated caprini score, risk for DVT	3/1/25 10pm	New Medication	Prescription Sent to Pharmacy VIVO HEALTH PHARMACY AT MANHASSET 300 COMMUNITY DRIVE , MANHASSET, NY, 11030 (516) 5628486
ibuprofen 400 mg oral tablet --1 tab(s) by mouth every 6 hours <b>Indication:</b> pain control	3/1/25 8pm	No Changes	Continue to Take Your Medication as Prescribed

I will **STOP** taking these medications listed below:

**Medications:**

There are no medications to be stopped.

I will take the following medications only as needed:

Medications:	When to Take Changes Next Dose		Prescriptions
oxyCODONE 5 mg oral tablet --1 tab(s) by mouth every 6 hours as needed for Severe Pain (7 - 10) MDD: 4 <b>Indication:</b> extreme pain control	3/1/25 @ 602pm	New Medication	Prescription Sent to Pharmacy VIVO HEALTH PHARMACY AT MANHASSET 300 COMMUNITY DRIVE , MANHASSET, NY, 11030 (516) 5628486



**Northwell  
Health**  
North Shore University Hospital

SHIVPAUL, ARVIN

Date of Birth: 10/30/1980

MRN/VisitID: 41714270/500013977573

### Patient Acknowledgment

I have been provided with, read and understand the Patient Discharge Instructions and the Discharge Medication Information. I understand it is important to follow these instructions.

Patient/Guardian Name: *X*

Relationship: *Self*

Patient/Guardian Signature: *X*

Date/Time: *3/1/25 @ 10:30 AM*

The Patient Discharge Instructions and the Discharge Medication Information has been provided to and reviewed with the patient/guardian and a copy has been faxed to the next level of care as applicable.

RN Name: *MONA V MOHAN RN*

RN Signature: *Mona V Mohan RN*

Date/Time: *3/1/25 @ 10:30 AM*

FAX Sent To:

Date/Time:

FAX:

Unit Receptionist Name:

Signature:

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VILLAGE OF FREEPORT, NY

PROPOSED

411 GUY LOMBARDO AVE, FREEPORT, NY 11520



# SHOVA'S RESIDENCE

411 Guy Lombardo Ave., Freeport, NY 11520



## ZONING CALCULATIONS EXISTING SINGLE FAMILY RESIDENCE

SEC.	REQUIREMENT	ACTUAL VALUE	STATUS
	LOT AREA =	12,000 S.F.	
SEC. 210-39	MAX. BLDG. HEIGHT; SKY EXPOSURE PLANE ACTUAL BLDG. HEIGHT =	(3) STORIES; 35' (2) STORIES; + - 26'-6" < 35' OK	
SEC. 210-40	MIN. LOT AREA; STREET FRONTAGE; LOT WIDTH ACTUAL LOT AREA; STREET FRONTAGE; LOT WIDTH	5,000 S.F.; 50' 12,000 S.F.; 75' OK	
SEC. 210-41	MAX. LOT COVERAGE; FLOOR AREA RATIO ACTUAL LOT COVERAGE =  MAX. FLOOR AREA OF MAIN BUILDING = ACTUAL FLOOR AREA = ACTUAL FLOOR AREA RATIO =	30% + 10% FOR ACCESSORY BLDG. 2,017 SF + 212 (SHED) = 2,229 SF = 18.6% < 30% OK  50% OF LOT AREA = 6,000 S.F. 1,924 SF (1ST FL) + 1,097 SF (2ND FL) = 3,021 SF 3,021 SF x 100 / 12,000 = 25.2% < 50% OK	
SEC. 210-42	MINIMUM FLOOR AREA = ACTUAL FLOOR AREA =	800 SF PER DWELLING UNIT 3,021 S.F. > 800 S.F. OK	
SEC. 210-43	MINIMUM REQUIRED YARDS = ACTUAL FRONT YARD = ACTUAL REAR YARD = ACTUAL SIDE YARDS = 8'-10" + 9'-7" =	F.Y. = 20'; R.Y. = 20% MIN OF LOT DEPTH (30'); S.Y. = 5' EA MIN. (25% LOT WIDTH MIN) 60'-8" (EXIST.) OK 54'-9" (EXIST.) OK 18'-5" (EXIST.) OK	

## ZONING DATA

ZONE	RES. DISTRICT 'A'
TOWN	VILLAGE OF FREEPORT
SECTION	62
BLOCK	88
LOT (S)	50
HOUSE#	411

## SCOPE OF WORK

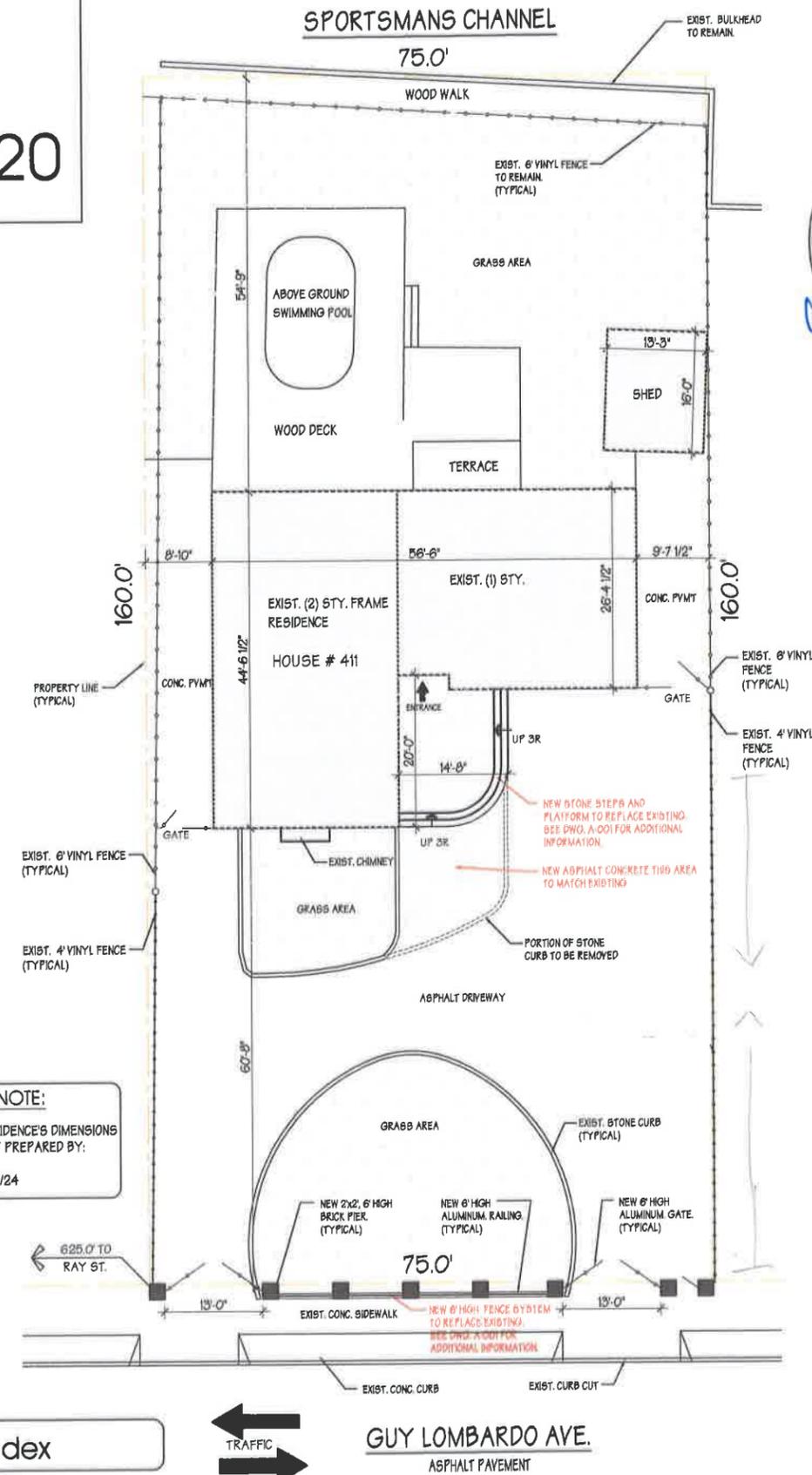
- NEW 6' HIGH FENCE AT FRONT OF PROPERTY.
- REPLACE EXIST. FRONT CONCRETE PLATFORM

## NOTE:

THERE'S NO CHANGE IN THE BUILDING'S BULK OR USE UNDER THIS APPLICATION

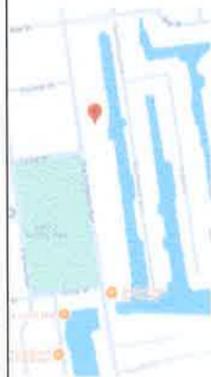
## SITE PLAN NOTE:

