

Application Date: 7/2/25
Fees Paid: \$ 470.00

SP# 3842

INCORPORATED VILLAGE OF FREEPORT
SITE PLAN REVIEW APPLICATION
PLANNING BOARD

NOTE: ACCEPTANCE OF THIS APPLICATION BY THE VILLAGE CLERK'S OFFICE DOES NOT CONSTITUTE A COMPLETE APPLICATION

PROPERTY ADDRESS: 92 EVANS AVE ZONING DISTRICT RES A
SECTION 55 BLOCK 396 LOT 370 LOT SIZE: 50x 125

<input type="checkbox"/> TENANT <u>APPLICANT</u>	<input type="checkbox"/> LESSEE	<u>PROPERTY OWNER</u>
Name: <u>CHRIS GRAY</u>		Name: <u>PETER PEKICH</u>
Address: <u>2401 CARRI PL</u> <u>N BELLMORE, NY 11710</u>		Address: <u>139 OAKLAND AVE</u> <u>W HEMPSTEAD, NY 11552</u>
Telephone #: <u>516 679-4722</u>		Telephone #: <u>631 383-5112</u>

Attorney Name: _____ Address: _____
(optional) Phone #: _____

Present Land Use: VACANT Proposed Land Use: 1 FAMILY DWELLING

Description of Proposed Work: PROPOSED ONE FAMILY DWELLING

I request a preliminary meeting: YES NO

I request a waiver of the public hearing and hereby certify the following:

- A. The subject property is zoned Residence A or Residence AA.
- B. The proposed construction is not a new building or dwelling.
- C. It is my belief that the criteria contained in §209-7 of the Code of the Incorporated Village of Freeport are satisfied.

_____ YES NO

[Signature]
APPLICANT'S SIGNATURE

7-1-25
DATE

Sworn to before me this 1 day of JULY, 2025

MARALIN MERKLIN GRAY
Notary Public, State of New York
No. 01ME6120194
Qualified in Nassau County
Commission Expires December 13, 2028

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VILLAGE OF FREEPORT, NY

Property Owner's Consent:
I, PETER PEKICH am (are) the owner(s) of the subject property and consent to the filing of this application.

[Signature]
PROPERTY OWNER'S SIGNATURE

7-1-25
DATE

Sworn to before me this 1 day of JULY, 2025

CHRISTOPHER L. GRAY
Notary Public, State of New York
No. 01GR6108433
Qualified in Nassau County
Commission Expires April 19, 2028

Notary Public

FOR VILLAGE USE ONLY

Site Plan Public Hearing Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Hearing: _____ Date of Decision: _____
Village Clerk's Signature: _____	Approved <input type="checkbox"/> Denied <input type="checkbox"/> Date: _____
Planning Board Signature: _____	Date: _____



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

ROBERT T. KENNEDY
MAYOR

SERGIO A. MAURAS
SUPERINTENDENT OF BUILDINGS

SITE PLAN LETTER

June 12, 2025

Peter Pekich
92 Evans Ave
Freeport, NY 11520

RE: 92 Evans Ave, Freeport, NY 11520
Zoning District – Residence A Sec. 55 Blk. 396, Lot 370
Building Permit Application #20254236
Description: Proposed 2,648 Sf two story 1 family dwelling.

Dear Sir/Madam

The above referenced application was initially reviewed by the Building Department and it has been determined that in order to proceed with the application process, additional approval from the Site Plan Review Board will be required.

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 516-377-3632** 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 Site Plan Review Board 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 Site Plan Review Board Application, please call the **VILLAGE CLERK'S OFFICE** at 377-3632.

Very truly yours,

Sergio A. Mauras
Superintendent of Buildings
/Daniela Hernandez
cc: Village Clerk
ZBA Approval Needed: NO

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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. 20254236

Location: 92 Evans Ave, Freeport NY 11520

Applicant: Peter Pekich

Description: Proposed 2,648 Sf two story 1 family dwelling.

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: June 12, 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.

2/25
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Appendix B
Short Environmental Assessment Form

MAY 14 REC'D
Freeport Building Dept.
Freeport, NY

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: PEKICH RESIDENCE			
Project Location (describe, and attach a location map): 92 BURNS AVE FREEPORT, NY 11520			
Brief Description of Proposed Action: PROPOSED 1 FAMILY DWELLING			
Name of Applicant or Sponsor: CHRIS GRAY		Telephone: 516 679 4722	
Address: 2401 CARR PL		E-Mail: GRAY@CARR.NY VERIZON.NET	
City/PO: N BELLMORE	State: NY	Zip Code: 11710	
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?		.14	acres
b. Total acreage to be physically disturbed?		.03	acres
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		.14	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			

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FREEPORT, NY
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P 3:48

5. Is the proposed action, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	YES
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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 checked="" type="checkbox"/> YES] If No, describe method for providing potable water: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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 checked="" type="checkbox"/> YES] If No, describe method for providing wastewater treatment: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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 checked="" type="checkbox"/> Suburban	2025 J		
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	YES
16. Is the project site located in the 100 year flood plain?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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: _____ <input type="checkbox"/> NO <input type="checkbox"/> YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____	NO	YES
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____	NO	YES
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: <u>Chris Gony</u>	Date: <u>5-2-25</u>	
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 type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing: a. public / private water supplies? b. public / private wastewater treatment utilities?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>

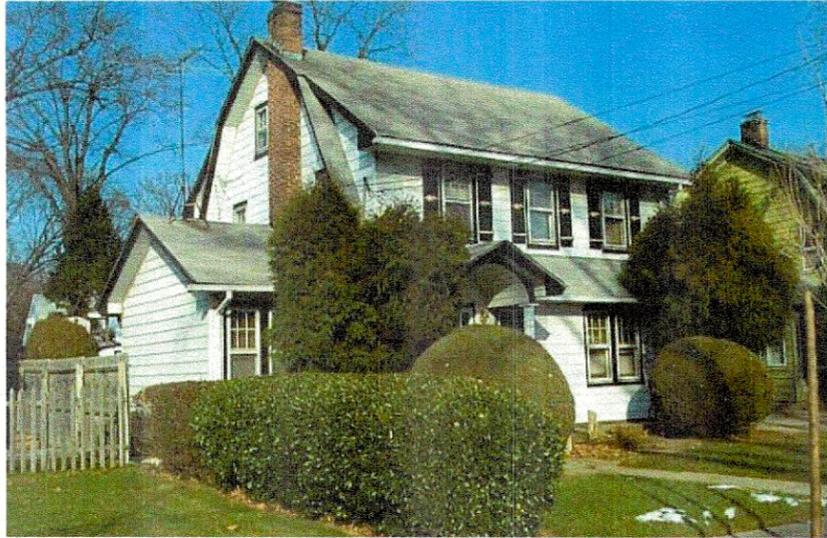
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	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed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

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)



96 EVANS AVE



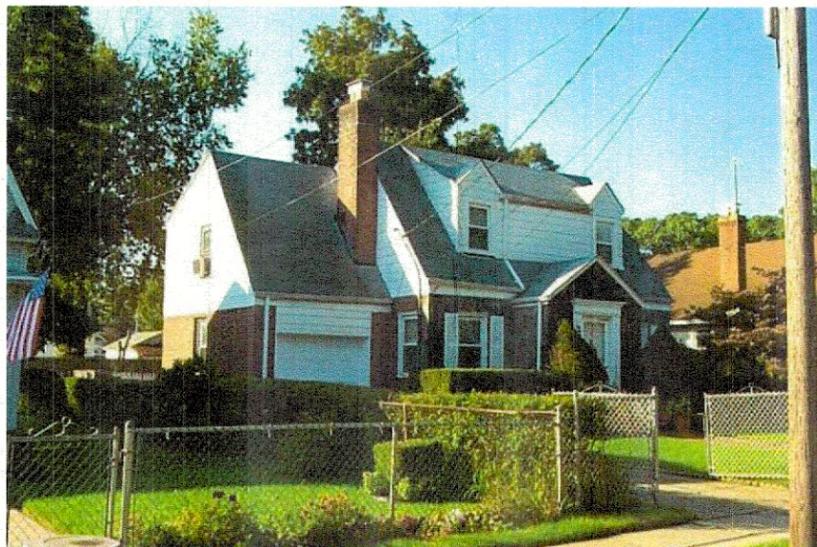
SUBJECT PARCEL-
VACANT



88 EVANS AVE



34 WALLACE ST



99 EVANS AVE



97 EVANS AVE



GRAY ARCHITECTURAL
SERVICES, P.C.
2401 CAPRI PL. N. BELLMORE, N.Y. 11710
516 679-4722 FAX 516 679-2698
grayarchserv@verizon.net

92 EVANS AVE
FREEPORT, NY 11520

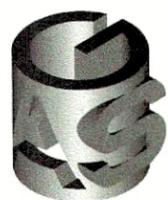
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6-25-25



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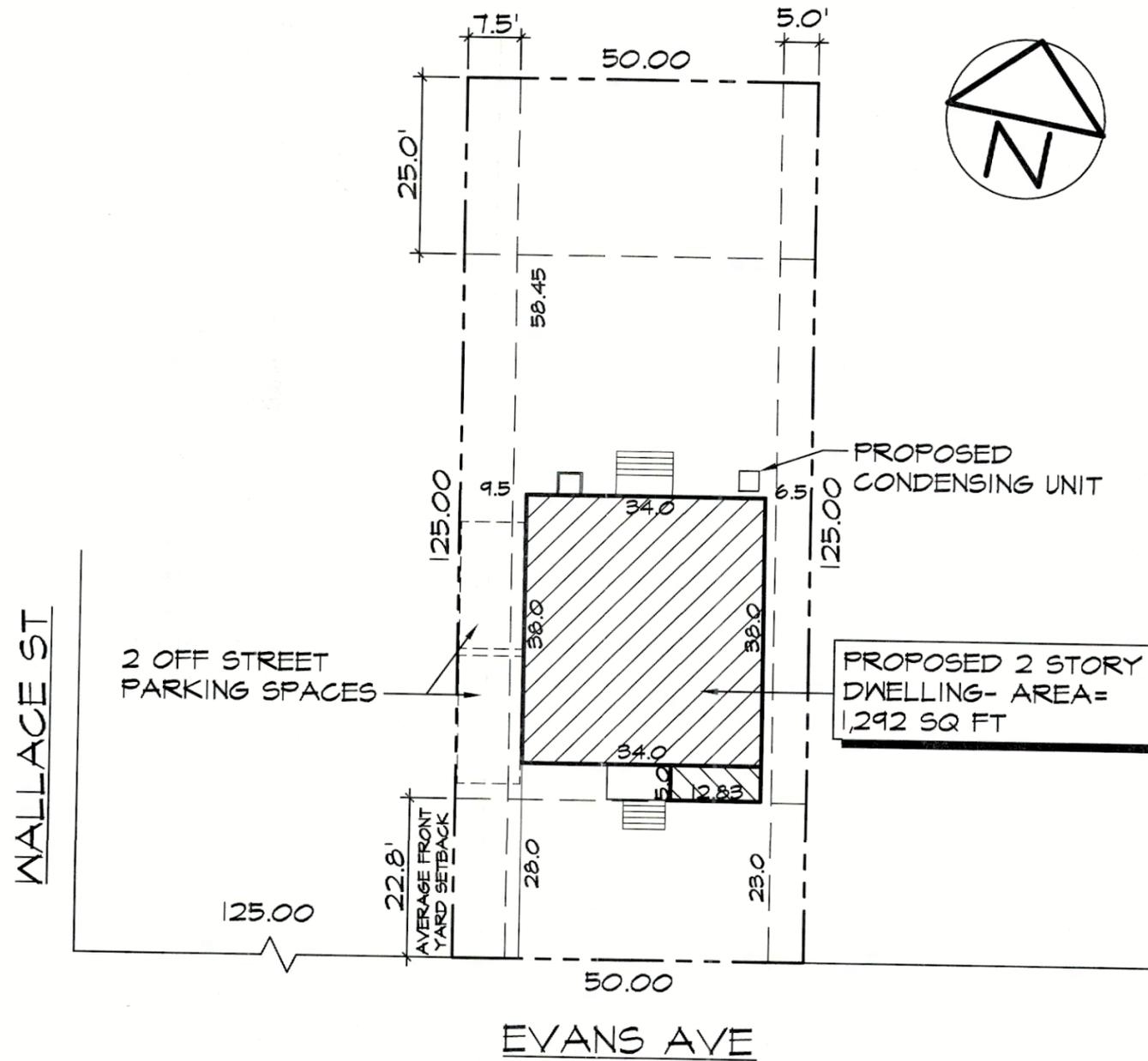


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516 679-4722 FAX 516 679-2698
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92 EVANS AVE
FREEPORT, NY 11520

RENDERING

6-25-25



PLOT PLAN

1"=20.0'

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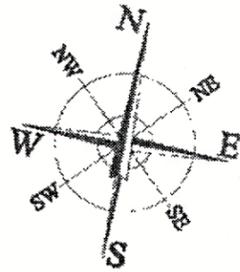
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 FREEPORT, NY 11520

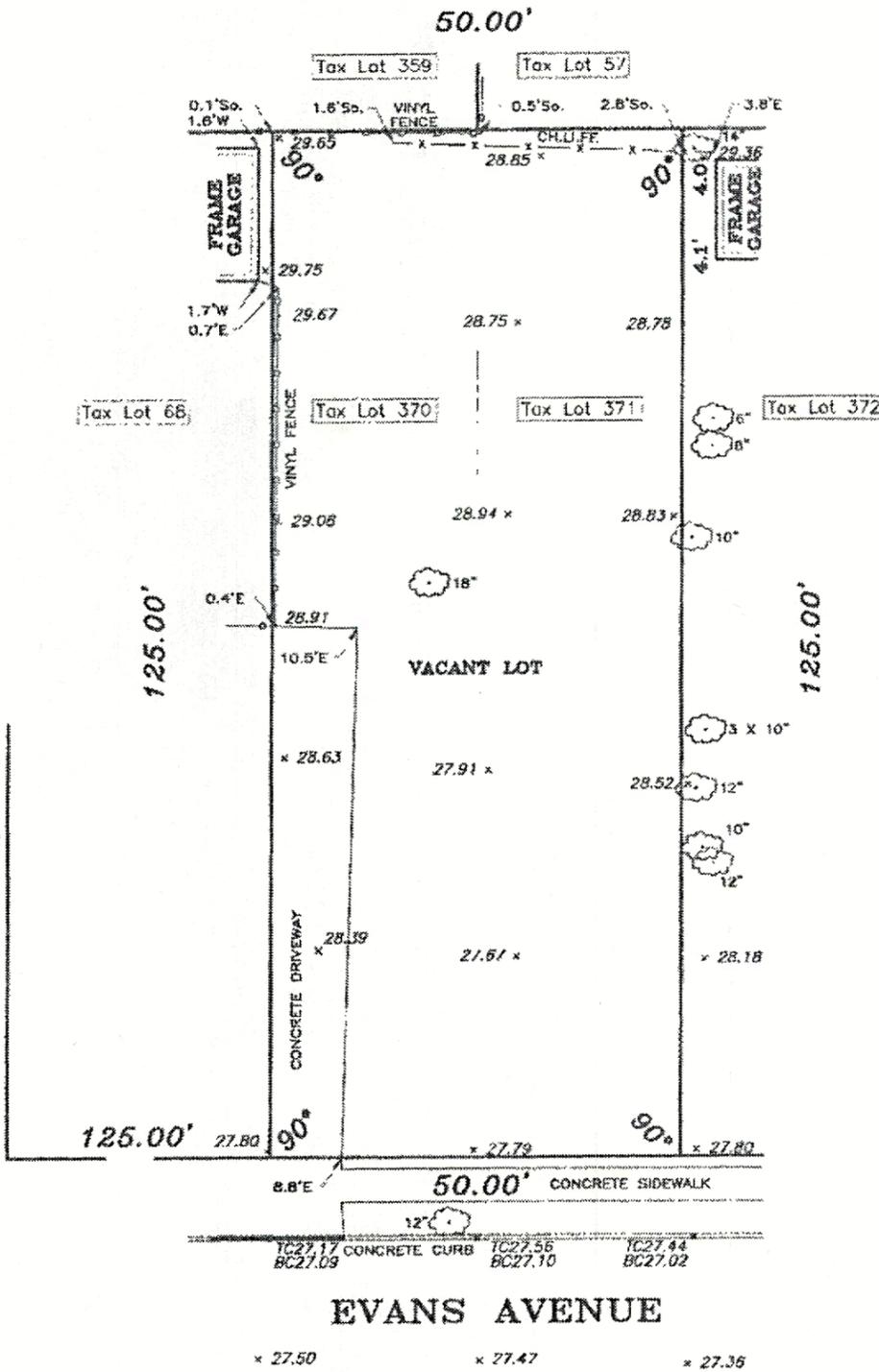
PLOT PLAN

4-1-25

JOB No.: 24-54962E



RANDOLPH STREET
(WALLACE STREET)



**AVERAGE FRONT YARD
SETBACK CALCULATION**

EVANS AVENUE		
BLOCK:	LOTS:	
396	67	24.5'
	68	24.8'
	372, 373 & 374	19.0'
		68.3/3 = 22.8'

EVANS AVENUE

LEGEND:

5' TREE WITH SIZE

NOTES: 1) ELEVATIONS AND ESTABLISHED GRADES SHOWN HEREON REFER TO THE NORTH AMERICAN VERTICAL DATUM OF 1988 (NAVD 88)

TOTAL AREA OF THE PARCEL = 6,250.00 SQ.FT. = 0.143 ACRE

TOPOGRAPHICAL SURVEY

LOTS 370 & 371
"MAP OF FREEPORT MANOR"
FILED 8/12/1904 AS MAP #248, CASE #1886

LOCATED AT:
INCORPORATED VILLAGE OF FREEPORT, TOWN OF HEMPSTEAD, COUNTY AND STATE OF NEW YORK

TAX DESIGNATION:
SECTION: 55, BLOCK: 396, LOTS: 370, 371

SURVEYED ON: APRIL 29, 2024

DRAWN BY: ZS

CHECKED BY: AT



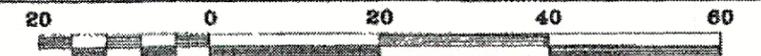
ALEXANDER TSUKERMAN N.Y.S.-L.S. No 050189

THE EXISTENCE OF RIGHT OF WAYS AND/OR EASEMENTS OF RECORD, IF ANY, NOT SHOWN ARE NOT CERTIFIED.

THE OFFSETS OR DIMENSIONS SHOWN FROM THE STRUCTURES TO THE PROPERTY LINES ARE FOR A SPECIFIC PURPOSE AND USE AND THEREFORE ARE NOT INTENDED TO GUIDE THE ERECTION OF FENCES, RETAINING WALLS, POOLS, PLANTING AREAS, ADDITIONS TO STRUCTURES AND ANY OTHER CONSTRUCTION.

UNAUTHORIZED ALTERATION OR ADDITION TO THIS SURVEY IS A VIOLATION OF SECTION 7209 OF THE NEW YORK STATE EDUCATION LAW. COPIES OF THIS SURVEY MAP NOT BEARING THE LAND SURVEYOR'S INKED SEAL OR EMBOSSED SEAL SHALL NOT BE CONSIDERED TO BE A VALID TRUE COPY.