EXISTING SITE AND RESIDENCE'S DIMENSIONS ARE BASED ON SURVEY PREPARED BY: "PRECISION SURVEYS", ON SURVEY DATED 11/8/24



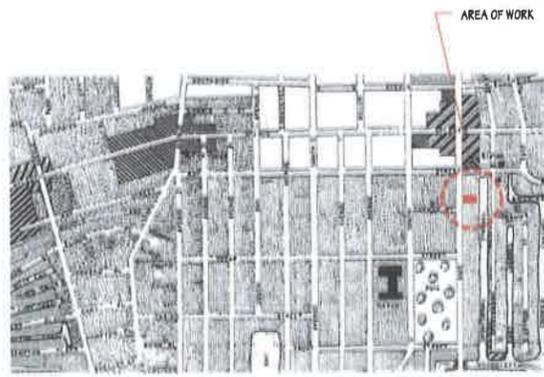
Front View

Not To Scale



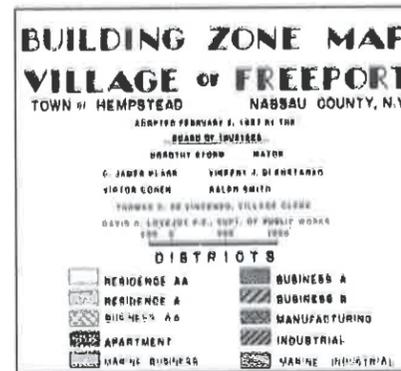
Block Diagram

Not To Scale



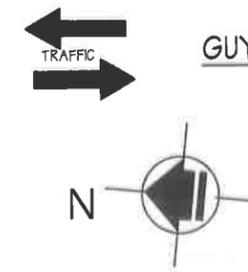
Zoning Map

Not To Scale



## Drawing Index

- ARCHITECTURAL**
- A-001 SITE PLAN / ZONING INFORMATION
  - A-002 PROPOSED FENCE PLAN, SECTION ELEVATION AND DETAILS / PROPOSED CONCRETE PLATFORM PLAN AND DETAIL



## Site Plan

Scale: 1" = 10'

## DOB APPROVAL

## PROJECT INFORMATION

Shova's Residence  
411 Guy Lombardo Ave.,  
Freeport, NY, 11520

SECTION: 62  
BLOCK: 88  
TAX LOT(S): 50

## SUBMISSIONS

No.	DATE	DESCRIPTION
1	12/12/24	FOR DOB FILING

## KEY PLAN

PROJECT NO: 2426

CAD DWG FILE:

DATE: 11/7/24

DRAWN BY: MAK

SHEET TITLE

Plot Plan / Zoning Information

SHEET NUMBER PAGE NO.

A-001.00 1 of 2

DOB JOB NUMBER



DOB APPROVAL

PROJECT INFORMATION

**Shova's Residence**  
411 Guy Lombardo Ave.,  
Freeport, NY, 11520

SECTION: 62  
BLOCK: 88  
TAX LOT(s): 50

SUBMISSIONS

No.	DATE	DESCRIPTION
1	12/2/24	FOR DOB FILING

KEY PLAN

PROJECT NO: 2426

CAD DWG FILE:

DATE: 12/5/24

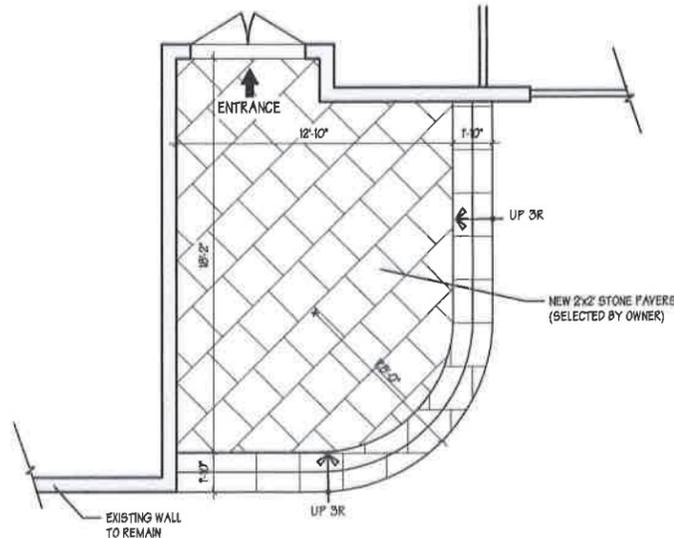
DRAWN BY: MAK

SHEET TITLE  
**Fence Plan, Section  
and Details /  
Plan at Entry Platform**

SHEET NUMBER PAGE NO.

**A-002.00** 2 of 2

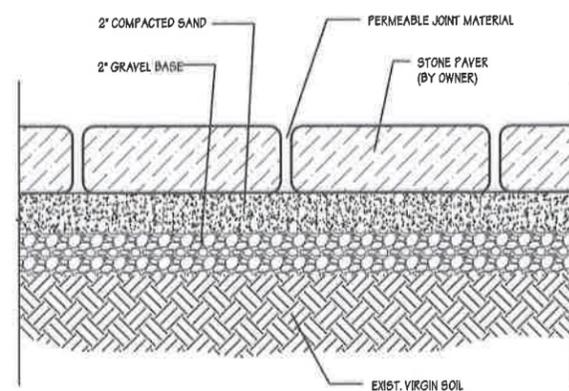
DOB JOB NUMBER



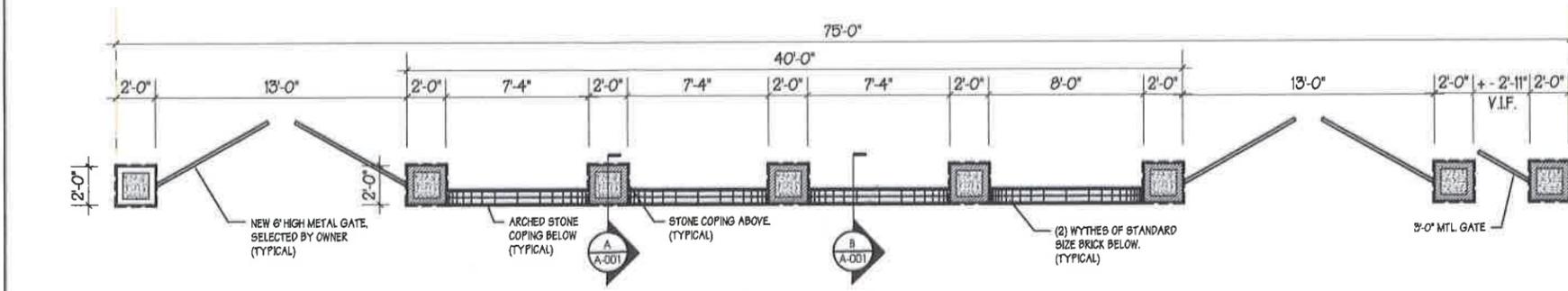
**Plan at Entry Platform**  
Scale: 1/4" = 1'-0"

**NOTE:**

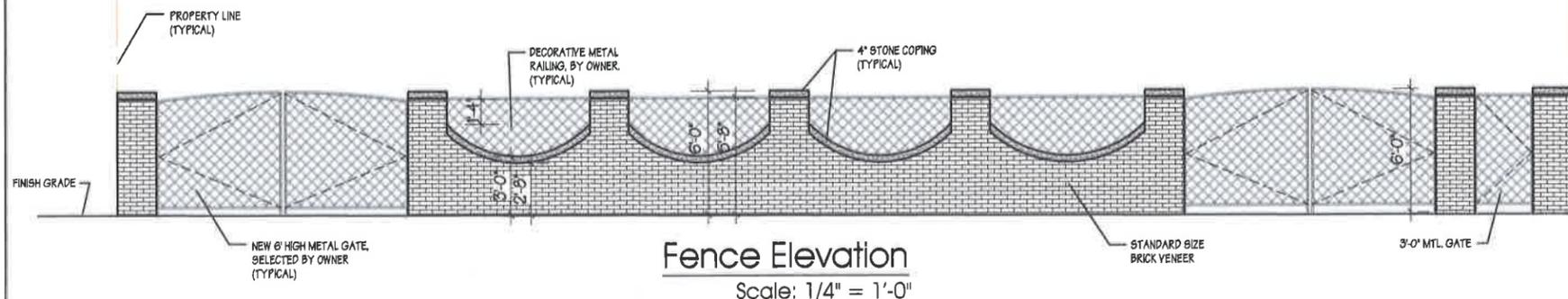
REFER TO SITE PLAN FOR LOCATION



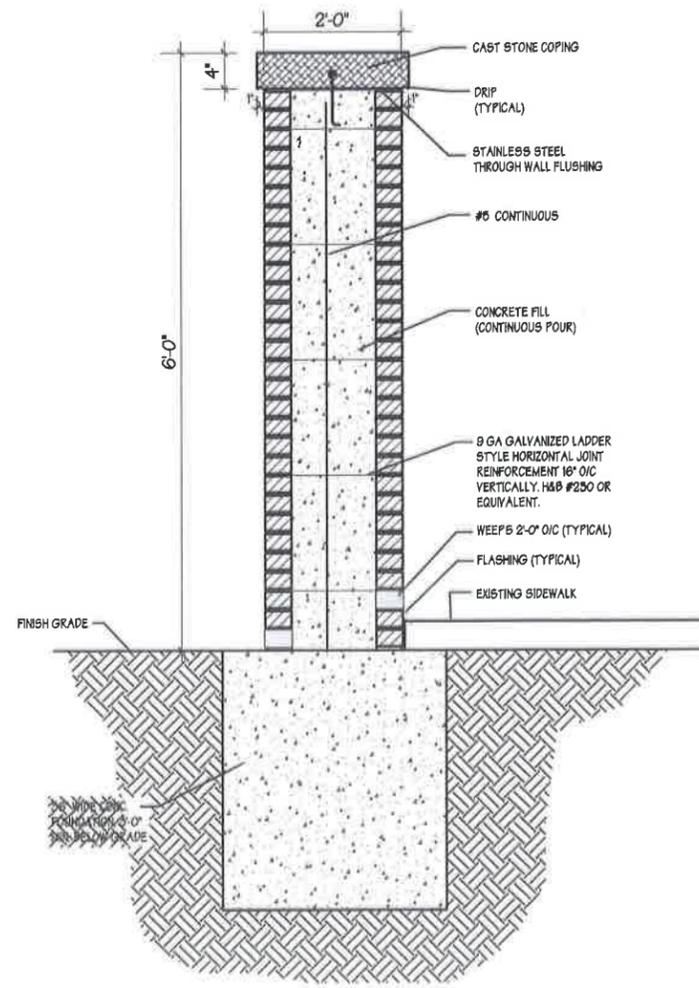
**1 Stone Paver Detail**  
SCALE = NTS



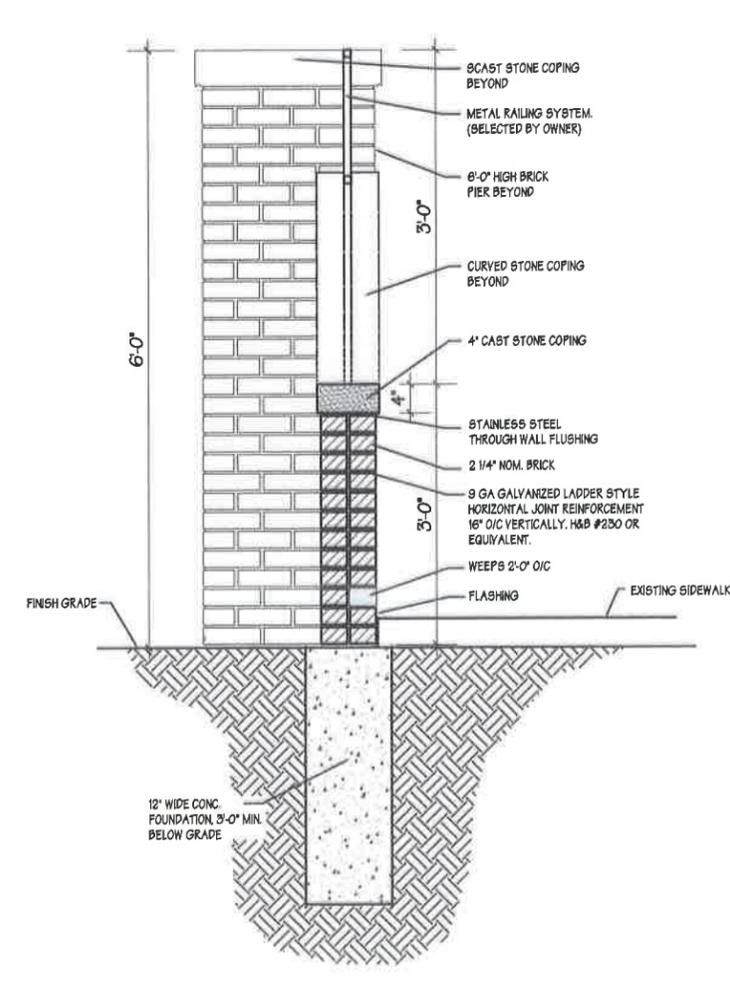
**Brick Fence Plan**  
Scale: 1/4" = 1'-0"



**Fence Elevation**  
Scale: 1/4" = 1'-0"



**A Section at Brick Pier**  
Scale: 1" = 1'-0"



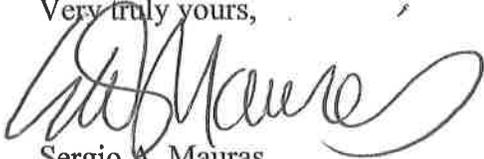
**B Section at Brick Wall**  
Scale: 1" = 1'-0"

Please be further advised that if you intend to appeal this decision you must file an application within sixty (60) days of the date of this letter. For your convenience, we have enclosed the instructions, application, Building Department letters/documents, the Environmental Assessment form, and the Negative Declaration page pertaining to your building application. Please call the **Village Clerk's Office at 516-377-2202** to make an appointment, during normal business hours, to review the completed application. Changes or additional information may be required for the application; therefore, only **ONE** complete package of the twelve (12) sets should be brought in for the initial appointment with the Clerk's office. **Only after this initial appointment should the additional copies be made.**

Be further advised that you must submit an application to the Zoning Board of Appeals within sixty (60) days of the date of this letter. In the event that you do not file an application within the allotted sixty (60) days, this letter will expire and the Building Permit Application in conjunction with same will be cancelled. Subsequently, a new Building Permit Application and filing fees will be required.

If you should have any questions or require any additional information with reference to the Zoning Board of Appeals Application, please call the **VILLAGE CLERK'S OFFICE** at 377-2202

Very truly yours,



Sergio A. Mauras  
Superintendent of Buildings  
Daniela Hernandez  
cc: Village Clerk

RECEIVED  
2025 MAR 27 A 9:18  
CLERK'S OFFICE  
VILLAGE OF HEMPSTADT, NY

SITE PLAN APPROVAL NEEDED: NO

VILLAGE OF FREEPORT  
Department of Buildings  
Recommendation

Notice

Negative Declaration

Positive Declaration

In accordance with Section 8-0113, Article 8 of the New York Environmental Conservation Law and Chapter 110 of the Village Code, this Department has conducted an initial review to determine whether the following project may have a significant effect on the environment and on the basis of that review hereby finds:

The proposed project will not have a significant effect on the environment and therefore does not require the preparation of an Environmental Impact Statement.

The proposed project may have a significant effect on the environment and therefore requires the preparation of an Environmental Impact Statement.  
(See reasons below)

Project :

Building Permit App. 20244021

Location: 3 Ray St

Applicant: Ansel Wallace

Description: Maintain 86' of 6' high closed PVC fence.

Lead Agency: Department of Buildings  
for the Board of Trustees  
Village of Freeport  
46 North Ocean Avenue, Freeport, NY

Agency Contact Person:  
Superintendent of Buildings  
(516) 377-2242

REASON(S) FOR DETERMINATION

This finding is based upon Section 617.10 of Article of the New York Environmental Conservation Law, the criteria for determining what actions may have a significant effect on the environment, as follows:

A) \_\_\_\_\_

B) Possible environment effects identified:  
(only if positive determination)

Dated: March 17, 2025

*Sergio A. Mauras*

Sergio A. Mauras  
Superintendent of Buildings

**IMPORTANT:** This declaration and supporting attachments are open for inspection and public response at the office of the Superintendent of Buildings.

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2025 MAR 21 A 4:18  
VILLAGE OF FREEPORT  
DEPARTMENT OF BUILDINGS  
NY



If more space is needed annex statement on separate sheet and refer to it here with following words: "See annexed statement which is made a part hereof." Save opinions for the hearing.

10. That the grounds for this application are as follows: Our main reason for the fee was for the safety of our kids. We would love for them to be able to be outside without anyone having access to them.

11. That any deed restrictions running with the land prohibiting the desired use are as follows: N/A

If non-conforming use is claimed, set forth uses made of premises and dates thereof in chronological order.

12. That the applicant has made no previous application to this Board for the authority sought herein) (upon information and belief a previous application was made for the same or similar authority sought herein and denied by this Board, but that this application contains facts not alleged or shown in any previous proceeding before this Board).

WHEREFORE, the applicant respectfully prays that the authority sought herein be granted.

Dated: 02-26, 2025 [Signature]

BY: \_\_\_\_\_  
ITS: \_\_\_\_\_

If this verification is made by an officer of a corporation or an Association or by a legal representative of an estate, his name and office should be designated on the first line.

State of New York )  
County of Nassau ) ss:

The applicant Aysel Wallace named in the foregoing application, being duly sworn, depose and say that \_\_\_\_\_ read the foregoing application subscribed by \_\_\_\_\_ and know the contents thereof; and that the same is true to \_\_\_\_\_ own knowledge except as to the matters therein stated to be alleged on information and belief, and that as to those matters \_\_\_\_\_ believe \_\_\_\_\_ to be true.



Sworn to before me this 26 day of February, 2025 of Aysel Wallace  
Notary Public Friana M. Wallace



**Notice  
Conflict of Interest**

I have read Section 809 of the General Municipal Law concerning disclosure of and conflict of interest and hereby certify that there are no conflicts in respect to this application requiring disclosure.

02-26, 2025 \_\_\_\_\_  
Date Year

[Signature]  
Signature

**Affidavit of Owner**

To be completed only if the owner is not the applicant.

State of New York )  
County of Nassau ) ss:

I \_\_\_\_\_ being duly sworn, depose and say: \_\_\_\_\_ (is the \_\_\_\_\_) of \_\_\_\_\_ the property concerned is correct to the best of the knowledge of deponent \_\_\_\_\_)

That the owner \_\_\_\_\_ consents to the granting of the authority sought in the above application.