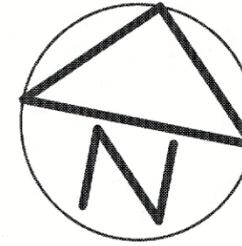
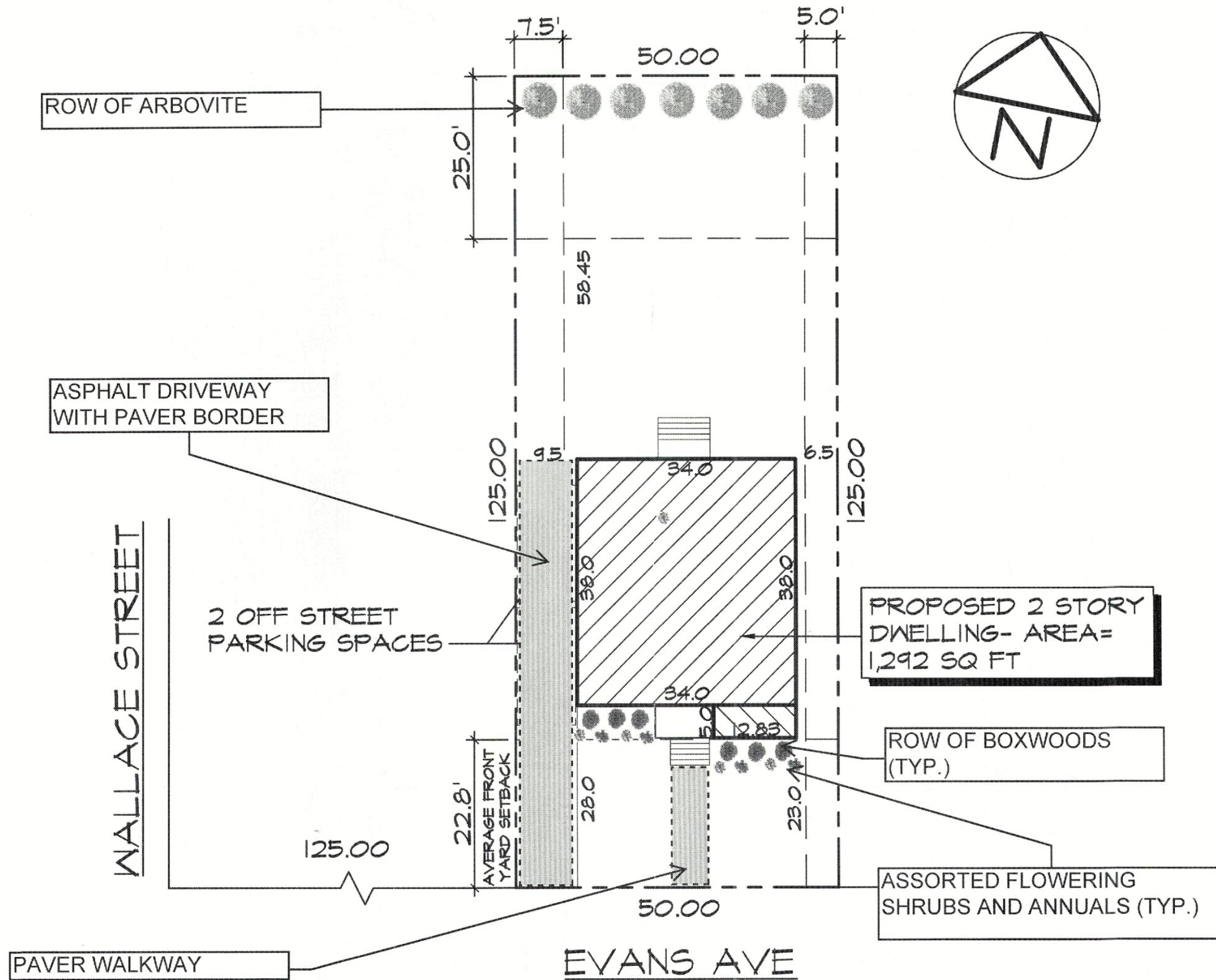
CERTIFICATION INDICATED HEREON SHALL RUN ONLY TO THE PERSON FOR WHOM THE SURVEY IS PREPARED, AND ON HIS BEHALF TO THE TITLE COMPANY, GOVERNMENTAL AGENCY AND LENDING INSTITUTION LISTED HEREON, AND TO THE ASSIGNEES OF THE LENDING INSTITUTION. CERTIFICATIONS ARE NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS.



Scale 1" = 20'

**LEONARD J. STRANDBERG AND ASSOCIATES,
CONSULTING ENGINEERS AND LAND SURVEYORS, P.C.**
32 SMITH STREET, FREEPORT, NY 11520
516-378-2064 • 212-213-4090 • FAX 516-378-6649

EMAIL: INFO@LJSPC.COM



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LANDSCAPE PLAN

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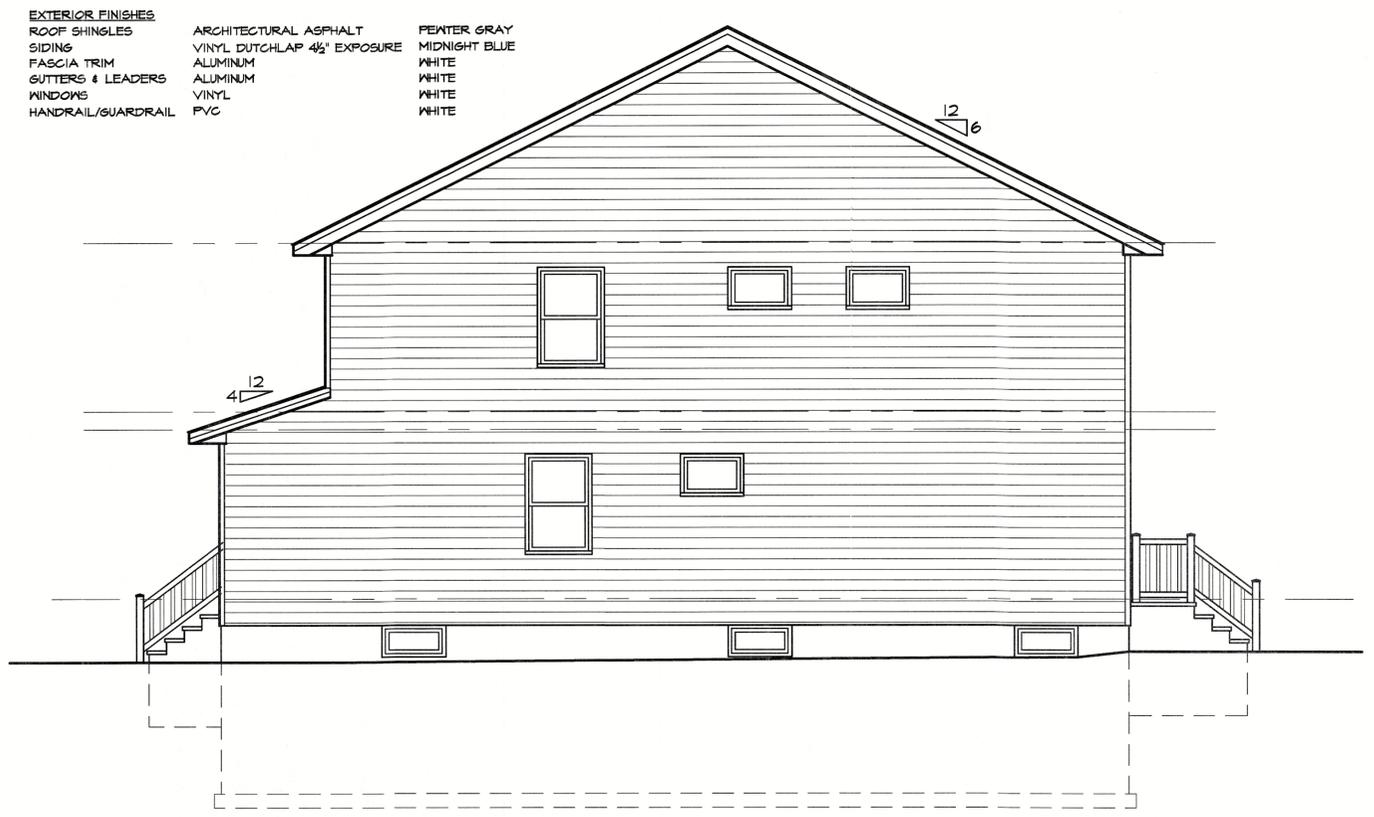
GRAY ARCHITECTURAL SERVICES, P.C.
 2401 CAPRI PL. N. BELLMORE, N.Y. 11710
 PHONE 516 679-4722 FAX 516 679-2698
 grayarchserv@verizon.net grayarchserv.com
 Chris Gray 27536 Registered through 8-31-2026



ANY WORK DONE BY THIS FIRM SHALL BE UNDER THE CLOSE PERSONAL SUPERVISION OF THE ARCHITECT.
 95 E. CLIFTON AVE. FREEPORT, NY 11520
 GRAY ARCHITECTURAL SERVICES, P.C.

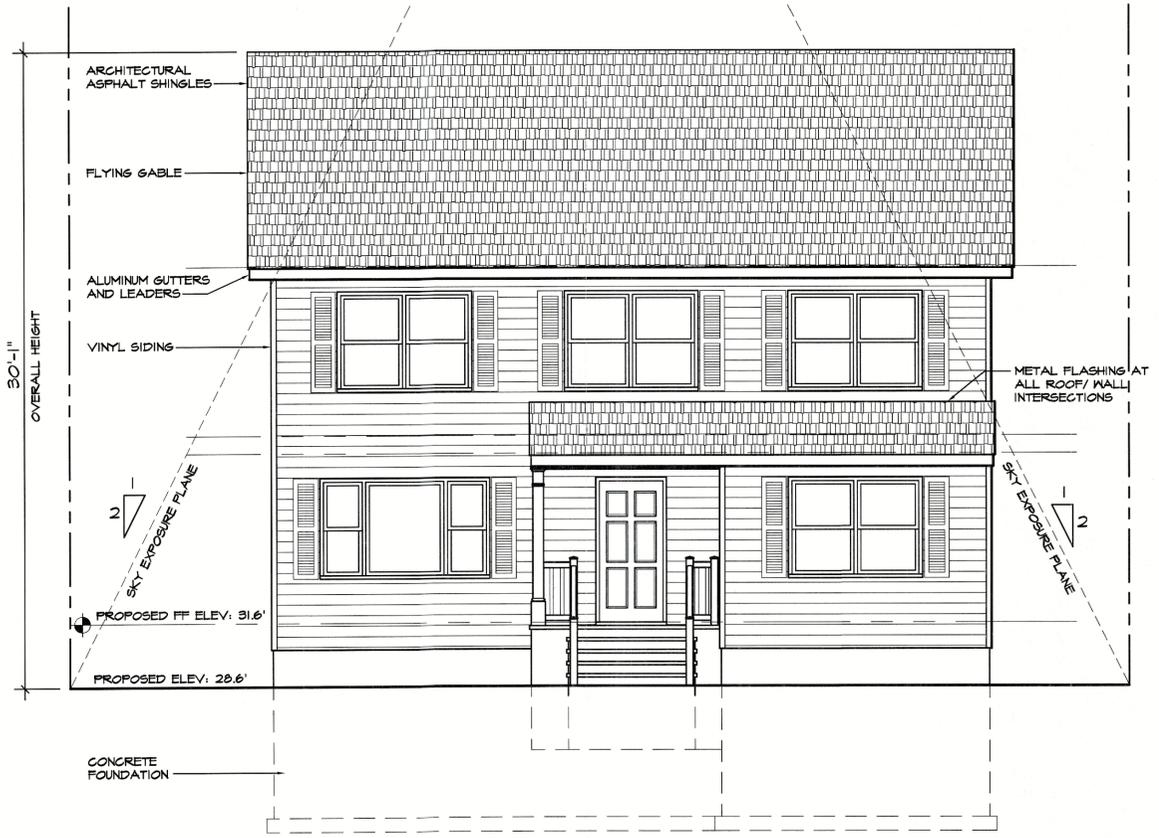
PEKICH RESIDENCE
 92 EVANS AVE
 FREEPORT, NY 11520
 VILLAGE OF FREEPORT
 PROPOSED 1 FAMILY DWELLING

DATE 4-1-25
 DRAW BY VB
 OF 5



RIGHT SIDE ELEVATION
 1/4"=1'-0"

- EXTERIOR FINISHES**
- | | | |
|--------------------|--------------------------------|---------------|
| ROOF SHINGLES | ARCHITECTURAL ASPHALT | PENTER GRAY |
| SIDING | VINYL DUTCHLAP 4 1/2" EXPOSURE | MIDNIGHT BLUE |
| FASCIA TRIM | ALUMINUM | WHITE |
| GUTTERS & LEADERS | ALUMINUM | WHITE |
| WINDOWS | VINYL | WHITE |
| HANDRAIL/GUARDRAIL | PVC | WHITE |



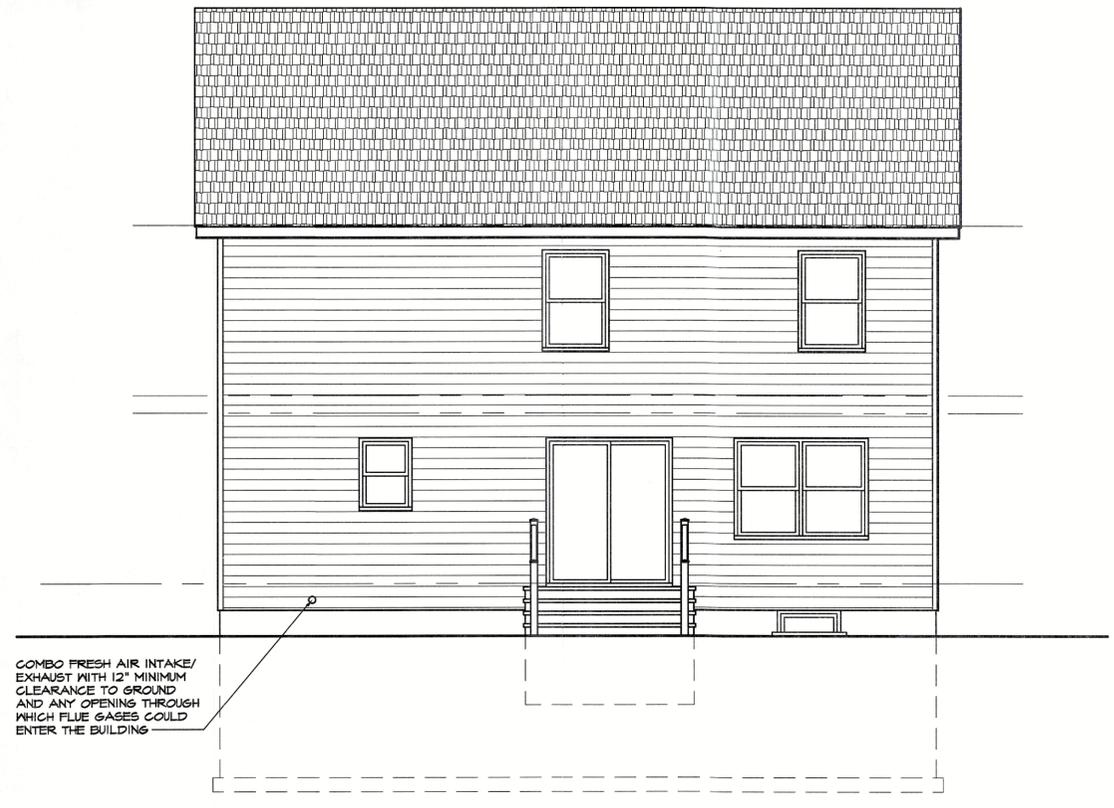
FRONT ELEVATION
 1/4"=1'-0"

ARCHITECTURAL ASPHALT SHINGLES
 FLYING GABLE
 ALUMINUM GUTTERS AND LEADERS
 VINYL SIDING
 METAL FLASHING AT ALL ROOF/WALL INTERSECTIONS
 SKY EXPOSURE PLANE
 PROPOSED FF ELEV: 31.6'
 PROPOSED ELEV: 29.6'
 CONCRETE FOUNDATION



LEFT SIDE ELEVATION
 1/4"=1'-0"

PROVIDE FLASHING AND GASKETS FOR ALL ROOF PENETRATIONS



REAR ELEVATION
 1/4"=1'-0"

COMBO FRESH AIR INTAKE/ EXHAUST WITH 12" MINIMUM CLEARANCE TO GROUND AND ANY OPENING THROUGH WHICH FLUE GASES COULD ENTER THE BUILDING



GRAY ARCHITECTURAL
SERVICES, P.C.

2401 Capri Pl. N. Bellmore, N.Y. 11710
516 679-4722 Fax 516 679-2698
grayarchserv@verizon.net

July 25, 2025

Village of Freeport
Village Clerk
46 N Ocean Ave
Freeport, NY 11520

Re: SP-3842
Pekich Residence
92 Evans Ave
Freeport, NY 11520

Lisa DeBourg,

Enclosed find revised rendering with changes as discussed. Elevations with revised colors. Cut sheet of exterior light fixture.

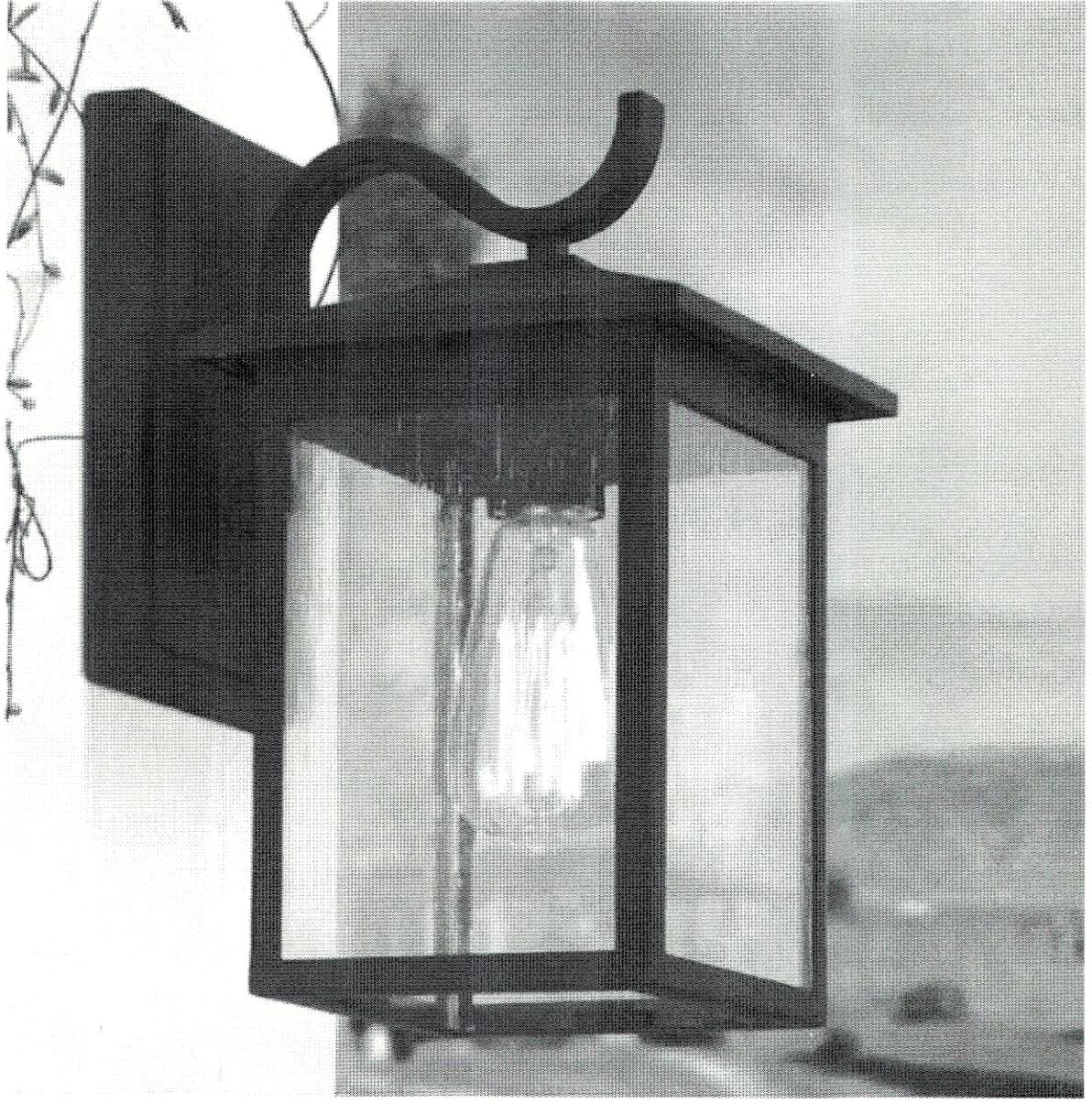
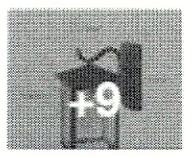
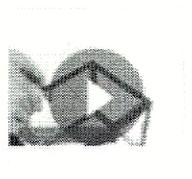
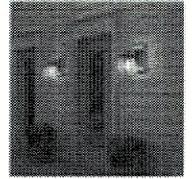
If you have any questions, feel free to give me a call.