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

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

617.20  
Appendix B  
Short Environmental Assessment Form

NOV 14 2024

**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: <b>Install</b>			
Project Location (describe, and attach a location map): <b>3 Ray st Freeport NY 11520</b>			
Brief Description of Proposed Action: <b>86 feet 6 feet High PVC 2 single gate 6x48 1 DD Gate 6x10</b>			
Name of Applicant or Sponsor: <b>Erik Leiva</b>		Telephone: <b>516-547-6225</b>	
		E-Mail: <b>your fence to day@yahoo.com</b>	
Address: <b>209 Babylon TPKE</b>			
City/PO: <b>Roosevelt</b>		State: <b>NY</b>	Zip Code: <b>11575</b>
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"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			YES <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, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input 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			

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 CLERK'S OFFICE  
 VILLAGE OF FREEPORT NY

		NO	YES	N/A
5. Is the proposed action, a. A permitted use under the zoning regulations?		X		
b. Consistent with the adopted comprehensive plan? <span style="float: right;">NOV 14 2024</span>				
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?		X		
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____		X		
8. a. Will the proposed action result in a substantial increase in traffic above present levels?		X		
b. Are public transportation service(s) available at or near the site of the proposed action?		X		
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?		X		
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____		X		
10. Will the proposed action connect to an existing public/private water supply? [If Yes, does the existing system have capacity to provide service? <input type="checkbox"/> NO <input type="checkbox"/> YES] If No, describe method for providing potable water: _____		X		
11. Will the proposed action connect to existing wastewater utilities? [If Yes, does the existing system have capacity to provide service? <input type="checkbox"/> NO <input type="checkbox"/> YES] If No, describe method for providing wastewater treatment: _____		X		
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?		X		
b. Is the proposed action located in an archeological sensitive area?		X		
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?		X		
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____		X		
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?		X		
16. Is the project site located in the 100 year flood plain?		X		
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? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		X		
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____		X		

VILLAGE OF FRENCH CREEK, NY

CLERK'S OFFICE

425 MAR 27 A

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18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____	NO	YES
_____	X	
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
_____	X	
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
_____	X	
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: <u>Ansel Wallace</u>	Date: <u>11-13-2024</u>	
Signature: <u>Ansel Wallace</u>		

**Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. 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?	NO	
2. Will the proposed action result in a change in the use or intensity of use of land?	NO	
3. Will the proposed action impair the character or quality of the existing community?	NO	
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	NO	
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?	NO	
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?	NO	
7. Will the proposed action impact existing:		
a. public / private water supplies?	NO	
b. public / private wastewater treatment utilities?	NO	
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	NO	
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	NO	

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 VILLAGE OF FREEBORO  
 GENERAL OFFICE

	NOV 14 2024	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?		NO	
11. Will the proposed action create a hazard to environmental resources or human health?		NO	

**Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3.** 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.

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 VILLAGE OF FREEPORT, NY

<input type="checkbox"/> 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.	
<input type="checkbox"/> 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)

Department of Buildings of the Incorporated Village of Freeport

FENCE PERMIT APPLICATION

NOV 14 2024

Application Number: 20244021 S/B/L 62/52/500 Date of filing: 11/13/24

Permit Number: \_\_\_\_\_

Detailed Description of Project: 86 feet six feet High 2 single Gate 6X48  
1 DD Gate 6X10

Property Owner: \_\_\_\_\_

Property Address: 3 Roy St Freeport NY 11520 Zoning District: \_\_\_\_\_

Owners Mailing Address: \_\_\_\_\_

Owners Contact Number: 347-420-8284

Owners Email Address: \_\_\_\_\_

Contractor Information: Leiva Fence Inc

Contractor Address: 209 Babylon TPKE Roosevelt NY 11575

Contractor Phone Number: 516-547 6225

Contractor Email Address: your fence today @ yahoo.com

Documents Submitted from Contractor:

- Nassau County License YES  NO
- Workers Compensation Insurance YES  NO
- Liability Insurance YES  NO
- Disability Insurance YES  NO

Will Homeowner Install Their Own Fence YES  NO

If So, Was a Valid Copy a Valid Homeowners Insurance Policy Submitted? YES

Was the Fence Already Installed? YES  NO

Total Cost of Project (Must include contract): 2410

Total Length of Fencing: 86 feet, 6 feet High

**NOTARY REQUIRED:**

Print Name of Applicant: Ansel Wallace

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

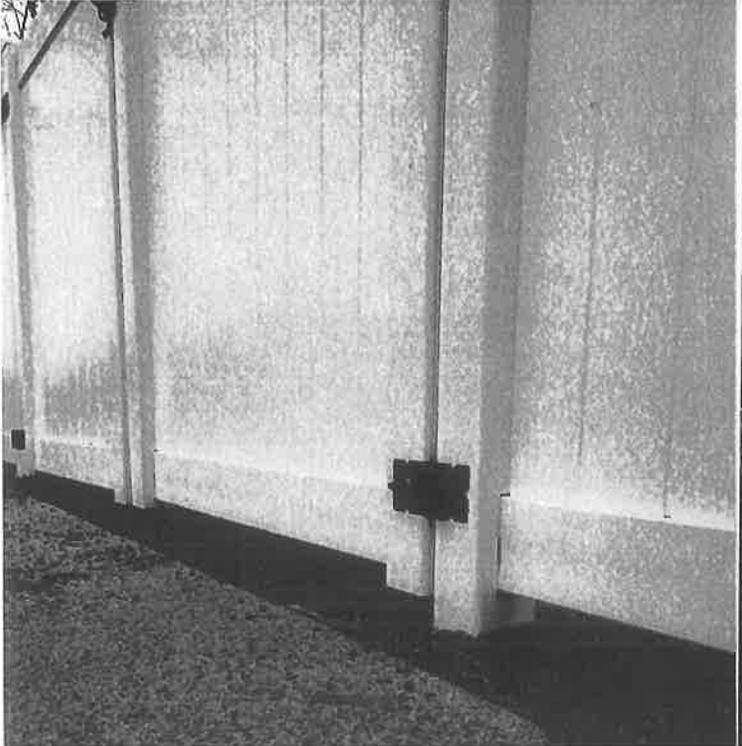
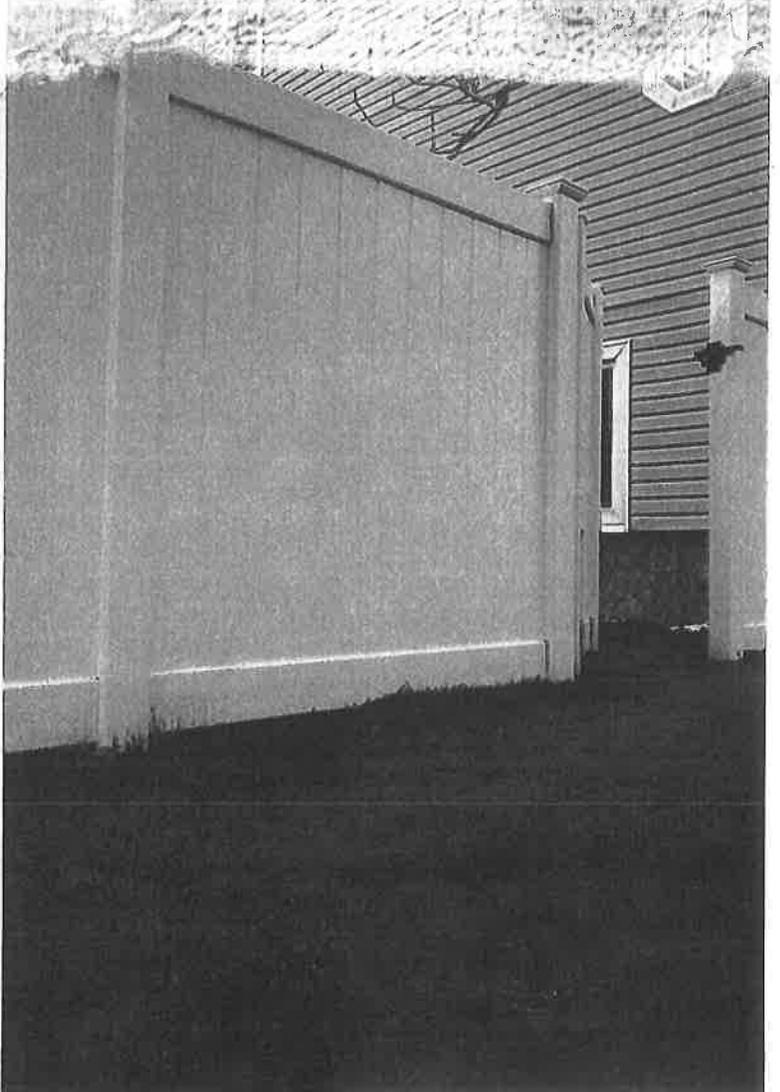
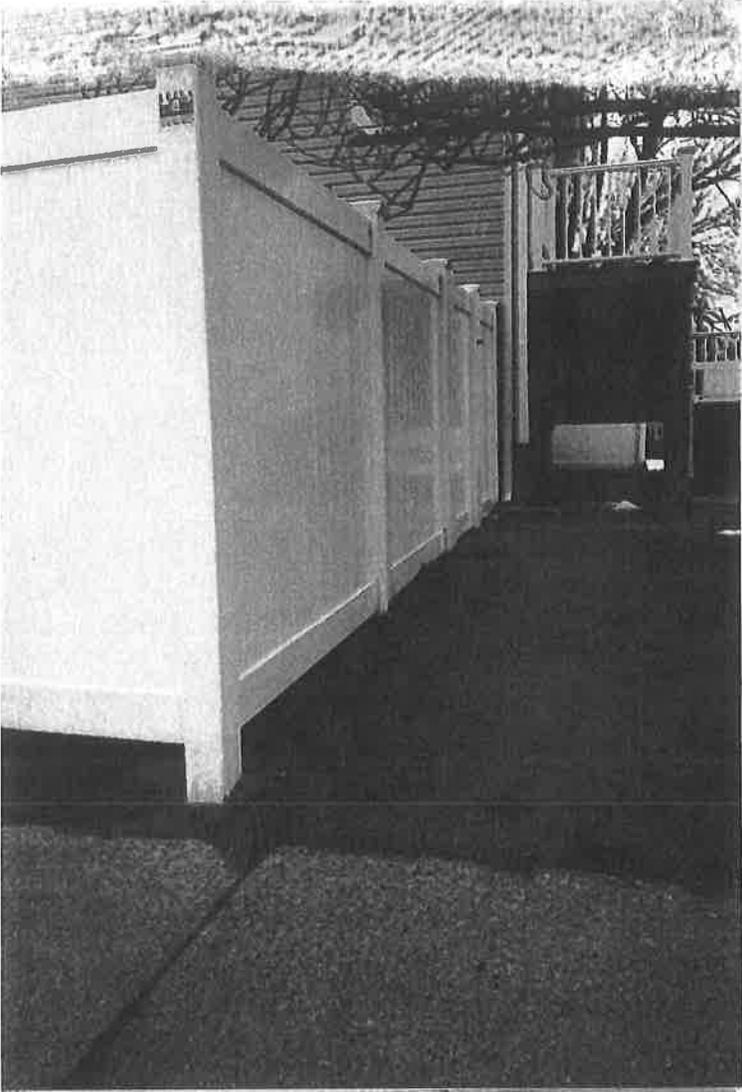
Sworn to before me this 13 day of November 2024

Notary Public: Fiona M. Wallace Superintendent of Buildings: \_\_\_\_\_

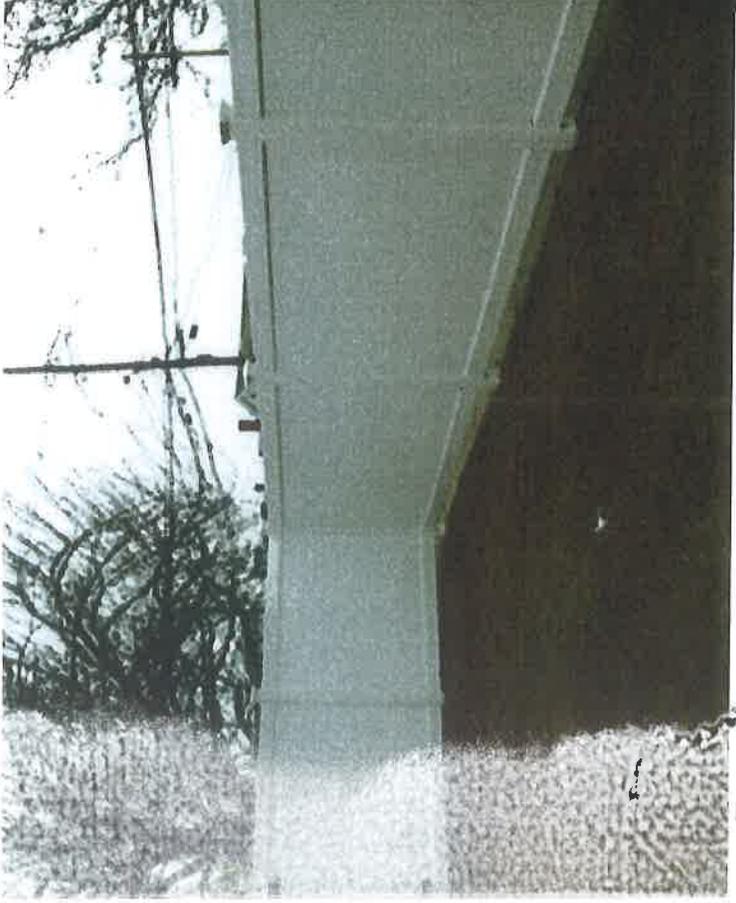
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2025 MAR 27 10 A 9 19  
CLERK'S OFFICE  
VILLAGE OF FREEPORT, NY

FIONA M WALLACE  
Notary Public - State of New York  
NO. 01WA6436357  
Qualified in Queens County  
My Commission Expires Jul 11, 2026











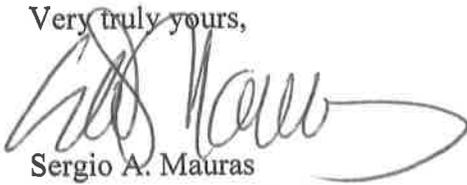


Please be further advised that if you intend to appeal this decision you must file an application within sixty (60) days of the date of this letter. For your convenience, we have enclosed the instructions, application, Building Department letters/documents, the Environmental Assessment form, and the Negative Declaration page pertaining to your building application. Please call the **Village Clerk's Office at 516-377-2202** to make an appointment, during normal business hours, to review the completed application. Changes or additional information may be required for the application; therefore, only **ONE** complete package of the twelve (12) sets should be brought in for the initial appointment with the Clerk's office. **Only after this initial appointment should the additional copies be made.**

Be further advised that you must submit an application to the Zoning Board of Appeals within sixty (60) days of the date of this letter. In the event that you do not file an application within the allotted sixty (60) days, this letter will expire and the Building Permit Application in conjunction with same will be cancelled. Subsequently, a new Building Permit Application and filing fees will be required.

If you should have any questions or require any additional information with reference to the Zoning Board of Appeals Application, please call the **VILLAGE CLERK'S OFFICE** at 377-2202

Very truly yours,



Sergio A. Mauras  
Superintendent of Buildings  
Daniela Hernandez  
cc: Village Clerk

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2025 MAR 26 1 P 3: 12  
CLERK'S OFFICE  
VILLAGE OF FREEPORT, NY

SITE PLAN APPROVAL NEEDED: NO

VILLAGE OF FREEPORT  
Department of Buildings  
Recommendation

Notice

X Negative Declaration

Positive Declaration

In accordance with Section 8-0113, Article 8 of the New York Environmental Conservation Law and Chapter 110 of the Village Code, this Department has conducted an initial review to determine whether the following project may have a significant effect on the environment and on the basis of that review hereby finds:

X The proposed project will not have a significant effect on the environment and therefore does not require the preparation of an Environmental Impact Statement.

       The proposed project may have a significant effect on the environment and therefore requires the preparation of an Environmental Impact Statement.  
(See reasons below)

Project :

Building Permit App. 20254139

Location: 66 S Bay Ave

Applicant: Alyssa Narine

Description: Maintain 266' of 6' High closed PVC fence and 180' of 4' High open.

Lead Agency: Department of Buildings  
for the Board of Trustees  
Village of Freeport  
46 North Ocean Avenue, Freeport, NY

Agency Contact Person:  
Superintendent of Buildings  
(516) 377-2242

**REASON(S) FOR DETERMINATION**

This finding is based upon Section 617.10 of Article of the New York Environmental Conservation Law, the criteria for determining what actions may have a significant effect on the environment, as follows:

A) \_\_\_\_\_

B) Possible environment effects identified:  
(only if positive determination)

Dated: March 17, 2025

*Sergio A. Mauras*  
Sergio A. Mauras  
Superintendent of Buildings

**IMPORTANT:** This declaration and supporting attachments are open for inspection and public response at the office of the Superintendent of Buildings.

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2025 MAR 26 P 3:12  
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VILLAGE OF FREEPORT, NY



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2025 MAR 26 P 3:12

SEC 62-BLK. 145 LOT. 520

BOARD OF APPEALS OF THE VILLAGE OF FREEPORT  
CLERK'S OFFICE  
VILLAGE OF FREEPORT, NY

In the Matter  
Of  
the Application of

To The Board of Appeals of the Village of Freeport, New York

Index No.

COMPLY WITH  
ORIGINAL NOTES

The application of Alyssa Narine

respectfully states and alleges:

1. That the applicant (resides at) (has its principal office for the conducting of its business at)

66 South Bay Avenue  
Freeport, NY 11520

2. That the premises affected by this application is located at

66 S Bay Ave Freeport NY 11520

Land Map of Nassau County

Sec. 62 Blk. 145 Lot(s) 520

and that the interest which the applicant has in the property concerned is that of maintaining  
266' of 6' High closed PVC fence and 180' of 4' High open.