Chris Gray

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Matte Black Outdoor Sconce for Entryway Porch Patio Gazebo Pergola, 1-Light Rust-Proof Wall Light with Seedy Glass Shade

★★★★★ (19) Questions & Answers (4)



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VILLAGE OF FREEPORT, NY



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CLERK'S OFFICE
VILLAGE OF FREEPORT, NY



GRAY ARCHITECTURAL
SERVICES, P.C.
2401 CAPRI PL. N. BELLMORE, N.Y. 11710
516 679-4722 FAX 516 679-2698
grayarchserv@verizon.net

92 EVANS AVE
FREEPORT, NY 11520

RENDERING

6-25-25
7-25-25

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DESK'S OFFICE
VILLAGE OF FREEPORT, NY



GRAY ARCHITECTURAL SERVICES, P.C.
2401 CAPRI PL. N. BELLMORE, N.Y. 11710
PHONE 516 679-4722 FAX 516 679-2698
grayarchserv@verizon.net grayarchserv.com
Chris Gray 27536 Registered through 8-31-2026

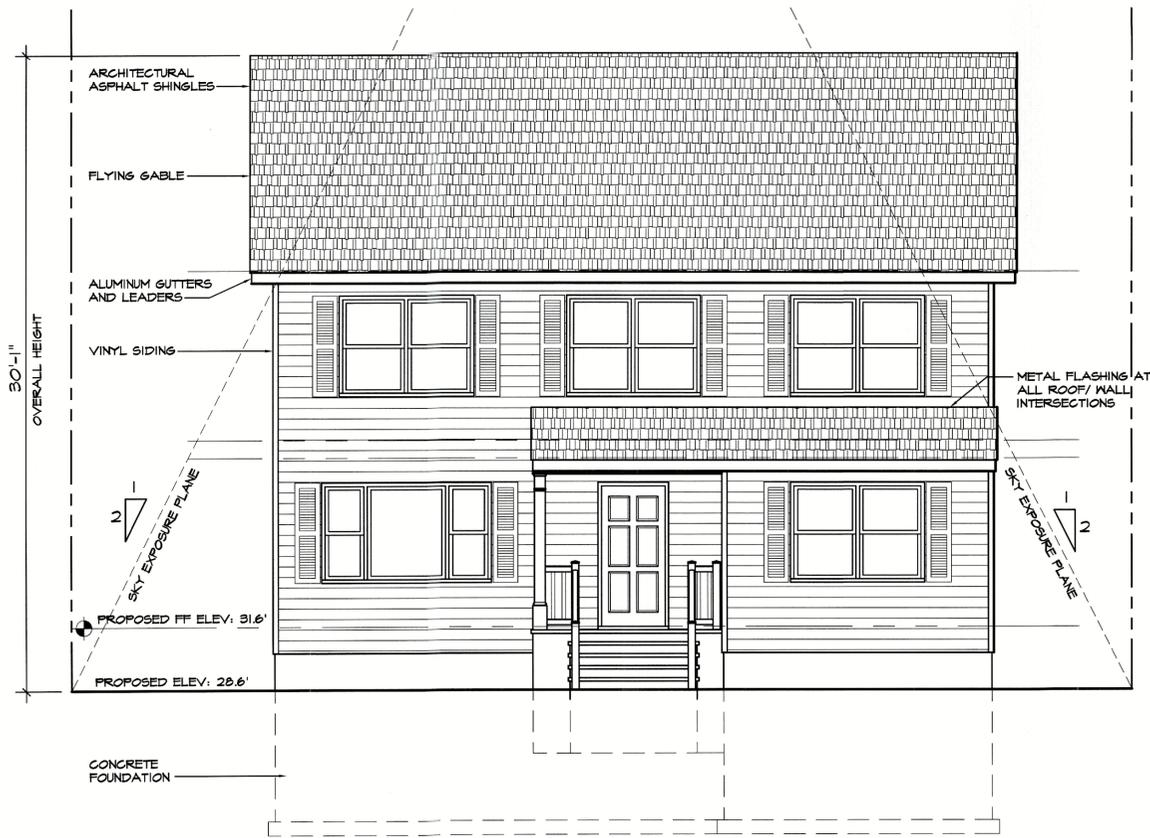


PEKICH RESIDENCE
92 EVANS AVE
FREEPORT, NY 11520
VILLAGE OF FREEPORT
PROPOSED 1 FAMILY
DWELLING

DATE 4-1-25
DRAW BY VB
AJS
OF 5

EXTERIOR FINISHES

ROOF SHINGLES	ARCHITECTURAL ASPHALT	PENETER GRAY
SIDING	VINYL DUTCHLAP 4 1/2" EXPOSURE	MIDNIGHT BLUE
SHUTTERS	VINYL	BLUE GRAY
FASCIA TRIM	ALUMINUM	WHITE
GUTTERS & LEADERS	ALUMINUM	WHITE
WINDOWS	VINYL	WHITE
HANDRAIL/GUARDRAIL	PVC	WHITE



FRONT ELEVATION

1/4"=1'-0"



RIGHT SIDE ELEVATION

1/4"=1'-0"



LEFT SIDE ELEVATION

1/4"=1'-0"



REAR ELEVATION

1/4"=1'-0"

Application Date: 7/8/25
Fees Paid: \$175.00

SP# 3844

INCORPORATED VILLAGE OF FREEPORT
SITE PLAN REVIEW APPLICATION
PLANNING BOARD

NOTE: ACCEPTANCE OF THIS APPLICATION BY THE VILLAGE CLERK'S OFFICE DOES NOT CONSTITUTE A COMPLETE APPLICATION

PROPERTY ADDRESS: 132 W. Sunrise Hwy ZONING DISTRICT Business B
SECTION 55 BLOCK 168 LOT 4 LOT SIZE: _____

<input type="checkbox"/> TENANT <u>APPLICANT</u> <input type="checkbox"/> LESSEE	PROPERTY OWNER
Name: <u>Nelya Mushiyeva</u>	Name: <u>Nelya Mushiyeva</u>
Address: <u>132 W. Sunrise Hwy</u> <u>Freeport NY 11520</u>	Address: <u>100-26 218th St</u> <u>Queens Village NY 11429</u>
Telephone #: <u>(347) 327-8636</u>	Telephone #: <u>(347) 327-8636</u>

Attorney Name: _____ Address: _____
(optional) Phone #: _____

Present Land Use: Retail Space Proposed Land Use: Business
Commercial Retail Space

Description of Proposed Work: Propose 98" x 64" windows &
Advertisement.

I request a preliminary meeting: YES NO

I request a waiver of the public hearing and hereby certify the following:
A. The subject property is zoned Residence A or Residence AA.
B. The proposed construction is not a new building or dwelling.
C. It is my belief that the criteria contained in §209-7 of the Code of the Incorporated Village of Freeport are satisfied.

Nelya Mushiyeva _____ YES NO _____
APPLICANT'S SIGNATURE DATE 7/8/25

Sworn to before me this 8th day of July, 2025
Carolyn Dean
Notary Public
CAROLYN DEAN
Notary Public, State of New York
Reg. No. 01DE5036122
Qualified in Nassau County
Commission Expires November 21, 2026

Property Owner's Consent:
I, Nelya Mushiyeva am (are) the owner(s) of the subject property and consent to the filing of this application.
Nelya Mushiyeva _____
PROPERTY OWNER'S SIGNATURE DATE 7/8/25

Sworn to before me this 8th day of July, 2025
Carolyn Dean
Notary Public
CAROLYN DEAN
Notary Public, State of New York
Reg. No. 01DE5036122
Qualified in Nassau County
Commission Expires November 21, 2026

FOR VILLAGE USE ONLY

Site Plan Public Hearing Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Hearing: _____ Date of Decision: _____
Village Clerk's Signature: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____
Planning Board Signature: _____	Date: _____

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VILLAGE CLERK'S OFFICE
VILLAGE OF FREEPORT



INC. VILLAGE OF FREEPORT

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

ROBERT T. KENNEDY
MAYOR

E-MAIL BUILDINGDEPT@FREEPORTNY.GOV

SERGIO A MAURAS
SUPERINTENDENT OF BUILDINGS

May 07, 2025
SITE PLAN LETTER

Freeport Rx Inc
132 W Sunrise Hwy
Freeport, NY 11520

RE: 132 W Sunrise Hwy, Freeport, NY
Zoning District – Business B Sec. 55 Blk. 168, Lot 4
Building Permit Application #20254217
Description– Proposed 98” x 64” windows advertisement.

Dear Sir/Madam:

The above referenced application was initially reviewed by the Building Department and it has been determined that in order to proceed with the application process, approval from the Site Plan Review Board will be required.

For your convenience, we have enclosed the Site Plan Review Board Application together with the instruction sheet and other relevant documents. Please call the Village Clerk's office at 516-377-3632 to make an appointment to review the completed Site Plan Review Board application. Changes or additional information may be required for the application; therefore, only one complete packet of the 12 sets should be brought in for the initial appointment with the Village Clerk's office; Only after this appointment should the additional copies be made.

Please be further advised that your Site Plan Review Board application must be submitted within sixty (60) days of the date of this letter. In the event that you do not file said 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 have any questions or require additional information with reference to the Site Plan Review Board Application, please call the VILLAGE CLERK'S OFFICE at 377-3632.

Sincerely

Sergio A Mauras
Superintendent of Buildings
/Daniela Hernandez

cc: Village Clerk
ZBA Approval Needed: NO

VILLAGE OF FREEPORT, NY
CLERK'S OFFICE

2025-JUL-8 10:34 AM

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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. 20254217

Location: 132 W Sunrise Hwy, Freeport, NY 11520

Applicant: Freeport Rx Inc

Description: Proposed 98" x 64" windows advertisement.

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: May 7, 2024

Sergio A. Mauras
Sergio A. Mauras
Superintendent of Buildings

2025 JUL - 8 11 PM 3:40
CLERK'S OFFICE
VILLAGE OF FREEPORT NY

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

85-168-4

Business B Zone.
#20254217



DEPARTMENT OF BUILDING
OF THE VILLAGE OF FREEPORT
APPLICATION FOR ERECTION OF SIGN

RECEIVED
MAR 27 2025
2025 JUL -8 P 3:40
CLERK'S OFFICE
VILLAGE OF FREEPORT, NY

APPLICATION#: _____

PERMIT#: _____

NEW APPLICATION

APPROVED

RENEWAL

DENIED

APPLICATION IS HEREBY MADE PURSUANT TO VILLAGE OF FREEPORT ORDINANCES FOR APPROVAL OF PLANS AND SPECIFICATIONS OF THE SIGN STRUCTURE HEREIN DESCRIBED, TO BE ERECTED, HUNG AND MAINTAINED IN ACCORDANCE WITH THE REQUIREMENTS OF THE AFORESAID ORDINANCE, THE BUILDING CODE, AND ANY OTHER ORDINANCE OR LAW APPLICABLE THERETO. SIGN PERMIT NUMBER WILL BE PLACED IN THE LOWER RIGHT CORNER OF SIGN.

DATE: 3-27-25

ADDRESS OF PREMISES: 132 W Sunrise Highway

WALL SIGN GROUND SIGN CANOPY RENEWAL PERIOD: Windows & Stickers

NAME OF PROPERTY OWNER: Merachem Moshijw PHONE#: 347-722-4443

NAME OF APPLICANT: Freeport Rx inc PHONE#: _____

EMAIL ADDRESS: FreeportRxinc@gmail.com

WIDTH OF BUILDING (FRONTAGE): _____ LENGTH OF BUILDING (DEPTH): _____

HEIGHT OF BUILDING: _____ SETBACK OF NEAREST BUILDING: _____

EXACT LOCATION OF SIGN: Windows

STREET SIGN FRONTS ON: _____

WIDTH OF SIGN: _____ HEIGHT OF SIGN: _____ DEPTH OF SIGN: _____

PROJECTION FROM BUILDING: _____ SETBACK OF SIGN: _____

IS SIGN TO BE ILLUMINATED? YES NO (IF YES, GIVE NAME, ADDRESS, AND PHONE NUMBER OF THE FREEPORT LICENSED ELECTRICIAN PERFORMING THE WORK)

NAME OF ELECTRICIAN: _____ ADDRESS: _____

SIGN HANGER'S NAME: _____ ADDRESS: _____

SIGN HANGER'S PHONE#: _____ EMAIL: _____

APPROVAL IS HEREBY GIVEN TO THE FOREGOING APPLICATION AND PERMISSION IS GRANTED FOR THE HANGING OF THE SIGN DESCRIBED HEREIN. THIS PERMIT IS REVOCABLE IN CASE OF ANY NON-COMPLIANCE WITH PROVISIONS OF AFORESAID ORDINANCES. PERMIT EXPIRES THREE (3) YEARS, PROVIDED THAT SUCH A SIGN CONTINUES TO BE MAINTAINED IN COMPLIANCE WITH THE ORDINANCES OF THE INCORPORATED VILLAGE OF FREEPORT IN FORCE AT THE TIME OF RENEWAL.

DATED: FREEPORT, NY _____, 20_____

SUPERINTENDENT OF BUILDINGS

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2025-JUL-8

CLE
VILLAGE

PHARMACY

Tel: 646-352-0150

ALL
INSURANCES
ACCEPTED

Accepted
CVS
WALGREENS
WALMART
FARMER'S

PRESCRIPTIONS



FREE PICK UP



BILL PAYMENTS



FREE DELIVERY



OTC
FREE DELIVERY
MEDICARE/MEDICAID
DIABETIC CARE
BLOOD PRESSURE CHECK



SURGICAL



BAR



ZARMA CY

Tel: 646-352-0150

2015 JUL -8 P 3:41
CLEY'S OFFICE
WILL BE OFF FOR THE DAY

FREE DELIVERY



ATM FAX



OTC network

FREE DELIVERY

MEDICARE/MEDICAID

DIABETIC CARE

BLOOD PRESSURE CHECK



SURGICAL



VACCINATIONS

BABY NEEDS



BLOOD PRESSURE CHECK



MENTS
OURS
ALL-SPIN
PLEASER
1001-2974
ALL



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2025 JUL -8 P 3:41

PHARMACY

Tel: 646-352-0150

ALL INSURANCES ACCEPTED INCLUDING



PRESCRIPTIONS



FREE PICK UP



BILL PAYMENTS



STORE HOURS
MON - FRI 10AM - 6PM
SAT CLOSED
SUN 10AM - 2PM

PRESCRIPTIONS
VERIZON OPTIMUM ALL

ATM · COPY · FAX

VITAMINS

FREE DELIVERY



132

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2025 JUL - 8 P. 3:41

CLERKS OFFICE
VILLAGE MARKET

JEWELRY WE BUY GOLD

SHOE REPAIR LEATHER SPECIAL

REPAIR CENTER
POLISH JEWELRY
WE BUY GOLD
PEARL RESTORING
COMPRAMOS DRO
EAR PIERCING

WATCH BATTERY & BAND WHILE YOU WAIT
134
FAZA PLAZA
518-800-9182

LEATHER SP
REPAIR
LEATHER
SHOE REPAIR



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2025 JUL -8 P 3:41

CLERK'S OFFICE
VILLAGE OF FREEBORO, NJ

MIKITA
DOORS & WINDOWS
516.867.4100
DOORS + WINDOWS + ROOFING + SIDING

1 HR
PARKING
9-500 AM
10-500 PM

WINDOW

PAVERS DOORS

GLASS & SCREEN
REPAIRS

MIKITA
DOORS & WINDOWS
SERVICES
• ROOFING
• SIDING
• GUTTERS
• INSULATION
• WINDOW TREATMENTS
• DOOR REPAIRS
• GLASS & SCREEN REPAIRS
• PAVERS
• STONE
• BRICK
• CONCRETE
• FLOORING
• PAINTING
• ELECTRICAL
• PLUMBING
• HVAC
• SEWER & WATER
• FOUNDATION
• EXTERIOR FINISHES
• INTERIOR FINISHES
• REMEDIATION
• RESTORATION
• DEMOLITION
• SITE PREP
• GRADING
• LANDSCAPING
• TREE SERVICE
• IRRI # 074100



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2025 JUL - 8 P 3:42

CLERK'S OFFICE
VILLAGE OF FREEPORT, NY

516.867.4100
ROOFING • SIDING • WINDOWS • DOORS

GLASS & SOFT
SCREENS
967-4100

ROOFING

SIDING



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2025 JUL -8 P 3:42

CLERK'S OFFICE
VILLAGE OF FREEBORO, NJ



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CLERK'S OFFICE
VILLAGE OF FINEEPORT, NY



Retro Fitness
WE GET YOU

CLASSES
CARDIO
WEIGHTS

Retro Fitness
WE GET YOU



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2025 JUL - 8 PM 3:42

SUNRISE
Vitamins & Health Foods

Retro Fitness
WE GET YOU

Retro Fitness

CLASSES
CA

Open Air
NET 3000

EIGHTS



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2025 JUL -8 P 3:42

PAY-O-MATIC
Money Centers



RECEIVED

2025 JUL + 8 P 3:42

CLERK'S OFFICE
VILLAGE OF FREEBORO, NY

IHOOP

IHOOP RESTAURANT

Welcome

OPEN

133



ARMED FORCES CAREER CENTER



DISCOVER THE NEW WHEELS YOU'VE GOT TO GO TO YOU WANT TO BE

STAND WITH THE FEW WHO PROTECT OUR COUNTRY

YOU HAVE A CALLING WE HAVE AN ANSWER

GIVE BACK TO THE COUNTRY THAT'S GIVEN YOU SO MUCH

ACHIEVE YOUR DREAMS WHILE PROTECTING OUR FREEDOM

THE MILITARY PREPARES YOU FOR WHATEVER COMES NEXT

FROM LINCOLN TO THE FUTURE THERE ARE A LOT OF COOL JOBS



RECEIVED

2025 JUL -8 P: 3:43

POST OFFICE
SHEEPSPORT, NY

ARMED FORCES
CAREER CENTER



DISCOVER
THE ADVICE FROM MILITARY LEADERS
WHO YOU WANT TO BE

STAND WITH THE
EYES AND PROTECT
OUR COUNTRY

CALLING

ANSWER



Application Date: 7/11/25
Fees Paid: \$725

SP# 3845

INCORPORATED VILLAGE OF FREEPORT
SITE PLAN REVIEW APPLICATION
PLANNING BOARD

NOTE: ACCEPTANCE OF THIS APPLICATION BY THE VILLAGE CLERK'S OFFICE DOES NOT CONSTITUTE A COMPLETE APPLICATION

PROPERTY ADDRESS: 157 SPORTSMAN AV FREEPORT ZONING DISTRICT Res A.
SECTION 02 BLOCK 89 LOT 4 LOT SIZE: 2500 SQF

<input type="checkbox"/> TENANT <u>APPLICANT</u>	<input type="checkbox"/> LESSEE	<u>PROPERTY OWNER</u>
Name: <u>SAWF</u>		Name: <u>RALPH LUNATI</u>
Address:		Address: <u>160 W. INDUSTRY COURT DEER PARK, SUITE E W41129</u>
Telephone #:		Telephone #: <u>50 631-831-1649</u>

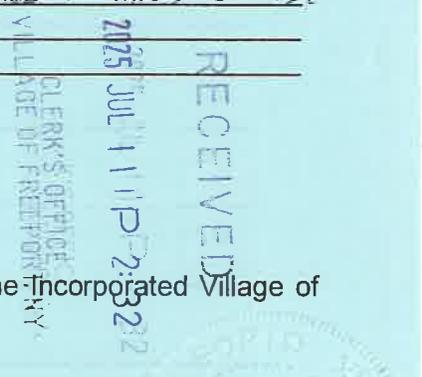
Attorney Name: _____ Address: _____
(optional) Phone #: _____

Present Land Use: Rest. Proposed Land Use: Rest.

Description of Proposed Work: RAISE THE HOUSE & REMODEL INSIDE AND OUTSIDE

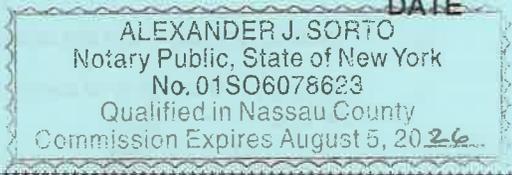
I request a preliminary meeting: YES NO

I request a waiver of the public hearing and hereby certify the following:
A. The subject property is zoned Residence A or Residence AA.
B. The proposed construction is not a new building or dwelling.
C. It is my belief that the criteria contained in §209-7 of the Code of the Incorporated Village of Freeport are satisfied. YES NO



APPLICANT'S SIGNATURE _____ DATE _____

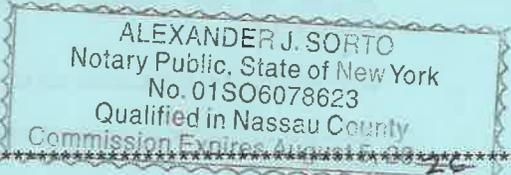
Sworn to before me this 30 day of JUNE, 2025.



Property Owner's Consent: _____ am (are) the owner(s) of the subject property and consent to the filing of this application.

PROPERTY OWNER'S SIGNATURE _____ DATE _____

Sworn to before me this 30 day of JUNE, 2025.



FOR VILLAGE USE ONLY

Site Plan Public Hearing Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Hearing: _____ Date of Decision: _____
Village Clerk's Signature: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____
Planning Board Signature: _____	Date: _____



INC. VILLAGE OF FREEPORT

Department of Buildings

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

ROBERT T. KENNEDY
MAYOR

E-MAIL BUILDINGDEPT@FREEPORTNY.GOV

SERGIO A. MAURAS
SUPERINTENDENT OF BUILDINGS

SITE PLAN LETTER

July 9, 2025

One Sportsman LLC
157 Sportsman Ave
Freeport, NY 11520

RE: **157 Sportsman Ave, Freeport, NY 11520**
Zoning District – Residence A Sec. 62 Blk. 89, Lot 4
Building Permit Application #20254197

Description: House elevation, proposed 6' x 3.5' front platform, 4' x 7' rear platform, 136SF second floor addition, 83Sf rear balcony and removal of windows on the northern side of structure.

Dear Sir/Madam

The above referenced application was initially reviewed by the Building Department and it has been determined that in order to proceed with the application process, additional approval from the Site Plan Review Board will be required.

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 516-377-3632** 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 Site Plan Review Board 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 Site Plan Review Board Application, please call the **VILLAGE CLERK'S OFFICE** at 377-3632.

Very truly yours,

Sergio A. Mauras
Superintendent of Buildings
/Daniela Hernandez
cc: Village Clerk
ZBA Approval Needed: NO

VILLAGE OF FREEPORT, NY
CLERK'S OFFICE

2025 JUL 11 P 2:33

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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. 20254197

Location: 157 Sportsmans Ave , Freeport NY 11520

Applicant: One sportsman LLC

Description: House elevation, proposed 6' x 3.5' front platform, 4' x 7' rear platform, 136SF second floor addition, 83Sf rear balcony and removal of windows on the northern side of structure.

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: July 9, 2025

VILLAGE OF FREEPORT, NY
CLERK'S OFFICE
2025 JUL 11 P 2:33
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

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: House Raising / Renovation			
Project Location (describe, and attach a location map): 157 Sportsman Ave Freeport, NY 11520			
Brief Description of Proposed Action: House Raising / Renovation <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px auto; width: 150px;">APR 22 2025</div>			
Name of Applicant or Sponsor: One Sportsman LLC		Telephone: 631-569-5302	
		E-Mail: rfunati@lunatigroup.com alexsorto@hotmail.com	
Address: 160 W Industry CT Suite E			
City/PO: Deer Park		State: NY	Zip Code: 11729
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?		.06 acres	
b. Total acreage to be physically disturbed?		0 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		.06 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			

RECEIVED

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"/>	
	<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 checked="" type="checkbox"/> YES] If No, describe method for providing potable water: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/> YES] If No, describe method for providing wastewater treatment: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/> NO <input type="checkbox"/> YES	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____	<input type="checkbox"/> NO <input type="checkbox"/> 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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: <u>Ralph Lunati</u>	Date: <u>4/18/25</u>	
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? b. public / private wastewater treatment utilities?	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input 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.
One Sportsman LLC	4/18/25
_____ Name of Lead Agency	_____ Date
Ralph E Lunati	President
_____ 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)

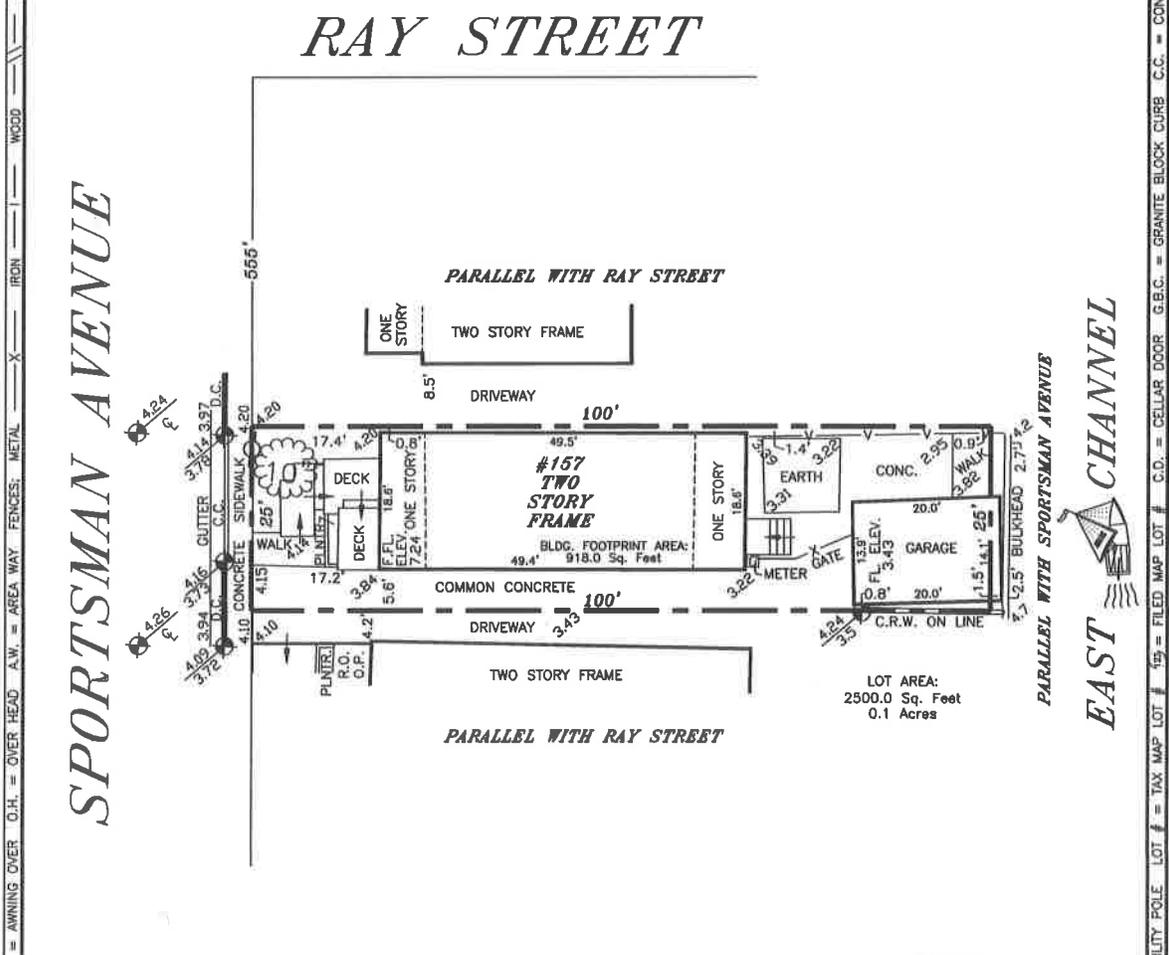
ARCHITECTURAL SURVEY

10 5 0 10 20
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SCALE 1"=20'
2025 JUL 11 P 2:35

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VILLAGE OF FREEPORT, NY

MAP GENERAL DIRECTION MAGNETIC

VINYL
POST & RAIL
WOOD
IRON
METAL
A.W. = AREA WAY
O.H. = OVER HEAD
A.C. = AWNING OVER
PROPERTY LINE



ELEVATIONS SHOWN ON THIS PLAT HAVE BEEN DEVELOPED USING A NETWORKED GPS SYSTEM AND ARE CONSISTENT WITH NAVD 1988

I HEREBY CERTIFY THAT THERE ARE NO VISIBLE STREAMS OR WATER COURSES ON OR OVER THIS PROPERTY

CALL UFPO TWO WORKING DAYS BEFORE DIGGING! 1-800-962-7962 OR 811
NON-MEMBERS MUST BE CONTACTED SEPARATELY.

EASEMENTS, IF ANY, NOT SHOWN.

UNLESS OTHERWISE NOTED, PHYSICAL MONUMENTS HAVE NOT BEEN SET.
This survey is intended to be used for Building Department purposes only and is subject to whatever a more complete title search may reveal. Use of this survey for any other purpose may result in problems for which this surveyor will not be liable.
"Unauthorized alteration 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 herein 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. Said certifications shall run only to the person for whom the survey was prepared, and on his behalf to the government agency and lending institution listed herein, and to the assignees of the lending institution. Certifications are not transferable to additional institutions or subsequent owners."
This map may not be used in connection with a "Survey Affidavit" or similar document, statement, or mechanism to obtain title insurance for any subsequent or future grantees.

LEGEND

GAS METER	
DROP CURB	
TREE WITH DIAMETER	
EXISTING GRADE	

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Use of this survey for any other purpose may result in problems for which this surveyor will not be liable.

L.S.T. = LANDSCAPE TIE (G) = GATE R.O. = ROOF OVER W.O.F. = WIRES ON FACE F.E. = FIRE ESCAPE 157SPORTSMANAVE

CERTIFIED TO:
MARIA CIPOLLA

BARRY M. FAHRER
NEW YORK STATE
LICENSED LAND SURVEYOR
No. 49851

BARRY M. FAHRER L.S. P.C.
206 CHURCH STREET
FREEPORT NEW YORK 11520
(516) 623-2069
FAX (516) 623-0628

STATE OF NEW YORK

JOB No. 20150792
TITLE No.

SECTION No. 62
TAX BLOCK No. 89

LOT No. 4

DATE SURVEYED 10/29/2015
FREEPORT
COUNTY OF: NASSAU

DEPARTMENT OF BUILDINGS

OF THE VILLAGE OF FREEPORT, N.Y.

APPLICATION NO. 20254197
Filing Date 4/22/25

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Application for Erection of Buildings or Alterations

2025 JUL 1 11:15 4:35

IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, V

I. LOCATION OF BUILDING	AT LOCATION: <u>157 Sportsman Ave</u> (Street)	ZONING DISTRICT: <u>Res A</u>
	BETWEEN <u>Sportsman Ave</u> AND <u>Arthur St</u>	
	SECTION <u>62</u> BLOCK <u>89</u> LOT <u>4</u>	APPROX. LOT SIZE <u>925</u> X <u>100</u> LOT AREA <u>2500</u>

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D.

<p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New building</p> <p>2 <input checked="" type="checkbox"/> Addition-Alteration (If residential, enter number of new housing units added. If none-state none)</p> <p>3 <input type="checkbox"/> Swimming Pool</p> <p>4 <input type="checkbox"/> Repair (replacement)</p> <p>5 <input type="checkbox"/> Bulkhead (New, Repair)</p> <p>6 <input type="checkbox"/> Fence</p> <p>7 <input type="checkbox"/> Moving (Relocation)</p>	<p>B. PROPOSED OR EXISTING USE</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>RESIDENTIAL</p> <p>11 <input checked="" type="checkbox"/> One Family</p> <p>12 <input type="checkbox"/> Two families</p> <p>13 <input type="checkbox"/> Apartment - Enter No. of Units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter No. of Units _____</p> <p>15 <input type="checkbox"/> Garage or Accessory Structure</p> <p>16 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p>NON RESIDENTIAL - Complete Part "E"</p> <p>17 <input type="checkbox"/> Industrial</p> <p>18 <input type="checkbox"/> Office, bank, professional</p> <p>19 <input type="checkbox"/> Store, mercantile</p> <p>20 <input type="checkbox"/> Church, other religious</p> <p>21 <input type="checkbox"/> Hospital, institutional</p> <p>22 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table>	<p>RESIDENTIAL</p> <p>11 <input checked="" type="checkbox"/> One Family</p> <p>12 <input type="checkbox"/> Two families</p> <p>13 <input type="checkbox"/> Apartment - Enter No. of Units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter No. of Units _____</p> <p>15 <input type="checkbox"/> Garage or Accessory Structure</p> <p>16 <input type="checkbox"/> Other - Specify _____</p>	<p>NON RESIDENTIAL - Complete Part "E"</p> <p>17 <input type="checkbox"/> Industrial</p> <p>18 <input type="checkbox"/> Office, bank, professional</p> <p>19 <input type="checkbox"/> Store, mercantile</p> <p>20 <input type="checkbox"/> Church, other religious</p> <p>21 <input type="checkbox"/> Hospital, institutional</p> <p>22 <input type="checkbox"/> Other - Specify _____</p>
<p>RESIDENTIAL</p> <p>11 <input checked="" type="checkbox"/> One Family</p> <p>12 <input type="checkbox"/> Two families</p> <p>13 <input type="checkbox"/> Apartment - Enter No. of Units _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter No. of Units _____</p> <p>15 <input type="checkbox"/> Garage or Accessory Structure</p> <p>16 <input type="checkbox"/> Other - Specify _____</p>	<p>NON RESIDENTIAL - Complete Part "E"</p> <p>17 <input type="checkbox"/> Industrial</p> <p>18 <input type="checkbox"/> Office, bank, professional</p> <p>19 <input type="checkbox"/> Store, mercantile</p> <p>20 <input type="checkbox"/> Church, other religious</p> <p>21 <input type="checkbox"/> Hospital, institutional</p> <p>22 <input type="checkbox"/> Other - Specify _____</p>		
<p>C. COST</p> <p>10. TOTAL COST OF IMPROVEMENT <u>\$195,000.00</u></p>	<p>D. DESCRIPTION OF PROJECT</p> <p><u>House Raising / Renovation</u></p>		

III. IDENTIFICATION - To be completed by all applicants

	NAME	MAILING ADDRESS - Number, street, city and state, Zip	TEL. NO.
1. Owner or Lessee	One Sportsman LLC	160 W Industry Ct Suite E Deer Park, NY 11729	631-569-5302
2. Contractor	EM Contracting Corp	156 E Milton St Freeport, NY 11520	516-233-5434
3. Architect or Engineer	Tiderunner Engineering & Design	7 Ridgewood St Bay Shore, NY 11706	631-839-4824

<p>IV. OWNER - CONTRACTOR STATEMENT</p> <p>Building permit is issued subject to the provisions of Section 67 of the Workmen's Compensation Law.</p> <p>Workmen's Compensation Certificate No. <u>962612</u> Company <u>NYSIF</u> Exp. Date <u>07/23/25</u></p> <p>VIDHYA T. BAICHOO NOTARY PUBLIC STATE OF NEW YORK SUFFOLK COUNTY LIC. #01BA6321679 COMM. EXP. 03/23/2027</p> <p>Contractor <u>EM Contracting Corp</u> (Print) Address <u>156 East Milton St Freeport, NY 11520</u> Phone <u>516-233-5434</u></p> <p>State of New York County of Nassau <u>Ralph Luvato</u> being duly sworn, says that _____ is the contractor or owner of the above mentioned building. That the terms of the above application also the estimated cost of said building or alteration, is correct to the best of _____ knowledge and belief and agrees to conform to all applicable laws of this jurisdiction. (He or Her) Sworn to before me this <u>18th</u> day of <u>April</u>, 20<u>25</u> <u>[Signature]</u> Notary Public, County, N.Y.</p>	<p>V. FLOOD ZONE</p> <p>IS PROJECT LOCATED WITHIN A DESIGNATED FLOOD HAZARD ZONE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, WHICH ZONE? <u>AE</u></p> <p>IS PROJECT TO REPAIR FLOOD DAMAGE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>PROJECT DESCRIPTION</p> <p>Total/First Floor Square Feet <u>880</u></p> <p>Upper Floor Square Feet <u>880</u></p> <p># of Fixtures <u>8</u></p> <p># of Floors <u>2</u></p> <p>Occup. Type <u>Residential</u></p>
---	--

<p>VI. VALIDATION (Official Use Only)</p> <p>Building Permit Number _____</p> <p>Building Permits Issued _____</p> <p>Building Permit Fee \$ _____</p>	<p style="text-align: center;">Approved by: _____</p> <p style="text-align: center;">Superintendent of Buildings</p>
---	--

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VILLAGE OF FREEPORT, NY



FRONT OF THE HOUSE

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CLERK'S OFFICE
CITY OF FREEPORT, NY