3. That (the applicant) (the applicant's duly authorized Alyssa Narine) on or about the  
24 day of March 2025 filed in the office of the Department of Buildings of the Village of  
Freeport, New York, an application for a Building Permit. Documents filed with said application were

as follows:  
Building Permit Application

4. That on or about the 26 day of March 2025 the Department of Buildings denied said  
application; upon information and belief that the reason for said denial was as follows: § 210-6A  
village ordinance § 210-171

5. That the nature of the improvements now upon said premises is as follows:

maintain 266' of 6' high closed PVC fence &  
180' of 4' high open

6. That said premises are now being used as follows: children safety and  
privacy

7. That the applicant seeks authority to make use of said premises as follows: safe for  
my children to be able to play in their  
yard

8. Upon information and belief that a (permit) (variance) for such use may be granted by this Board by  
virtue of the following sections of the said Zoning Code of The Village of Freeport or statutes of the  
State of New York: § 210-6A  
§ 210-171

9. That the following is a statement of other factual information deemed pertinent by the applicant. If the  
application involves a subdivision of property, describe the existing property: N/A

If more space is needed annex statement on separate sheet and refer to it here with following words: "See annexed statement which is made a part hereof." Save opinions for the hearing.

10. That the grounds for this application are as follows: maintain they hence

11. That any deed restrictions running with the land prohibiting the desired use are as follows: N/A

12. That (the applicant has made no previous application to this Board for the authority sought herein) (upon information and belief a previous application was made for the same or similar authority sought herein and denied by this Board, but that this application contains facts not alleged or shown in any previous proceeding before this Board).

WHEREFORE, the applicant respectfully prays that the authority sought herein be granted.

Dated: March 26<sup>th</sup>, 2025. ANARME

BY: \_\_\_\_\_  
ITS: \_\_\_\_\_

If this verification is made by an officer of a corporation or an Association or by a legal representative of an estate, his name and office should be designated on the first line.

State of New York )  
County of Nassau ) ss:

The applicant Alyssa Narine named in the foregoing application, being duly sworn, depose and say that she read the foregoing application subscribed by \_\_\_\_\_ and know the contents thereof; and that the same is true to her own knowledge except as to the matters therein stated to be alleged on information and belief, and that as to those matters \_\_\_\_\_ believe \_\_\_\_\_ to be true.

Sworn to before me this 26<sup>th</sup> day  
of March, 2025.

Notary Public Carlynn Deak ANARME  
Signature of Applicant  
CAROLYN DEAN  
Notary Public, State of New York  
Reg. No. 01DC5036122  
Qualified in Nassau County  
Commission Expires November 21, 2026

**Notice  
Conflict of Interest**

I have read Section 809 of the General Municipal Law concerning disclosure of and conflict of interest and hereby certify that there are no conflicts in respect to this application requiring disclosure.

March 26<sup>th</sup>, 2025  
Date

ANARME  
Signature

**Affidavit of Owner**  
To be completed only if the owner is not the applicant.

State of New York )  
County of Nassau ) ss:

I, Alyssa Narine being duly sworn, depose and say:  
That he/she (the owner of 66 S Bay Ave) (is the owner)  
66 South Bay Ave Freeport NY 11560 the property concerned is correct to the best of the knowledge of deponent \_\_\_\_\_ of \_\_\_\_\_

That the owner Alyssa Narine consents to the granting of the authority sought in the above application.

Sworn to before me this 26<sup>th</sup> day  
of March, 2025.

ANARME  
Signature

Notary Public Carlynn Deak  
CAROLYN DEAN  
Notary Public, State of New York  
Reg. No. 01DC5036122  
Qualified in Nassau County  
Commission Expires November 21, 2026

617.20  
Appendix B  
Short Environmental Assessment Form

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**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:			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:  <div style="font-family: cursive; font-size: 1.2em;">Maintain existing fence 266' of 6' High Close PVC and 180' of 4' High Open PVC.</div>			
Name of Applicant or Sponsor: <div style="font-family: cursive; font-size: 1.2em;">Alyssa Narine</div>		Telephone: <div style="font-family: cursive; font-size: 1.2em;">3477068704</div>	
		E-Mail: <div style="font-family: cursive; font-size: 1.2em;">alyssanarine@yahoo.com</div>	
Address: <div style="font-family: cursive; font-size: 1.2em;">66 South Bay Avenue</div>			
City/PO: <div style="font-family: cursive; font-size: 1.2em;">Freeport X</div>		State: <div style="font-family: cursive; font-size: 1.2em;">N.Y.</div>	Zip Code: <div style="font-family: cursive; font-size: 1.2em;">11520</div>
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	YES
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:		NO	YES
		<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, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input 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 notion, a. A permitted use under the zoning regulations?  b. Coniritent with the adopted comprehensive plan?			
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?		NO	YES
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____		NO	YES
8. a. Will the proposed action result in a substantial increase in traffic above present levels?  b. Are public transportation service(s) available at or near the site of the proposed action?  c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?		NO	YES
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____		NO	YES
10. Will the proposed action connect to an existing public/private water supply? (If Yes, does the existing system have capacity to provide service? <input type="checkbox"/> NO <input type="checkbox"/> YES) If No, describe method for providing potable water: _____		NO	YES
11. Will the proposed action connect to existing wastewater utilities? (If Yes, does the existing system have capacity to provide service? <input type="checkbox"/> NO <input type="checkbox"/> YES) If No, describe method for providing wastewater treatment: _____		NO	YES
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?  b. Is the proposed action located in an archeological sensitive area?		NO	YES
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?  b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____		NO	YES
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 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
16. Is the project site located in the 100 year flood plain?		NO	YES
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? <input type="checkbox"/> NO <input type="checkbox"/> YES  b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____		NO	YES

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18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____	NO	YES
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
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
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: <u>Alyssa Navine</u>		Date: <u>3/4/25</u>
Signature: <u>[Signature]</u>		

**Part 2 - Impact Assessment.** The Lead Agency is responsible for the completion of Part 2. 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 checked="" type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing: a. public / private water supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	✓	
11. Will the proposed action create a hazard to environmental resources or human health?	✓	

**Part 3 - Determination of significance.** The Lead Agency is responsible for the completion of Part 3. 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.

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<input type="checkbox"/> 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.	
<input type="checkbox"/> 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)

Department of Buildings of the Incorporated Village of Freeport  
FENCE PERMIT APPLICATION

MAR 12 2025

Application Number: \_\_\_\_\_ s/B/L 62-145-520 Date of filing: \_\_\_\_\_

Permit Number: 20254139 Fence

Detailed Description of Project: Maintain 1266' of 6' High close PVC. and 180' of 4' High Open PVC.

Property Owner: Alyssa & Anter Narine

Property Address: 66 S. Bay Ave # Zoning District: Residence A

Owners Mailing Address: 66 S. Bay Ave Freeport, NY 11520

Owners Contact Number: 347 7068704 / 718 598 8053

Owners Email Address: alyssanarine@yahoo.com

Contractor Information: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contractor Phone Number: \_\_\_\_\_

Contractor Email Address: \_\_\_\_\_

Documents Submitted from Contractor:

- Nassau County License YES  NO
- Workers Compensation Insurance YES  NO
- Liability Insurance YES  NO
- Disability Insurance YES  NO

Will Homeowner Install Their Own Fence YES  NO

If So, Was a Valid Copy a Valid Homeowners Insurance Policy Submitted? YES  NO

Was the Fence Already Installed? YES  NO

Total Cost of Project (Must include contract): \$1,01,000

Total Length of Fencing: 446'

**NOTARY REQUIRED:**

Print Name of Applicant: Alyssa Narine

Signature of Applicant: [Signature]

Sworn to before me this 4 day of March 2025

Notary Public: [Signature] Superintendent of Buildings: \_\_\_\_\_

RUSSELL S RAMSUMAIR  
Notary Public - State of New York  
NO. 01RA6416615  
Qualified in Queens County  
My Commission Expires Apr 19, 2025

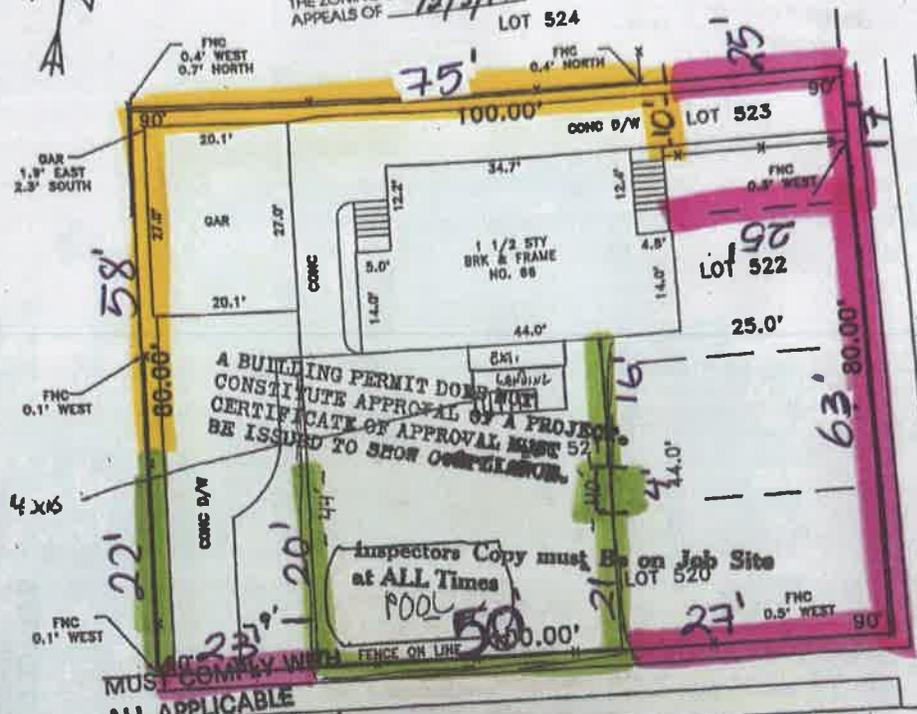
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**NOTICE**  
 BUILDING DEPARTMENT MUST BE NOTIFIED AT LEAST 24 HOURS BEFORE ANY WORK COMMENCES. FAILURE TO MAKE THIS NOTIFICATION WILL RESULT IN THE ISSUANCE OF SUMMONSES AS WELL AS A STOP WORK ORDER.