PICAT SIDE
~~BACK~~ OF THE HOUSE

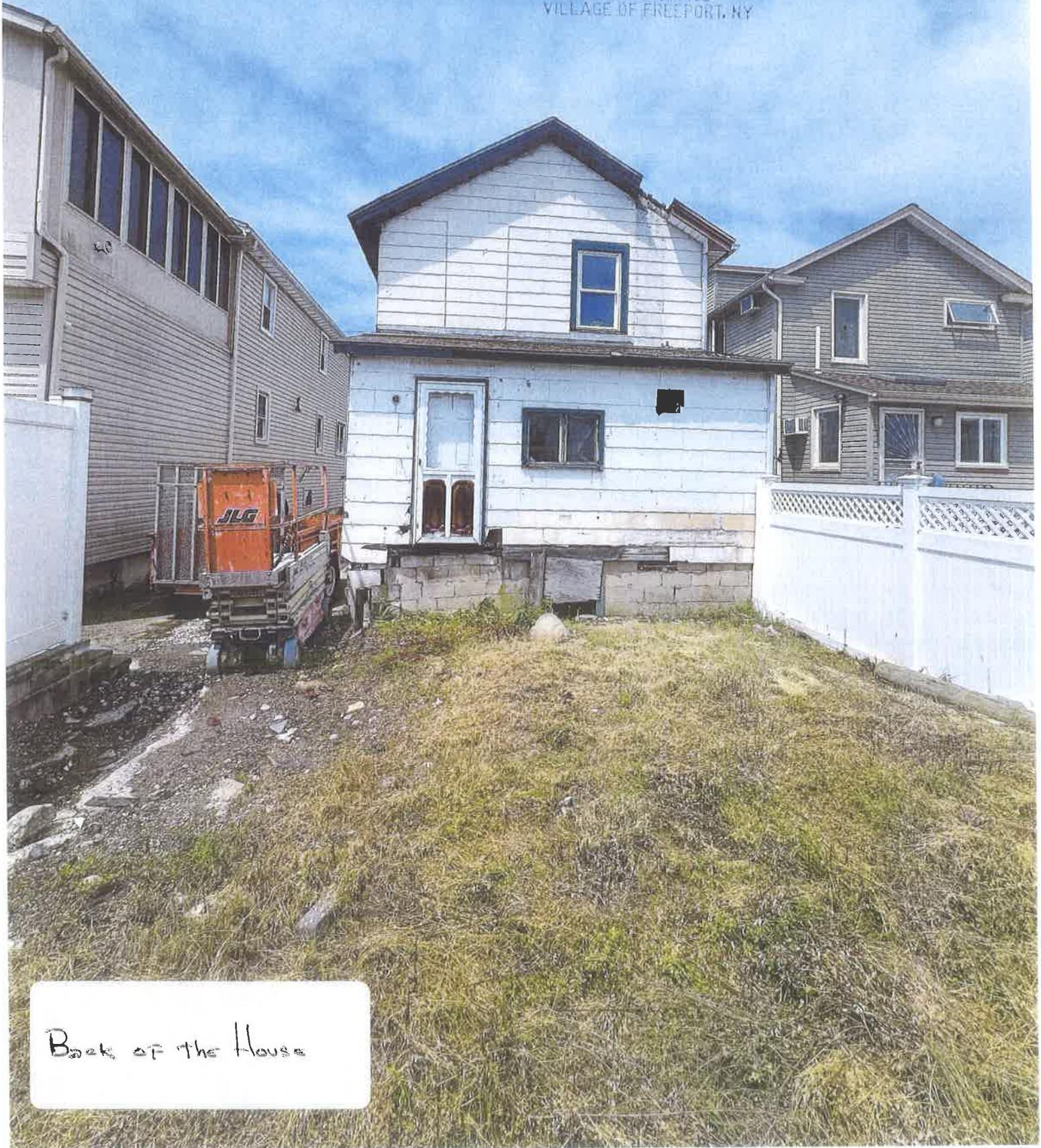


Left Side of the House

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CLERK'S OFFICE
VILLAGE OF FREEPORT, NY



Back of the House

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2025 JUL 11 10 2: 37

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VILLAGE OF FREEPORT, NY



LEFT SIDE Neighbor

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CLERK'S OFFICE
VILLAGE OF FREEPORT, NY

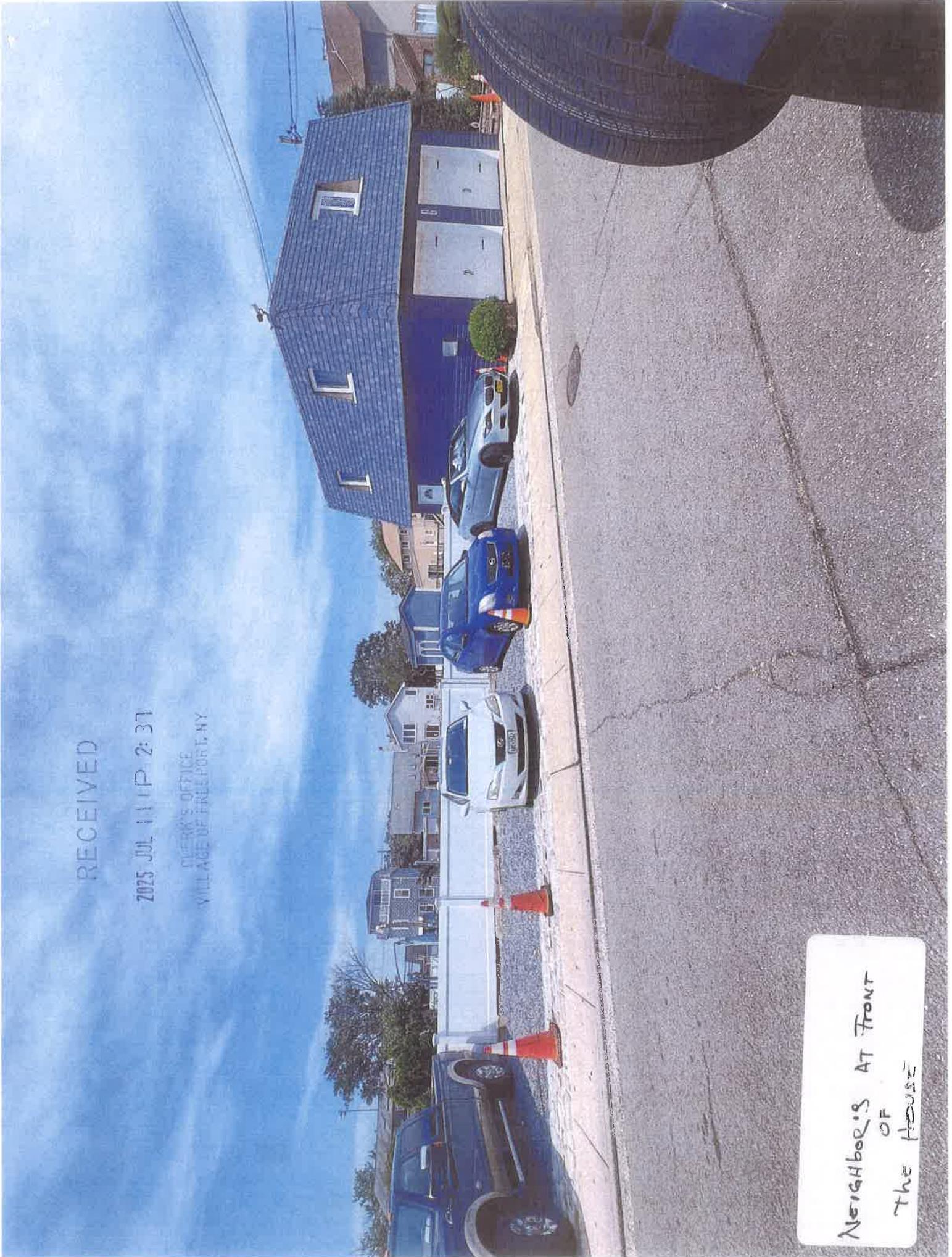


Right Side Neighbor

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VILLAGE OF FREEPORT, NY



NEIGHBOR'S AT FRONT
OF
THE HOUSE

One Sportsman LLC
160 W Industry Ct.
Deer Park, NY 11729
Phone: (631) 569-5302
Email: rlunati@lunatigroup.com

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2025 JUL 11 P 2: 37

CLERK'S OFFICE
VILLAGE OF FREEPORT, NY

Freeport, New York
July 3rd, 2025

To:

Village of Freeport
Building Department

Subject: Material and Color Specifications for Residential Project

Address: 157 Sportsman Ave, Freeport, NY 11520

To Whom It May Concern:

I am submitting this letter to provide a detailed list of all exterior materials, colors, and manufacturers to be used for the renovation/construction project at the above-referenced property. The specifications are as follows:

1. Windows

- *Manufacturer:* Marvin Windows and Doors
- *Color:* Black

2. Siding

- *Manufacturer:* CertainTeed Monogram
- *Color:* White and Hunter Green

3. Roof

- *Manufacturer:* GAF Timberline HDZ
- *Color:* Black

4. Railings

- *Front:* Metal railings – Black
- *Rear:* Wood railings – Black (painted or stained)

5. Deck

- Rear deck will include a sliding door for access

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CLERK'S OFFICE
VILLAGE OF FREEPORT, NY

6. Exterior Doors

- *Manufacturer:* Marvin Windows and Doors
- *Color:* Dark Gray

7. Garage Door

- *Manufacturer:* Clopay
- *Style:* Modern design with 3 horizontal glass panels
- *Color:* Dark Gray

Please consider this letter as a formal declaration of the materials and finishes to be used. Should you require any additional information or documentation, I am available at your convenience.

Sincerely,

Ralph Lunati

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB Control No. 1660-0008
Expiration Date: 06/30/2026

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name: <u>ONE SPORTSMAN LLC</u>	Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>157 SPORTSMAN AVENUE</u>	Company NAIC Number: _____
City: <u>FREEPORT</u> State: <u>NY</u> ZIP Code: <u>11520</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Section: 62 Block: 89 Lot:4</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>	
A5. Latitude/Longitude: Lat. <u>40.643065</u> Long. <u>-73.73581156</u> Horiz. Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84	
A6. Attach at least two and when possible four clear color photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: <u>2A</u>	
A8. For a building with a crawlspace or enclosure(s):	
a) Square footage of crawlspace or enclosure(s): <u>876</u> sq. ft.	
b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>0</u> Engineered flood openings: <u>0</u>	
d) Total net open area of non-engineered flood openings in A8.c: <u>0</u> sq. in.	
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>0</u> sq. ft.	
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>0</u> sq. ft.	
A9. For a building with an attached garage:	
a) Square footage of attached garage: <u>N/A</u> sq. ft.	
b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>0</u> Engineered flood openings: <u>0</u>	
d) Total net open area of non-engineered flood openings in A9.c: <u>0</u> sq. in.	
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>0</u> sq. ft.	
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>0</u> sq. ft.	
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
B1.a. NFIP Community Name: <u>VILLAGE OF FREEPORT</u>	B1.b. NFIP Community Identification Number: <u>360464</u>
B2. County Name: <u>Nassau County</u>	B3. State: <u>NY</u> B4. Map/Panel No.: <u>36059C0239</u> B5. Suffix: <u>G</u>
B6. FIRM Index Date: <u>09/11/2009</u>	B7. FIRM Panel Effective/Revised Date: <u>09/11/2009</u>
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>8</u>
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____	
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____	
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA	
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>157 SPORTSMAN AVENUE</u>	FOR INSURANCE COMPANY USE
City: <u>FREEPORT</u> State: <u>NY</u> ZIP Code: <u>11520</u>	Policy Number: _____ Company NAIC Number: _____

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.
Benchmark Utilized: CARLSON GPS BRX6 Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.
 NGVD 1929 NAVD 1988 Other: _____

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used? Yes No
If Yes, describe the source of the conversion factor in the Section D Comments area.

- | | | |
|---|-------------|--|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor): | <u>1.70</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions): | <u>7.20</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see Instructions): | <u>N/A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab): | <u>N/A</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): | <u>N/A</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest Adjacent Grade (LAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished | <u>3.22</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest Adjacent Grade (HAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished | <u>4.20</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | <u>N/A</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No
 Check here if attachments and describe in the Comments area.

Certifier's Name: FRANK GALLUZZO License Number: 050088
Title: PRESIDENT
Company Name: EMPIRE STATE LAND SURVEYOR, P.C.
Address: 1005 GLEN COVE AVENUE
City: GLEN HEAD State: NY ZIP Code: 11545
Telephone: (516) 240-6901 Ext.: _____ Email: empiresurveys@aol.com
Signature: _____ Date: 01/16/2025



Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):
THERE ARE NO MECHANICAL UNITS. BUILDING IS BEING REMODELED.

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 157 SPORTSMAN AVENUE	FOR INSURANCE COMPANY USE
City: FREEPORT State: NY ZIP Code: 11520	Policy Number: _____ Company NAIC Number: _____

SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

- a) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ feet meters above or below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: _____ feet meters above or below the HAG.

E3. Attached garage (top of slab) is: _____ feet meters above or below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: _____ feet meters above or below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge*

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ Email: _____

Signature: _____ Date: _____

Comments: _____

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 157 SPORTSMAN AVENUE	FOR INSURANCE COMPANY USE
City: FREEPORT State: NY ZIP Code: 11520	Policy Number: _____
	Company NAIC Number: _____

SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. A local official completed Section H for insurance purposes.
- G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: New Construction Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ feet meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ feet meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ feet meters Datum: _____
- G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 157 SPORTSMAN AVENUE	FOR INSURANCE COMPANY USE
City: FREEPORT State: NY ZIP Code: 11520	Policy Number: _____ Company NAIC Number: _____

SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) For Building Diagrams 1A, 1B, 3, and 5–8. Top of bottom _____ feet meters above the LAG floor (include above-grade floors only for buildings with crawlspaces or enclosure floors) is:

b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is: _____ 3.98 feet meters above the LAG

H2. Is **all** Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

Yes No

SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* **Note:** If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ Email: _____

Signature: _____ Date: _____

Comments: _____

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11
BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
157 SPORTSMAN AVENUE

City: FREEPORT State: NY ZIP Code: 11520

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One

Photo One Caption: FRONT VIEW - 01/16/2025

Clear Photo One

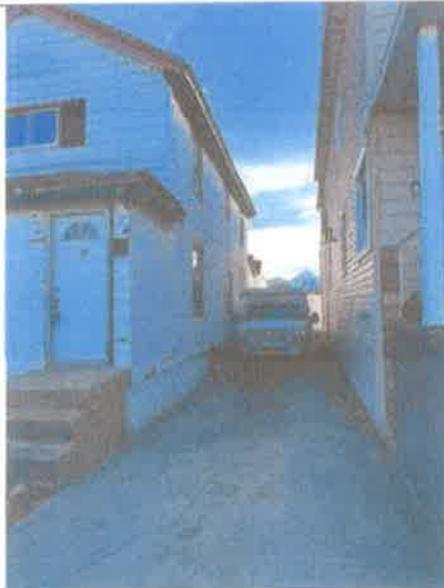


Photo Two

Photo Two Caption: RIGHTSIDE VIEW - 01/16/2025

Clear Photo Two

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11
BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
157 SPORTSMAN AVENUE

City: **FREEPORT** State: **NY** ZIP Code: **11520**

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

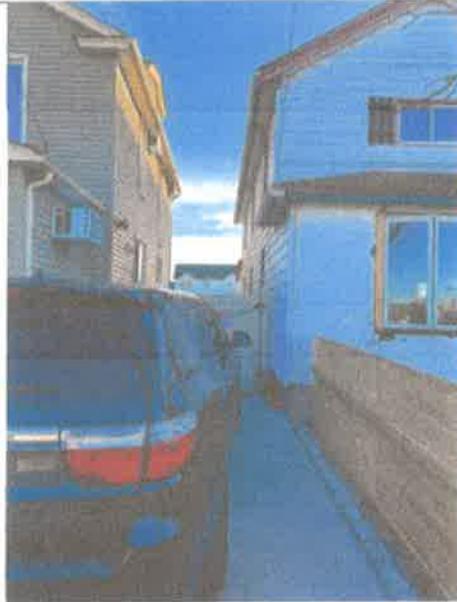


Photo Three

Photo Three Caption: **LEFT VIEW - 01/16/2025**

Clear Photo Three



Photo Four

Photo Four Caption: **REAR VIEW - 01/16/2025**

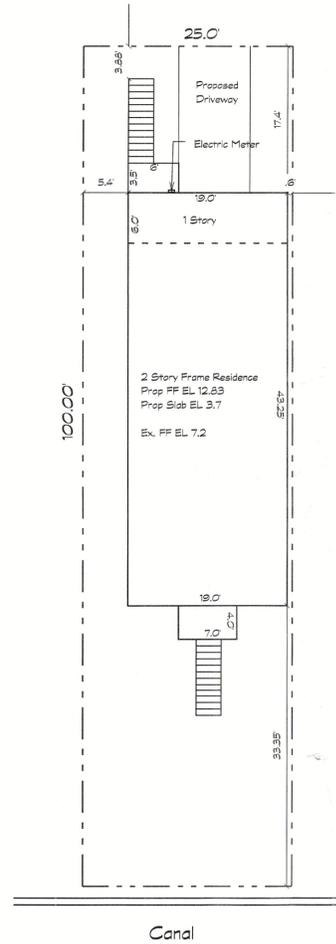
Clear Photo Four

ABBREVIATIONS

ACQ ALKALINE COPPER QUATERNARY	LVL LAMINATED VENEER LUMBER
ACT ACOUSTICAL TILE	MAX MAXIMUM
AL ALUMINUM	MIN MINIMUM
ALT ALTERNATE	MRB MARBLE
AFF ABOVE FIRST FLOOR	MS MARBLE SADDLE
ASF ABOVE SUBFLOOR	MTL METAL
A.S. ALUMINUM SADDLE	NA NOT APPLICABLE
A.P.B. ANTHONY POWER BEAM	NIC NOT IN CONTRACT
B.C. BRICK COURSES	NGM NOMINAL
BO BOARD	NR NOT REQUIRED
BOT BOTTOM	NTS NOT TO SCALE
BLDG BUILDING	OC ON CENTER
CBB CEMENT BACKER BOARD	OCC OCCUPANT(S)
CL CLOSET	OH OVERHANG
CLG CEILING	PART. PARTITION
CLR CLEAR(ANCE)	PC POURED CONCRETE
COL COLUMN	PT POINT
CONC CONCRETE	PKT ROCKET
CMU CONCRETE MASONRY UNIT	RAD RADIUS
CT COLLAR TIE	REQ. REQUIRED
CJ CEILING JOIST	REV REVISION(S)
CANT CANTILEVER	RM ROOM
CMD CARBON MONOXIDE DETECTOR	RR ROOF RAFTER
DIA DIAMETER	R/R REMOVE AND REPLACE
DM DIMENSION	SEC SECTION
DR DOOR	SF SQUARE FEET
DTL DETAIL	SIM SIMILAR
DWG DRAWING	SQ SQUARE
DN DOWN	STL STEEL
EA EACH	SD SMOKE DETECTOR
EL ELEVATION	STD STANDARD
EQ EQUAL	TC TOP OF CURB
EX EXISTING	TEL TELEPHONE
EXH EXHAUST	THK THICKNESS
EXT EXTERIOR	TOS TOP OF SLAB
EF EXHAUST FAN	TX TOILET EXHAUST
EW EGRESS WINDOW	TXF TOILET EXHAUST FAN
FC FIRE CODE	TYP TYPICAL
FD FLOOR DRAIN	TEM TEMPORARY
FN FINISHED	TEMP TEMPORARY
FLR FLOORING	UNLESS OTHERWISE NOTED
FRSC FIRE PROOF SELF CLOSING	VIF VERIFY IN FIELD
FT FOOT (FEET)	WC WATER CLOSET
FJ FLOOR JOIST	WR WATER RESISTANT
GA GAUGE	
GALV GALVANIZED	
GFI GROUND FAULT INTERRUPT	
GL GLASS	
GWB GYPSUM WALL BOARD	
HC HOLLOW CORE	
HDW HARDWARE	
HM HOLLOW METAL	
HOR HORIZONTAL	
HP HIGH POINT	
HT HEIGHT	
HVAC HEATING/VENTILATION/AIR CONDITION	
IN INCH	
INT INTERIOR	
INV INVERT	
JT JOINT	
KIT KITCHEN	
LAV LAVATORY	

HOUSE RAISING 157 SPORTSMAN DR FREEPORT, NY

Sportsman Drive



Additional Construction	Residence A
Zoning	2800 SF
Total Area	
2nd Floor Additions	
Front Addition	113 SF
Rear Addition	50 SF
Total New 2nd Fl	163 SF
2nd Floor Deck	83 SF
Total 2nd Floor Additions	246 SF
Existing Area	
1st Floor	930 SF
2nd Floor	684 SF
Total Ex. Floor Area	1614 SF
Total Prop Floor Area	1860 SF

Legend

Existing Walls to Remain	
Existing Walls to be Removed	
New Walls and Partitions	
Insulation	
Door	
Window	
Structural Beam	
Outlet	
GFI Outlet	
Switch	
Ceiling Fixture	
Exterior Fixture	
Smoke Detector	
CO Detector	
Vent	
Vent/Light	
Ceiling Fan	

BUILDING DEPARTMENT DATA:

Classification/Floor Area		Existing	Proposal	Total
FLOOR AREA	Finished Living	Floor Level		
		Cellar (Finished)	0	0
		1st Floor	0	0
		2nd Floor	0	0
Misc Area	Misc Area	Garage	0	0
		Front Porch	0	0
		Rear Porch	0	0
		Decks	0	0

CLASSIFICATION

DESIGN: R301.2.1.1 (2020 Residential Code of New York State)

Design Criteria Construction in regions where the basic wind speeds exceed from Figure R301.2(4) equal or exceed 130 miles per hour shall be designed in accordance with one of the following:

Plans have been designed in accordance with: 2020 New York State Residential Code

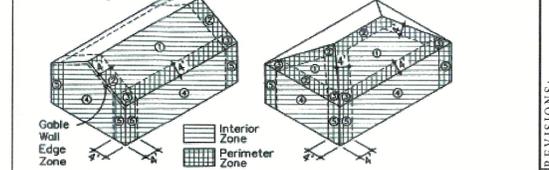
CLIMATIC & GEOGRAPHIC DESIGN CRITERIA: (Table R301.2(1))

Wind Exposure Category:	B
Ground Snow Load:	20 PSF
Wind Speed:	130 mph 3 sec Gust (110 fastest mile)
Special Wind Region:	NO
Windborne Debris Zone:	NO
Seismic Design Category	C
Weathering	Severe
Frost Line Depth:	36 inches
Termite Infestation:	Moderate to Heavy
Decay Probability:	Slight to Moderate
Winter Design Temperature:	15
Ice Shield Underlayment Required	Valleys and Perimeter
Flood Hazard	Exempt
Air Freezing Index	533
Mean Annual Temp	51

MIN. DESIGN PRESSURE (DP) RATING:

Windows & Doors	Zone	Rating
10'-0" x 10'-0"	ZONE 4	DP 25
	ZONE 5	DP 30
	ZONE 1	DP 25
10'-0" x 10'-0"	ZONE 2	DP 30
	ZONE 3	DP 30
	ZONE 1	DP 20
2'-0" x 2'-0"	ZONE 2	DP 45
	ZONE 3	DP 45

Zone Diagrams:



Minimum Uniformly Distributed Live Loads: Table R301.5

USE	LIVE LOAD	DEAD LOAD
Decks & Exterior Balconies	40 psf	10 psf
Passenger Vehicle Garages	40 psf	10 psf
ATTICS Habitable or w/ Fixed Stairs	30 psf	10 psf
ATTICS without Storage	10 psf	10 psf
ATTICS with Storage	20 psf	10 psf
ROOMS other than Sleeping Rooms	40 psf	10 psf
Sleeping Rooms	30 psf	10 psf
Stairs	40 psf	10 psf
Guards and Handrails	200 psf	10 psf
Guards in-fill components	50 psf	10 psf
Fire escapes	40 psf	10 psf

ALLOWABLE DEFLECTION: Table R301.7

Structural Member	Allowable Deflection
Rafters having slopes greater than 3/12 with no finished ceiling attached to rafters	L/180
Interior Walls and Partitions	H/180
Floors	L/360
Ceilings w/brittle finishes (including plaster and stucco)	H/360
Ceilings w/ flexible finishes (including gypsum board)	L/240
All other Structural Members	L/240
Exterior Walls w/plaster or stucco	L/360
Exterior Walls - Wind Loads(a) w/ Brittle Finishes	L/240
Exterior Walls - Wind Loads(a) w/ Flexible Finishes	L/120
Lintels supporting masonry veneer walls	L/600

a. The Wind Load shall be permitted to be taken as 0.7 times the Component and Cladding loads for the purpose of the determining deflection limits herein

THE MERRIMACK ENGINEERING & DESIGN
 7 RIDGEWOOD ST.
 BAY SHORE, NY 11706
 (631) 839-4824

CONSULTANTS:
 HOUSE RAISING
 LUNATI RESIDENCE
 157 SPORTSMAN DR
 VILLAGE OF FREEPORT

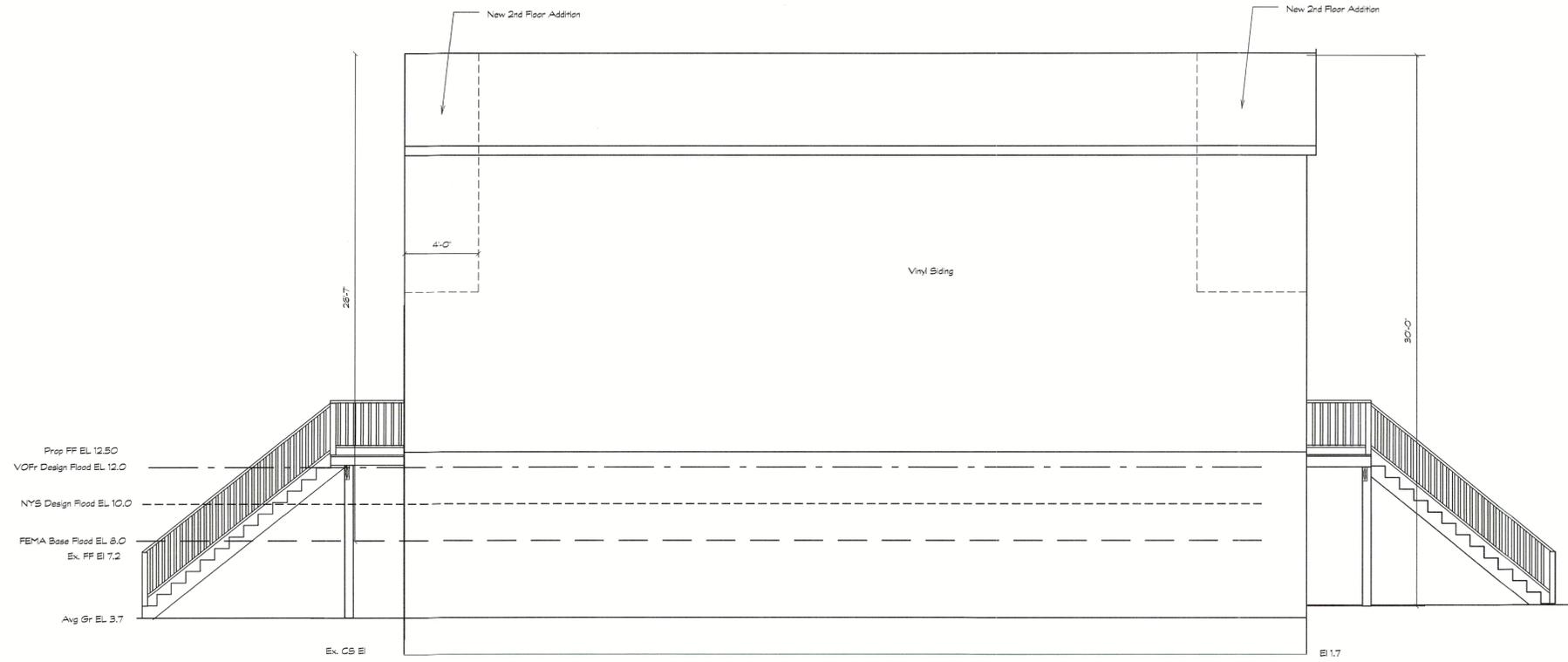
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 157 Sportsman Plan Rev. 6/16/25
 FILE NO.: 25-16
 DWG DATE: 3/25/25
 DRAWN BY: LGS
 CHK'D BY: LGS

FILE NO.: 25-16
 DWG DATE: 3/25/25
 DRAWN BY: LGS
 CHK'D BY: LGS

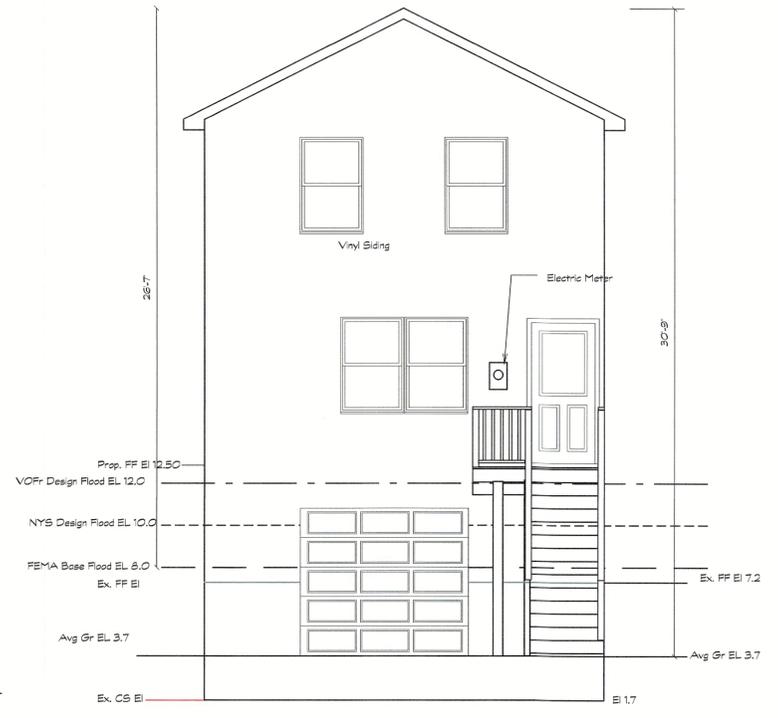


DWG. NAME:
COVER SHEET

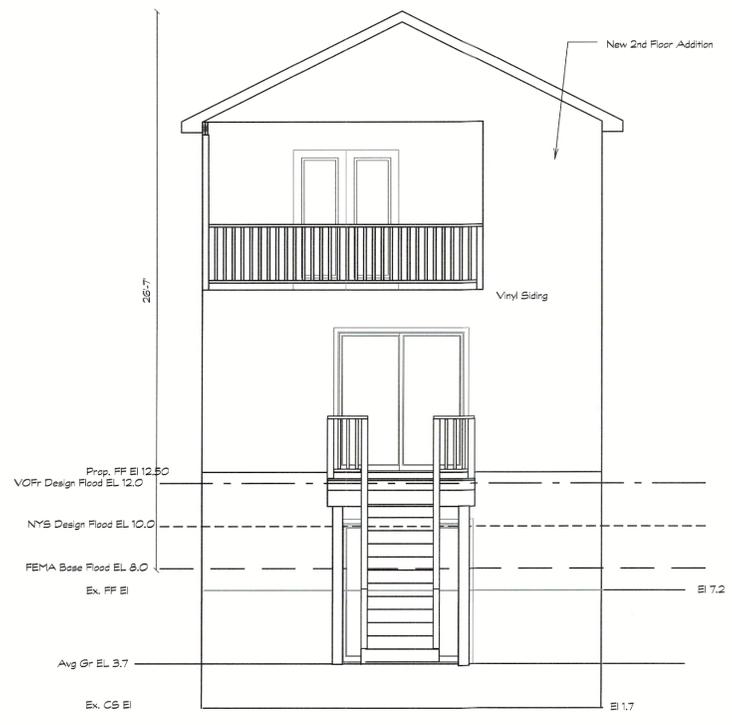
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C-1



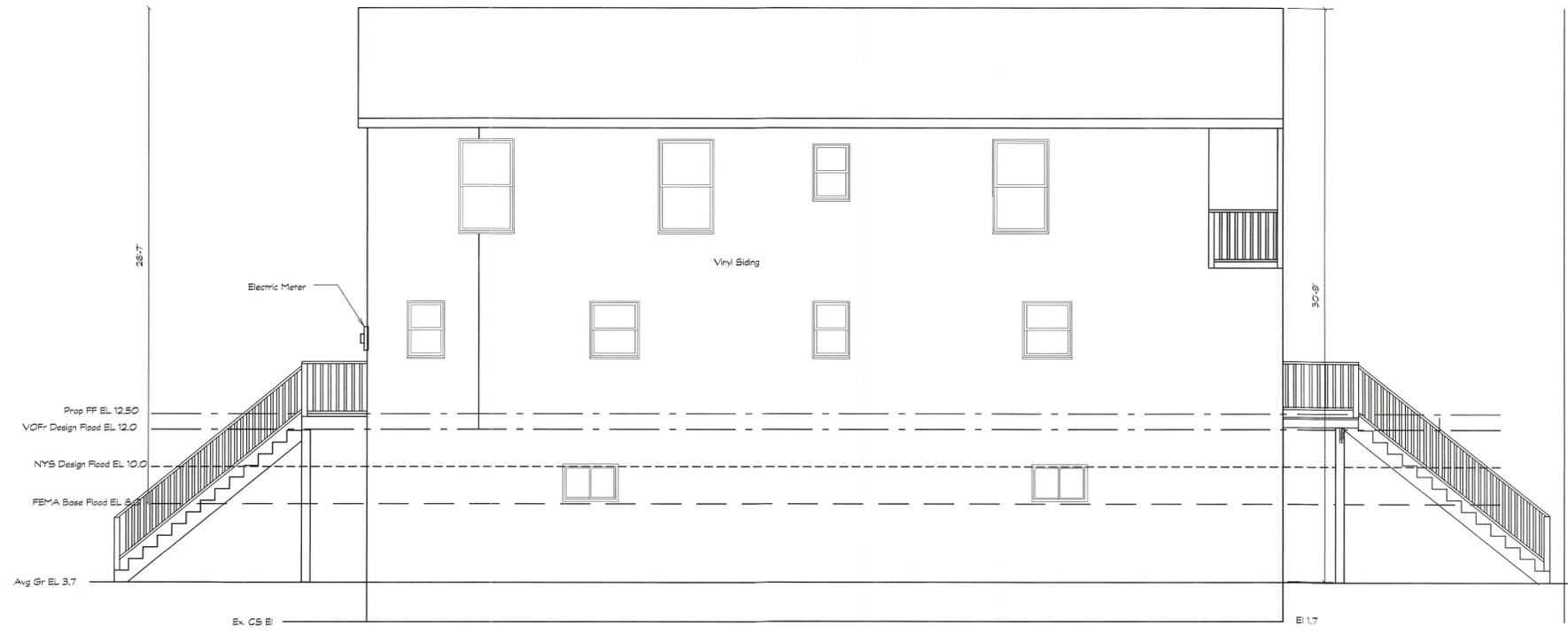
North Elevation



West Elevation



East Elevation



South Elevation

CONSULTANTS:

DESCRIPTION:

 HOUSE RAISING

 LUNATI RESIDENCE

 157 SPORTSMAN DR

 VILLAGE OF FREEPORT

REVISIONS:

 FILE NO.: 25-16

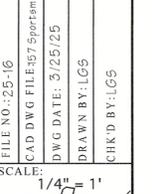
 C.A.D. DWG FILE: 157 Sportman Plan Rev. 6/16/25

 DWG DATE: 3/25/25

 DRAWN BY: LGS

 CHK'D BY: LGS

SCALE: 1/4" = 1'



DWG. NAME:

 ELEVATIONS

INSULATION AND FENESTRATION REQUIREMENTS BY COMPONENT ^a										
CLIMATE ZONE	FENESTRATION U-FACTOR ^b	SKYLIGHT U-FACTOR ^b	GLAZED FENESTRATION SHGC ^{b,c}	CILING R-VALUE	WOOD FRAME WALL R-VALUE	MASS WALL R-VALUE ⁱ	FLOOR R-VALUE	BASEMENT WALL R-VALUE	SLAB ^d R-VALUE	CRAWL SPACE WALL R-VALUE
4 EXCEPT MARINE	0.35	0.55	0.40	49	20 OR 13.5 ^e	8/13	19	10/13	10, 2 ft.	10/13

FOR SI: 1 FOOT = 304.8 mm

a. R-VALUES ARE MINIMUMS, U-FACTORS AND SHGC ARE MAXIMUMS. WHEN INSULATION IS INSTALLED IN A CAVITY WHICH IS LESS THAN THE LABEL OR DESIGN THICKNESS OF THE INSULATION, THE INSTALLED R-VALUE OF THE INSULATION SHALL NOT BE LESS THAN THE R-VALUE SPECIFIED IN THE TABLE.

b. THE FENESTRATION U-FACTOR COLUMN EXCLUDES SKYLIGHTS. THE SHGC COLUMN APPLIES TO ALL GLAZED FENESTRATION EXCEPT: SKYLIGHTS MAY BE EXCLUDED FROM GLAZED FENESTRATION SHGC REQUIREMENTS IN CLIMATE ZONE 1 THROUGH 3 WHERE THE SHGC FOR SUCH SKYLIGHTS DOES NOT EXCEED 0.30.

c. "13/13" MEANS R-13 CONTINUOUS INSULATION ON THE INTERIOR OR EXTERIOR OF THE HOME OR R-19 CAVITY INSULATION AT THE INTERIOR OF THE BASEMENT WALL. "15/15" SHALL BE PERMITTED TO BE MET WITH R-13 CAVITY INSULATION ON THE INTERIOR OF THE BASEMENT WALL PLUS R-5 CONTINUOUS INSULATION ON THE INTERIOR OR EXTERIOR OF THE HOME. "10/13" MEANS R-10 CONTINUOUS INSULATION ON THE INTERIOR OR EXTERIOR OF THE HOME OR R-13 CAVITY INSULATION AT THE INTERIOR OF THE BASEMENT WALL.

d. R-5 SHALL BE ADDED TO THE REQUIRED SLAB EDGE R-VALUES FOR HEATED SLABS. INSULATION DEPTH SHALL BE THE DEPTH OF THE FOOTING OR 2 FEET, WHICHEVER IS LESS IN CLIMATE ZONE 1 THROUGH 3 FOR HEATED SLABS.