ANY CHANGE FROM APPROVED PLANS WILL REQUIRE AN AMENDMENT TO BE FILED AND APPROVED BY THE DEPT. OF BUILDINGS.

THIS PERMIT IS ISSUED PURSUANT TO ANY AND ALL STIPULATIONS AND CONDITIONS AS STATED IN THE RECORD OF THE ZONING BOARD OF APPEALS OF 12/3/97

CALL BUILDING DEPT. FOR INSPECTION



SOUTH BAY AVENUE  
*6'6"*

180' of 4' High OPEN.  
 133' of 6' High close  
 133' of 6' High close

A BUILDING PERMIT DOES NOT CONSTITUTE APPROVAL OF A PROJECT. CERTIFICATE OF APPROVAL MUST BE ISSUED TO SHOW COMPLIANCE.

Inspectors Copy must Be on Job Site at ALL Times

MUST COMPLY WITH ALL APPLICABLE LOCAL, COUNTY, AND STATE CODES

RAY STREET

\* PLEASE BE ADVISED THAT THERE IS NO FENCE SURROUNDING YARD. IT HAS BEEN REMOVED IN 5-94

"Unauthorized alteration or addition to a survey map bearing a licensed land surveyor's seal is a violation of section 7209, sub-division 2, of the New York State Education Law." "Only copies from the original of this survey marked with an original of the land surveyor's embossed seal shall be considered to be valid true copies." "Certifications indicated hereon signify that this survey was prepared in accordance with the existing Code of Practice for Land Surveys adopted by the New York State Association of Professional Land Surveyors."

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OFFICE COPY

MAP OF LOT 520, 521, 522 AND 523 AS SHOWN ON "MAP OF RANDALL BAY ESTATES, SECTION 2..." SITUATED AT VILLAGE OF FREEPORT NASSAU COUNTY, NEW YORK.

CERTIFIED TO GREGORY R. SPINOCCHIA KAREN KEELER NATIONS TITLE INS. OF NEW YORK, INC. NORTH SHORE ABSTRACT, LTD. TITLE NO. N 09056 N

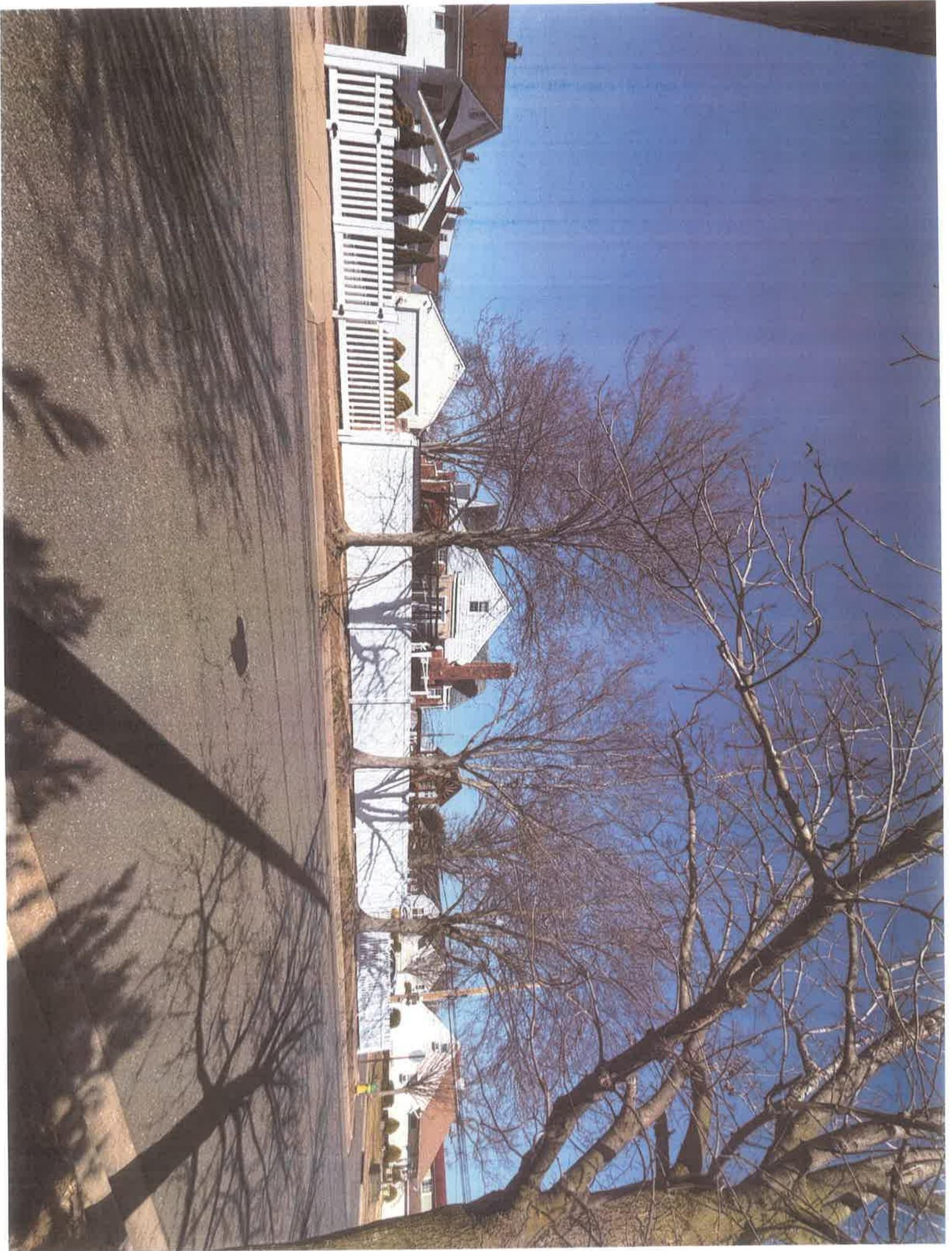
CHRISTOPHER HENN L.S. 121 EDDY DRIVE DIX HILLS, NEW YORK N.Y.S. LIC. NO. 49857 DATE 4/5/94 (C) COPYRIGHT REF. NO. 4837