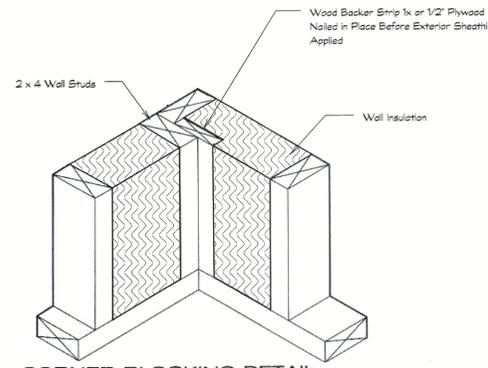
e. THERE ARE NO SHGC REQUIREMENTS IN THE MARINE ZONE.

f. BASEMENT WALL INSULATION IS NOT REQUIRED IN WARM HUMID LOCATIONS AS DEFINED BY FIGURE R301.1 AND TABLE R301.1.

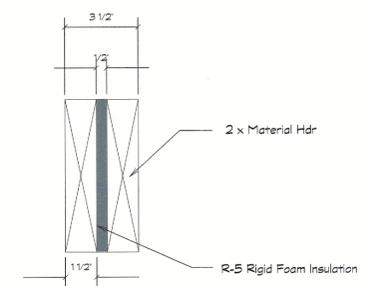
g. OR INSULATION SUFFICIENT TO FILL THE FRAMING CAVITY, R-19 MINIMUM.

h. THE FIRST VALUE IS CAVITY INSULATION, THE SECOND VALUE IS CONTINUOUS INSULATION. SO "13.5/5" MEANS R-13 CAVITY INSULATION PLUS R-5 CONTINUOUS INSULATION.

i. THE SECOND R-VALUE APPLIES WHEN MORE THAN HALF THE INSULATION IS ON THE INTERIOR OF THE MASS WALL.



CORNER BLOCKING DETAIL
INSULATED WALL DETAILS



2 x Header Detail
Scale 3/4" = 1"

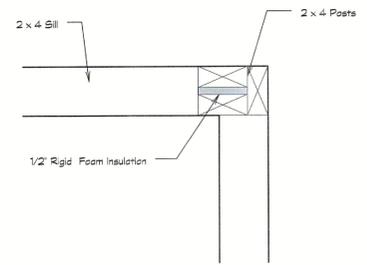
Chose Compliance Method
Total UA Alternative See RESCHECK Analysis (Attached)

- Mechanical System Notes
- At least one thermostat shall be provided for each separate heating and cooling system.
 - Ducts, air handlers and filter boxes shall be sealed. Joints and seams shall comply with either International Mechanical Code or International Residential Code.
 - Ducts shall be pressure tested to determine air leakage by one of the following methods:
 - Rough-In Test
 - Post Construction Test
 - Building framing cavities shall not be used as ducts or plenums.
 - Mechanical system piping capable of carrying fluids above 105° F or below 55° F shall be insulated to a minimum of R-3.
 - The building shall be provided with ventilation that meets the requirements of the International Residential Code or International Mechanical Code as applicable, or with other approved means of ventilation. Outdoor air intakes and exhausts shall have automatic or gravity dampers that close when the ventilation system is not operating.

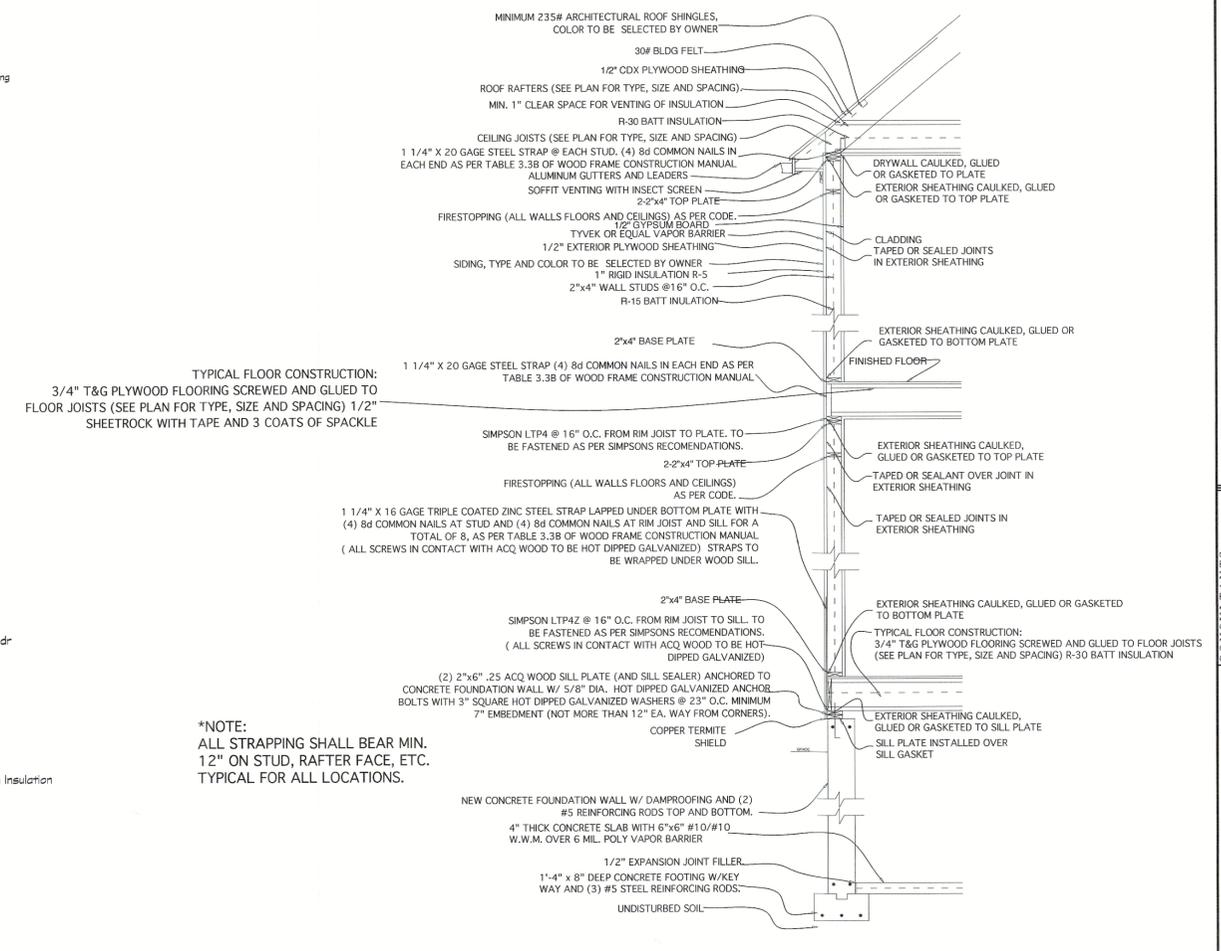
Energy Code Requirement Table				
Fenestration				
	Manufacturer	Type	UA	SHGC
Window	N/A	N/A	N/A	N/A
Door	Jeld-Wen	Sliding Glass	0.34	0.27
Mechanical Systems				
Air Conditioning				None
Heating				Hot Water Baseboard
Equipment Type				
Air Conditioning				None
Heating				Gas Fired Boiler
Insulation				
	Type		R-Value	
Walls	Fiberglass Batts		15	
	Rigid Foam		3	
Ceilings	Fiberglass Batts		30	
Floor/Foundation	Rigid Foam		10/5	

- Energy Conservation Notes
- Air Barrier Criteria
- A continuous air barrier shall be installed in the building envelope.
 - The exterior thermal envelope contains a continuous air barrier.
 - Breaks or joints in the barrier shall be sealed.
 - The air barrier in any dropped ceiling/soffit shall be aligned with the insulation and any air gaps in the air barrier shall be sealed.
 - Access openings, drop-down stairs or knee wall doors to unconditioned attic space shall be sealed.
 - The junction of the foundation and sill plate shall be sealed.
 - The junction of the top plate and the top of exterior walls shall be sealed.
 - Knee walls shall be sealed.
 - The space between windows/door jams and framing and skylights and framing shall be sealed.
 - Rim joists shall include the air barrier.
 - The air barrier shall be installed at any exposed edge of insulation.
 - Exposed earth in unvented crawl spaces shall be covered with a Class 1 vapor retarder with overlapping joints taped.
 - Duct shafts, utility penetrations and flue shafts opening to exterior or unconditioned space shall be sealed.
 - Air sealing shall be provided between the garage and conditioned spaces.
 - Recessed light fixtures installed in the building thermal envelope shall be sealed to the drywall.
 - The air barrier installed at exterior walls adjacent to showers and tubs shall separate them from the showers and tubs.
 - The air barrier shall be installed behind electrical or communications boxes or air sealed boxes shall be used.
 - HVAC register boots, that penetrate building thermal envelope shall be sealed to the subfloor or drywall.
 - When required to be sealed, concealed fire sprinklers shall only be sealed in a manner that is recommended by the manufacturer. Caulking or other adhesive sealants shall not be used to fill voids between fire sprinkler cover plates and walls or ceilings.
 - The thermal air barrier shall be constructed to limit air leakage in accordance with Sections R402.4.1 through R402.4.6
- Insulation
- Air permeable insulation shall not be used as a sealing material.
 - The insulation in any dropped ceiling/soffit shall be aligned with the air barrier.
 - Cavities within corners and headers of frame walls shall be insulated by completely filling the cavity with a material having a thermal resistance of R-3 per inch minimum. (See Detail)
 - Exterior thermal envelope insulation for framed walls shall be installed in substantial contact and continuous alignment with the air barrier.
 - Rim joists shall be insulated.
 - Floor framing cavity insulation shall be installed to maintain permanent contact with the underside of subfloor decking, or floor framing cavity insulation shall be permitted to be in contact with the top side of sheathing or continuous insulation installed on the underside of floor framing and extends from the bottom to the top of all perimeter floor framing members.
 - Where provided instead of floor insulation, insulation shall be permanently attached to the crawlspace walls.
 - Batts in narrow cavities shall be cut to fit or narrow cavities shall be filled by insulation that on installation readily conforms to the available cavity space.
 - Recessed light fixtures installed in the building thermal envelope shall be air tight and IC rated.
 - Batt insulation shall be cut neatly to fit around wiring and plumbing in exterior walls, or insulation that on installation readily conforms to the available space shall extend behind piping and wiring.
 - Exterior walls adjacent to showers and tubs shall be insulated.

AIR SEALING GENERAL NOTE:
THESE DETAILS ARE SHOWN FOR TYPICAL AREAS AS SHOWN. CONTRACTOR TO HIRE A HEAR'S RATER TO INSPECT ALL CONSTRUCTION PRIOR TO CLOSING UP ANY WALLS AND CEILING TO INSURE EVERYTHING HAS BEEN CAULKED AND SEALED CORRECTLY FOR THE BLOWER DOOR TEST.



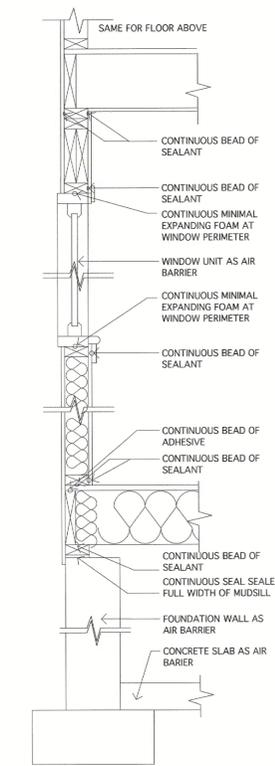
Corner Post Insulation Detail
Rigid Foam



TYPICAL WALL SECTION AND FLOW RETARDER DETAIL
SCALE: 3/4" = 1'-0"

*NOTE:
ALL STRAPPING SHALL BEAR MIN. 12" ON STUD, RAFTER FACE, ETC. TYPICAL FOR ALL LOCATIONS.

The project plans have been designed in accordance with the 2020 New York State Energy Conservation Code (IECC)



AIR SEALING @
EXTERIOR WALL

(631) 839-4824

ARCHITECTURE & DESIGN

7 RIDGEWOOD ST. BAY SHORE, NY 11706

CONSULTANTS:

HOUSE RAISING
LUNATI RESIDENCE
157 SPORTSMAN DR
VILLAGE OF FREEPORT

DESCRIPTION:
RECEIVED
11/11/2025

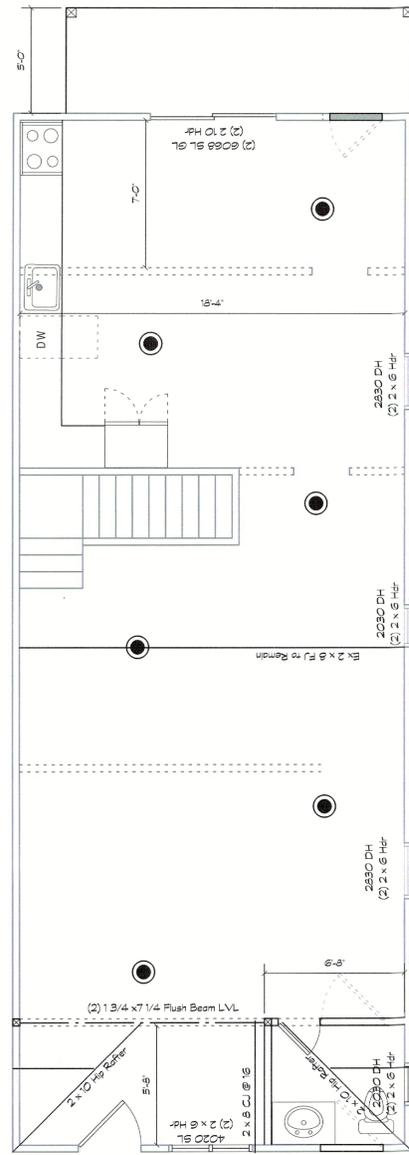
REVISIONS:
FILE NO: 25-16
CAD DWG FILE: 157 Sportsman
DWG DATE: 3/25/25
DRAWN BY: LGS
CHK'D BY: LGS

SCALE: 1/4" = 1'

DWG. NAME:
MEP
NOTES

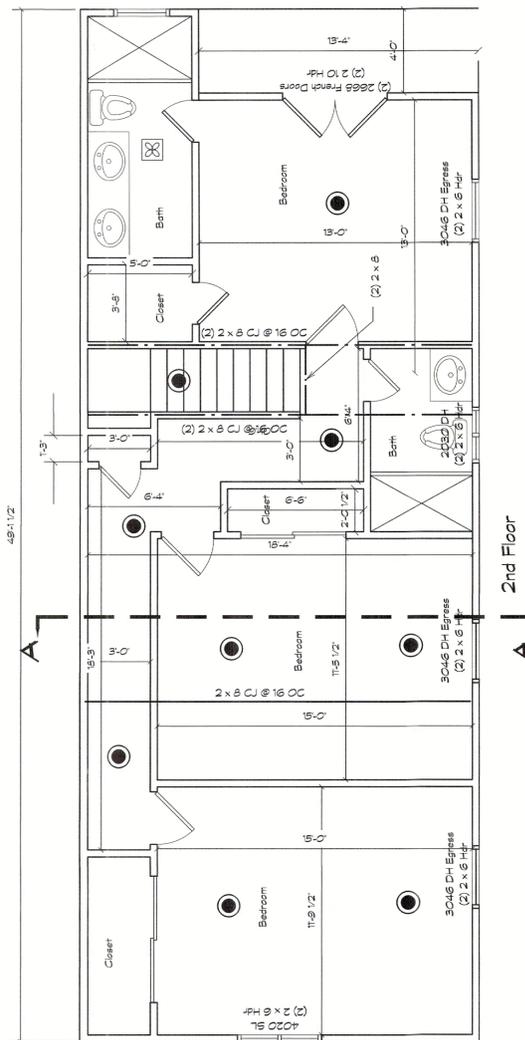
DWG. NO.:
MEP-2

PAGE 5 OF 5



Schematic Sprinkler Layout 1st Floor
6 Heads

1st Floor

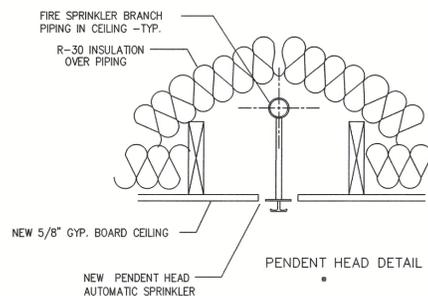


Schematic Sprinkler Layout Upper Floor
9 Heads

2nd Floor

SPRINKLER NOTES

1. ALL PIPING SHALL BE APPROVED TYPE CPVC.
2. SPRINKLER SYSTEM IS DESIGNED IN ACCORDANCE WITH NFPA 13D.
3. ATTIC IS NOT INTENDED FOR STORAGE USE AND IS EXEMPT FROM SPRINKLER COVERAGE PER NFPA 13D-4.6.
4. SPRINKLER HEADS SHALL CLEAR LIGHTING FIXTURES, BEAMS, ETC. SIDEWALL HEADS SHALL BE POSITIONED SO THAT DEFLECTORS ARE MIN. 4" AND MAX. 6" FROM CEILING.
5. ALL PIPING SHALL BE STANDARD WEIGHT STEEL OR APPROVED PLASTIC.
6. CONTRACTOR SHALL FURNISH AND INSTALL ADDITIONAL PIPING INCLUDING DROPS, IF NECESSARY TO ATTAIN CLEARANCE AT NO ADDITIONAL COST.
7. NEW UNDERGROUND WATER SERVICE SHALL COMPLY WITH LOCAL WATER AUTHORITY REQUIREMENTS WITH REGARD TO MATERIAL, MIN. COVERAGE, INSTALLATION REQUIREMENTS ETC.
8. NO WORK SHALL COMMENCE PRIOR TO OBTAINING ALL NECESSARY APPROVALS FROM LOCAL WATER AUTHORITIES HAVING JURISDICTION.
9. REFER TO ACCOMPANYING BOOK SPECIFICATIONS FOR ADDITIONAL REQUIREMENTS.
10. CONTRACTOR SHALL FILE FOR FIRE LINE TAP WITH LOCAL WATER COMPANY.
11. GENERAL CONTRACTOR SHALL PROVIDE SOFFITS FOR SPRINKLER LINES WHERE REQUIRED. ALL PIPES ARE TO RUN CONCEALED.
12. NEW SPRINKLER SYSTEM SHALL BE TIED INTO FIRE ALARM SYSTEM WITH REQUIRED TAMPER SWITCH AND WATER FLOW



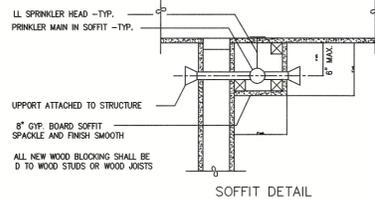
SPRINKLER LEGEND

● = NEW PENDENT SPRINKLER HEAD RESIDENTIAL TYPE
 1 1/2" NPT, 1 1/2" ORIFICE, 165 DEGREE F. K=4.9
 17 gpm @ 12 psi RELIABLE MODEL RFC 49(16'-0" X 16'-0")

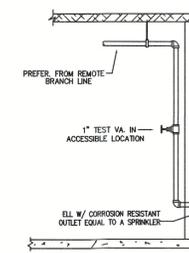
OCCUPANCY CLASSIFICATION: RESIDENTIAL
 DESIGN CRITERIA: NFPA 13-D

SPRINKLER HEAD LEGEND:

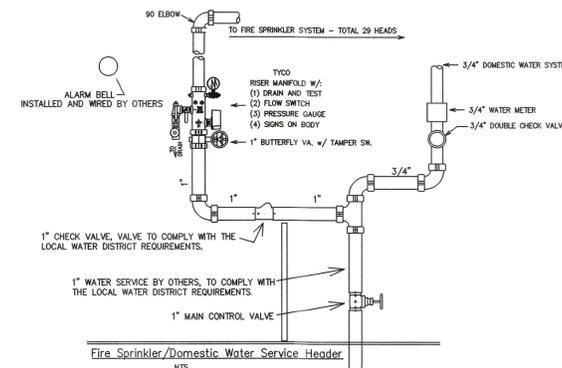
SYM	QTY	POSITION	FINISH	TEMP	K	INPT	SIN	MF.G.	MODEL#
●	29	PEND	BRASS	165	4.90	1/2"	RA0616	RASCO	RFC49



SPRINKLERS ARE REQUIRED ON THIS FLOOR - SPRINKLERS TO BE DESIGNED BY LICENSED SPRINKLER CONTRACTOR AND SHALL CONFORM TO ALL REQUIREMENTS FROM LOCAL FIRE MARSHALL, TOWN AND STATE MUNICIPALS. SPRINKLER HEADS SHOWN ON DRAWINGS ARE SUGGESTED LOCATION AND FINAL DESIGN LOCATION SHALL BE DETERMINED IN FIELD.