*Christopher Henn*

TAX MAP DESIGNATION SECTION 62 BLOCK 145 LOTS 520-523

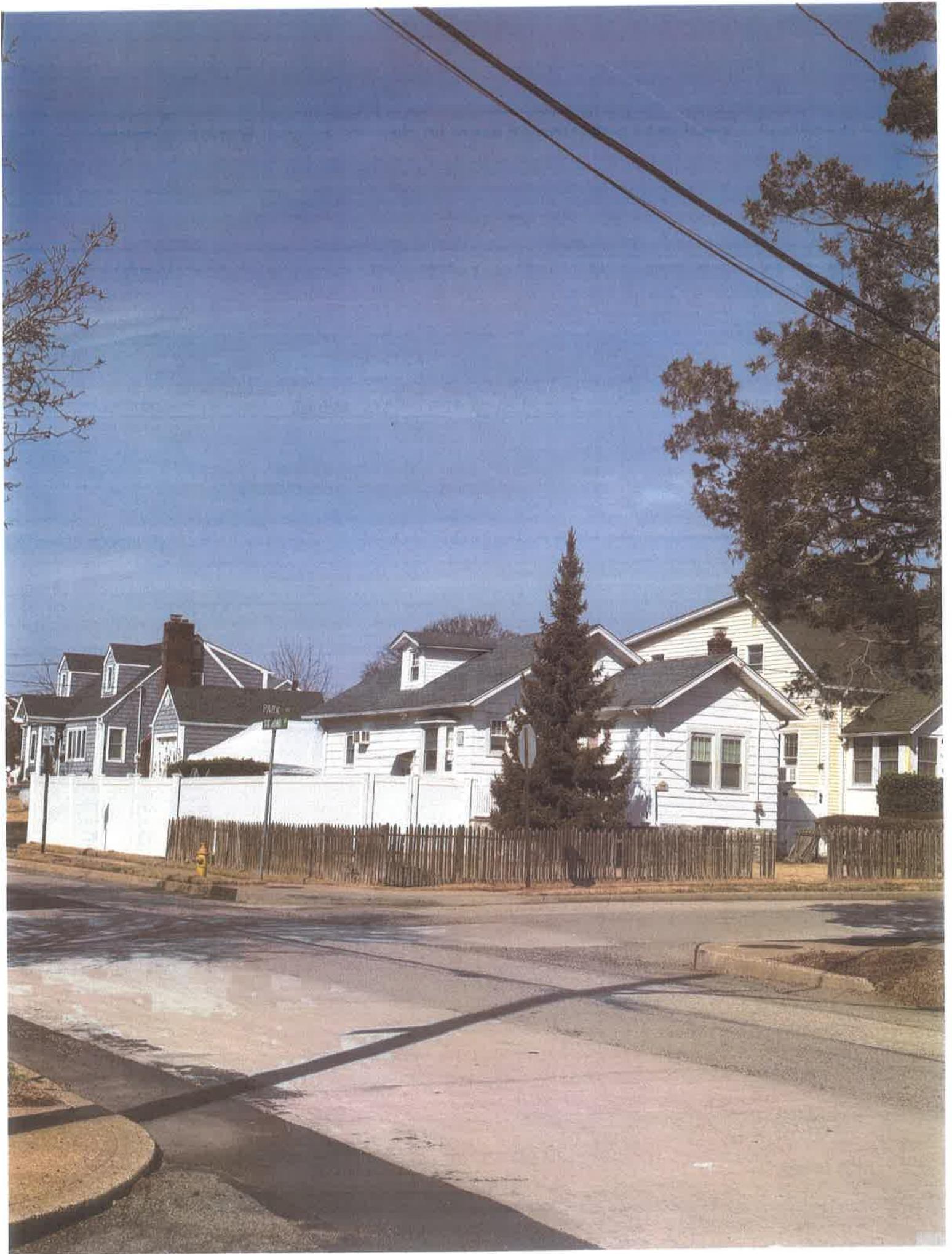


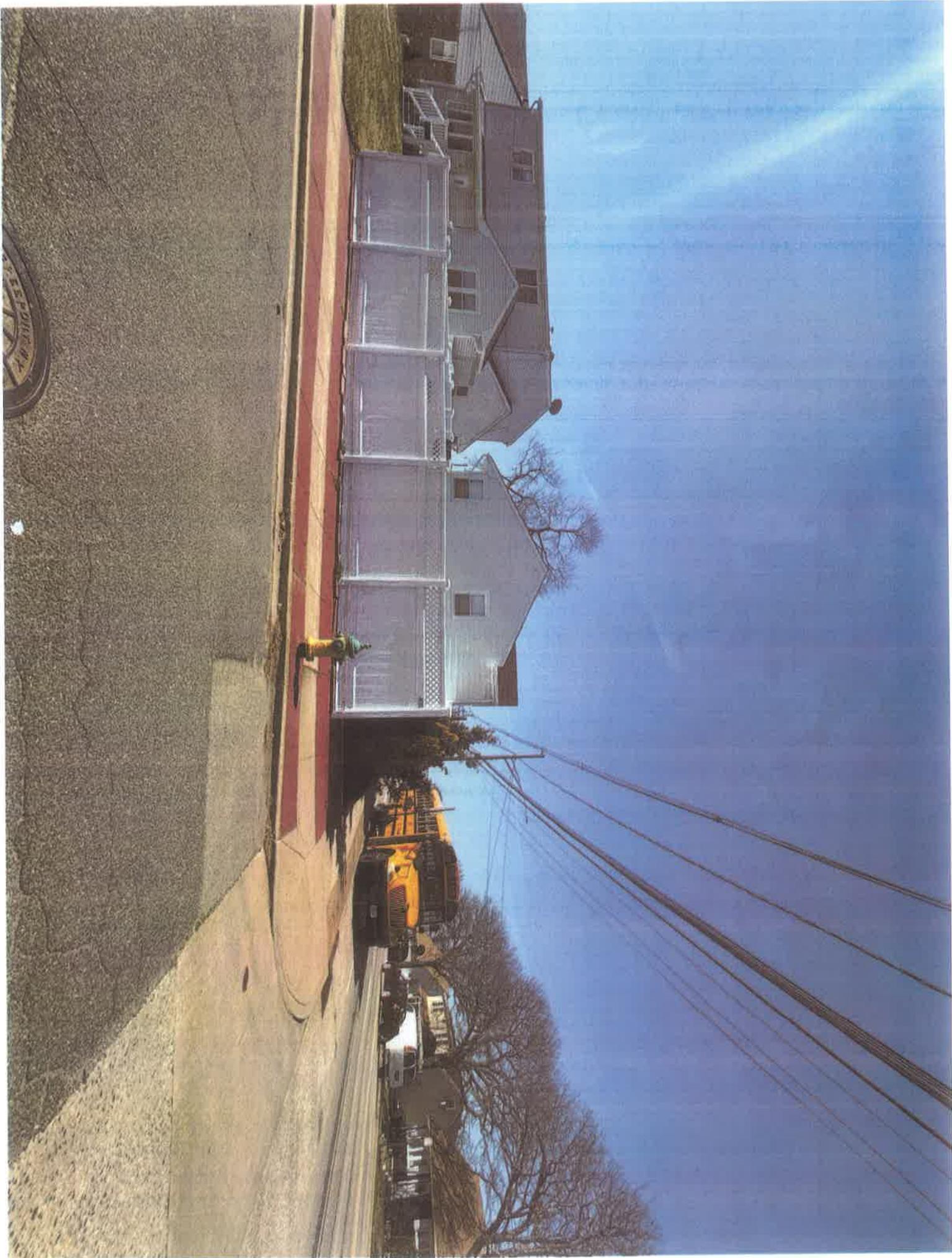


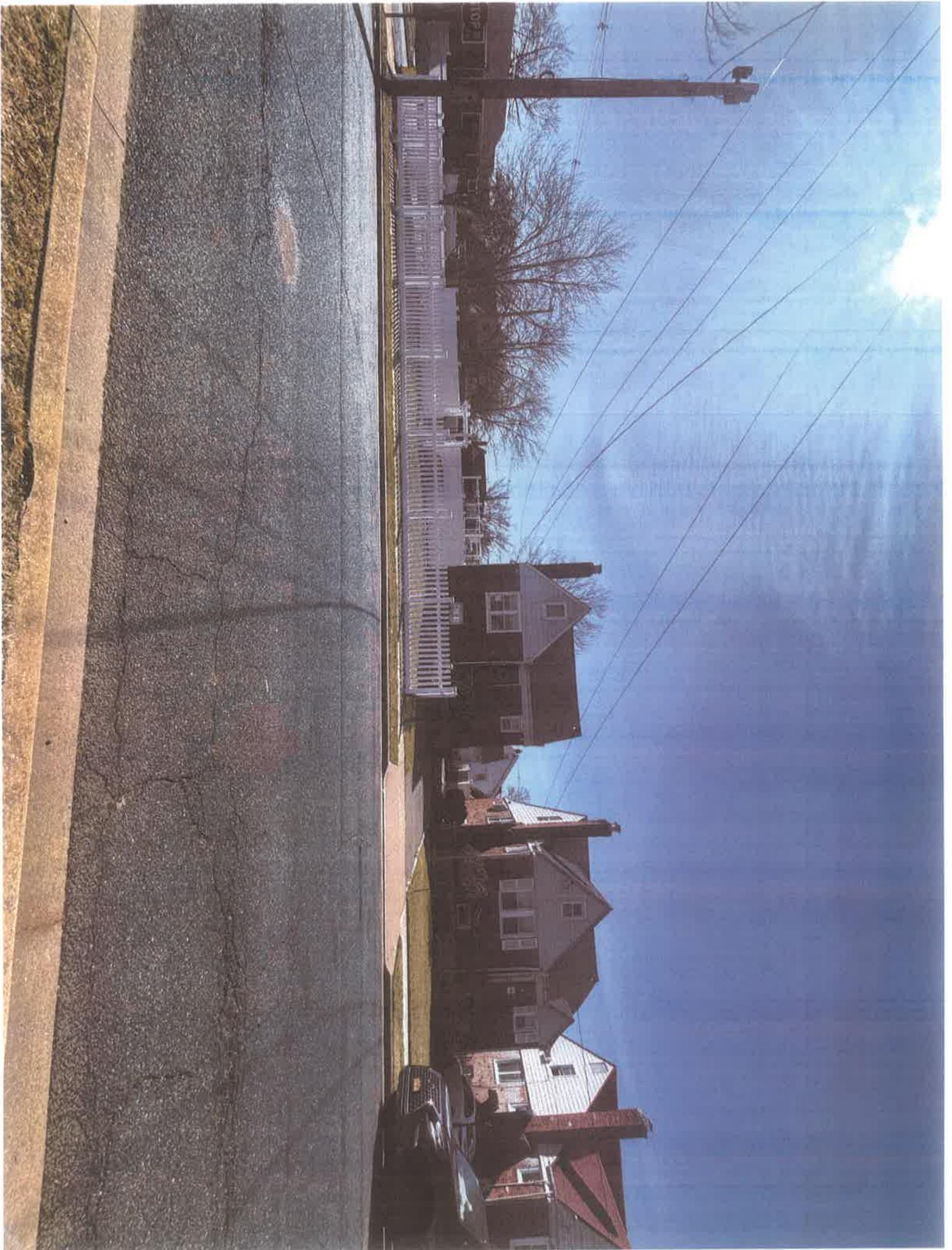


















Neighbor Fence