WET PIPE INSPECTORS TEST



Following sign must be posted next to Main Control Valve in min. 1/4" letters:
 WARNING: The water system for this home supplies a fire sprinkler system that depends on certain flows and pressures being available to fight a fire. Devices that restrict the flow or decrease the pressure such as water softeners shall not be added to this system without a review of the fire sprinkler system by a fire protection specialist. Do not remove this sign.

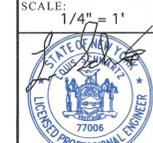
CONSULTANTS:

HOUSE RAISING
 LUNATI RESIDENCE
 157 SPORTSMAN DR
 VILLAGE OF FREEPORT

DESCRIPTION:

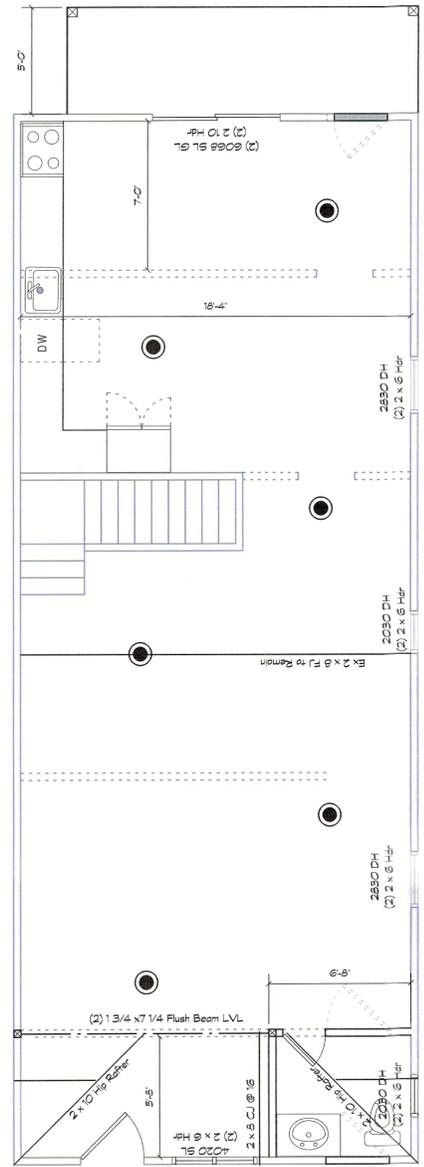
REVISIONS:
 FILE NO.: 25-16
 CAD DWG FILE: 157 Sportsman Plan Rev 6/6/25
 DWG DATE: 3/25/25
 DRAWN BY: LGS
 CHK'D BY: LGS

SCALE: 1/4" = 1'



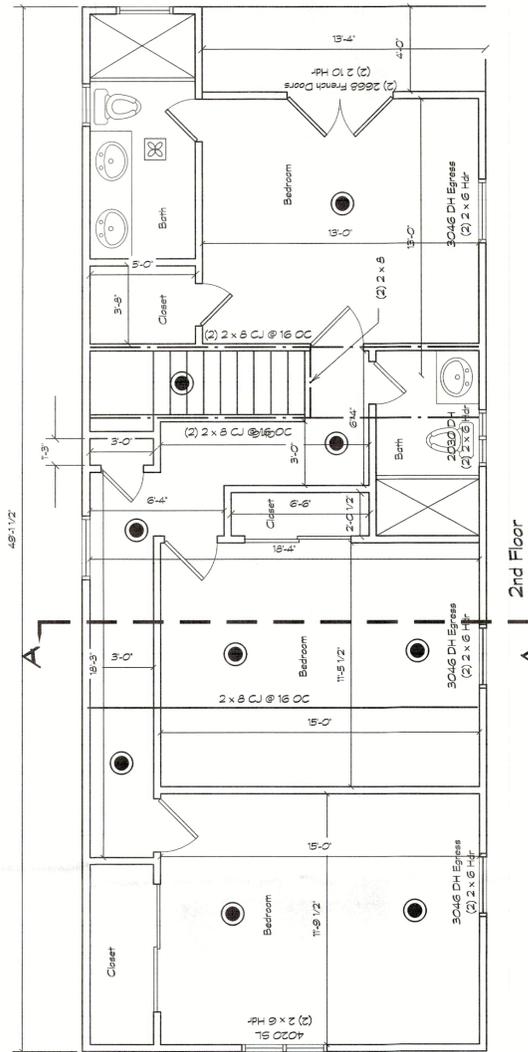
DWG. NAME:
SPRINKLER PLAN

DWG. NO.:
SP-1
 PAGE 1 OF 1



Schematic Sprinkler Layout 1st Floor
6 Heads

1st Floor

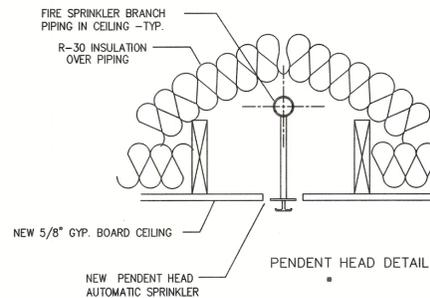


Schematic Sprinkler Layout Upper Floor
6 Heads

2nd Floor

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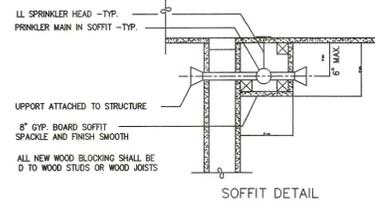


SPRINKLER LEGEND

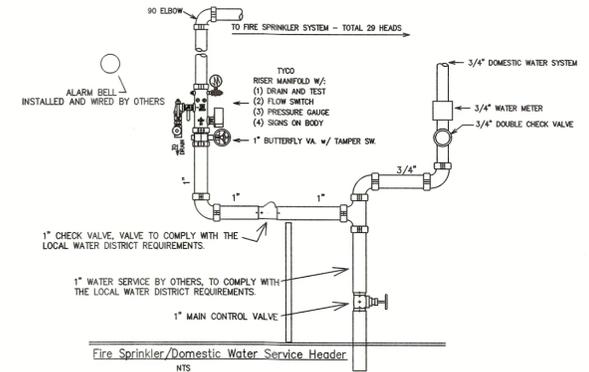
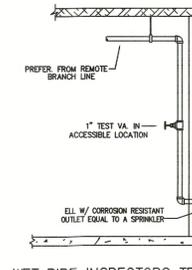
● = NEW PENDENT SPRINKLER HEAD RESIDENTIAL TYPE
 1 1/2" NPT, 1 1/2" ORIFICE, 165 DEGREE F. K=4.9
 17 gpm @ 12 psi RELIABLE MODEL RFC 49(16"-0" X 16"-0")
 OCCUPANCY CLASSIFICATION: RESIDENTIAL
 DESIGN CRITERIA: NFPA 13-D

SPRINKLER HEAD LEGEND:

SYM	QTY	POSITION	FINISH	TEMP. K	NPT	SIN	MPG	MODEL#
●	29	PEND	BRASS	165	4.90	1/2"	RA0616	RASCO RFC49



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 WARNING the water system for this home supplies a fire sprinkler system that depends on certain flows and pressures being available to fight a fire. Devices that restrict the flow or decrease the pressure such as water softeners shall not be added to this system without a review of the fire sprinkler system by a fire protection specialist. Do not remove this sign.

CONSULTANTS:

HOUSE RAISING
 LUNATI RESIDENCE
 157 SPORTSMAN DR
 VILLAGE OF FREEPORT

DESCRIPTION:

REVISIONS:

NO.	DATE	DESCRIPTION
1	6/16/25	157 Sportsman Plan Rev. 6/16/25
2	3/25/25	DWG DATE: 3/25/25
3		DRAWN BY: LGS
4		CHK'D BY: LGS

SCALE:



DWG. NAME:
SPRINKLER PLAN

DWG. NO.:
SP-1

CONSULTANTS:

**HOUSE RAISING
 LUNATI RESIDENCE
 157 SPORTSMAN DR
 VILLAGE OF FREEPORT**

DESCRIPTION:

REVISIONS:

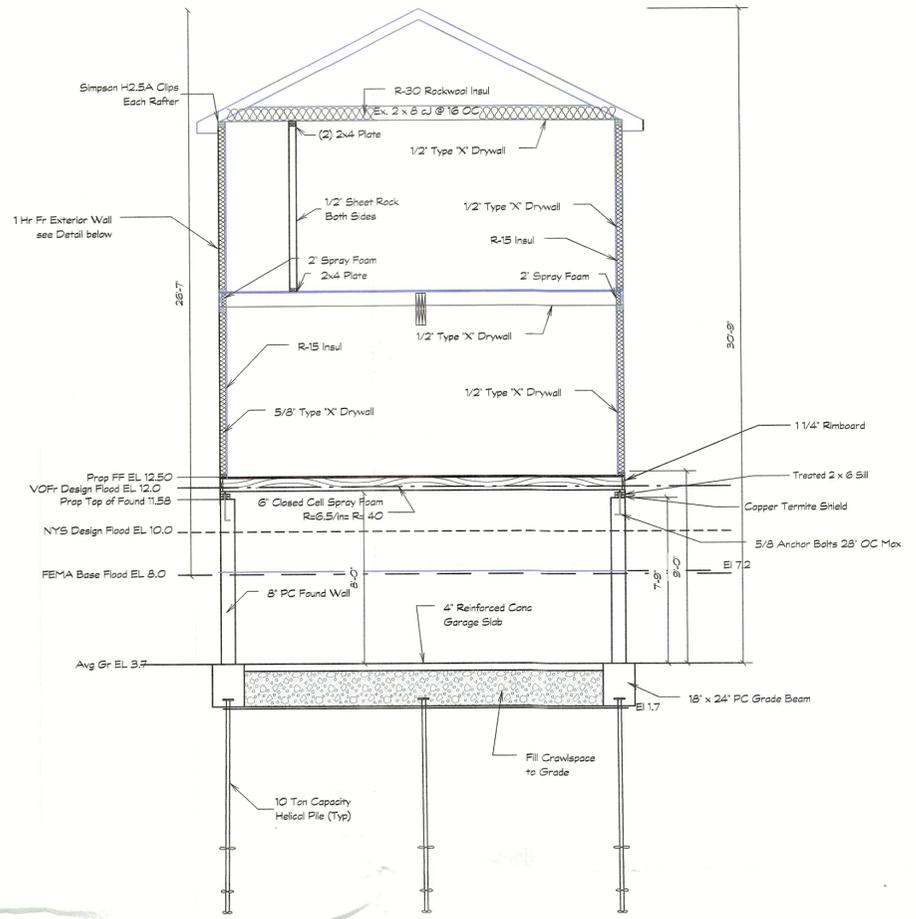
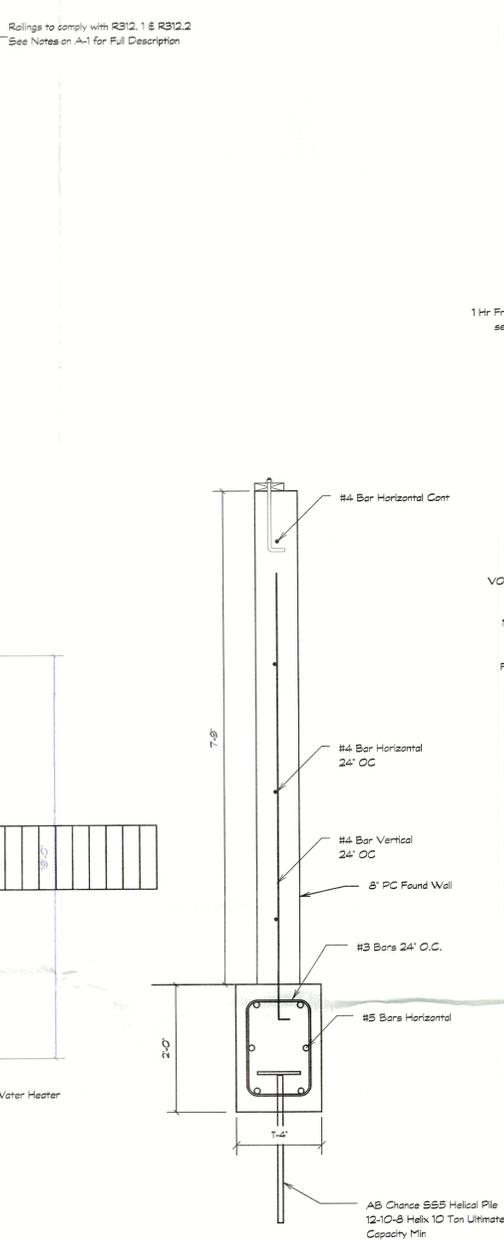
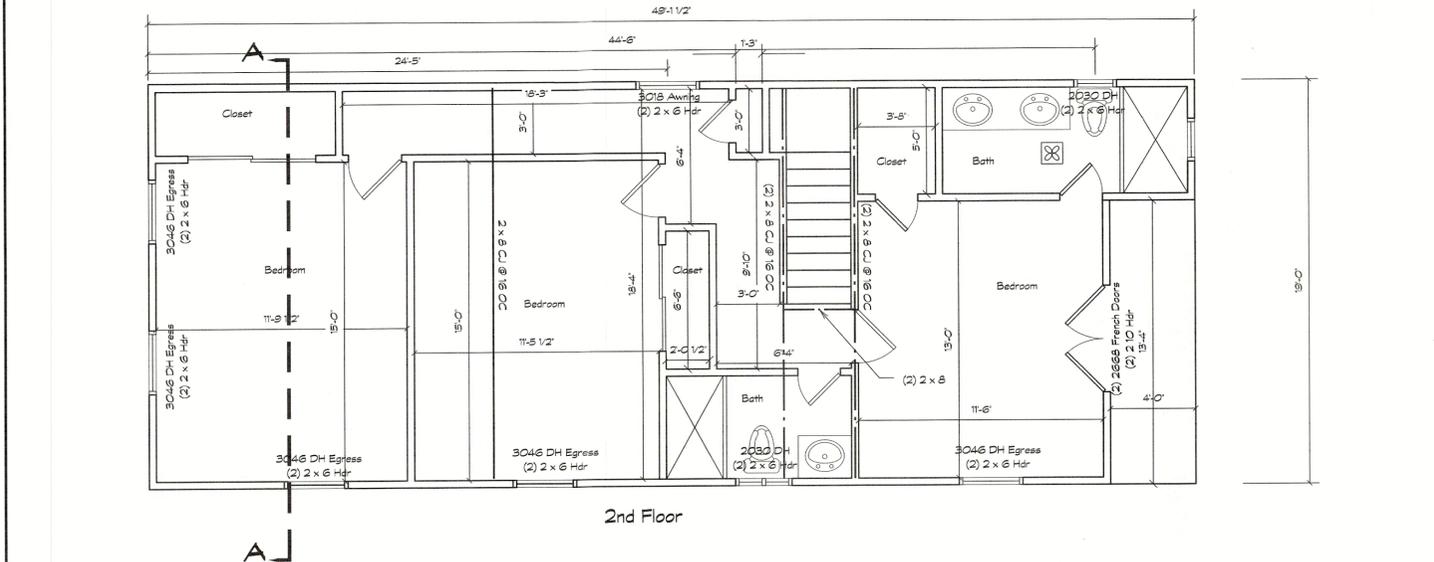
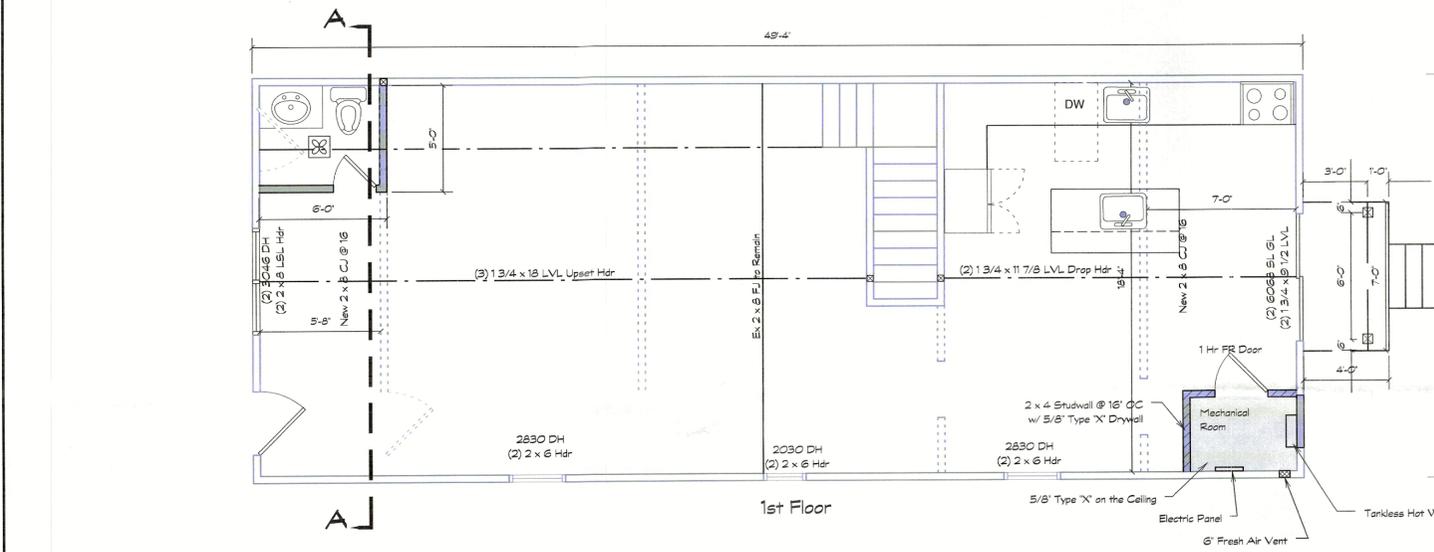
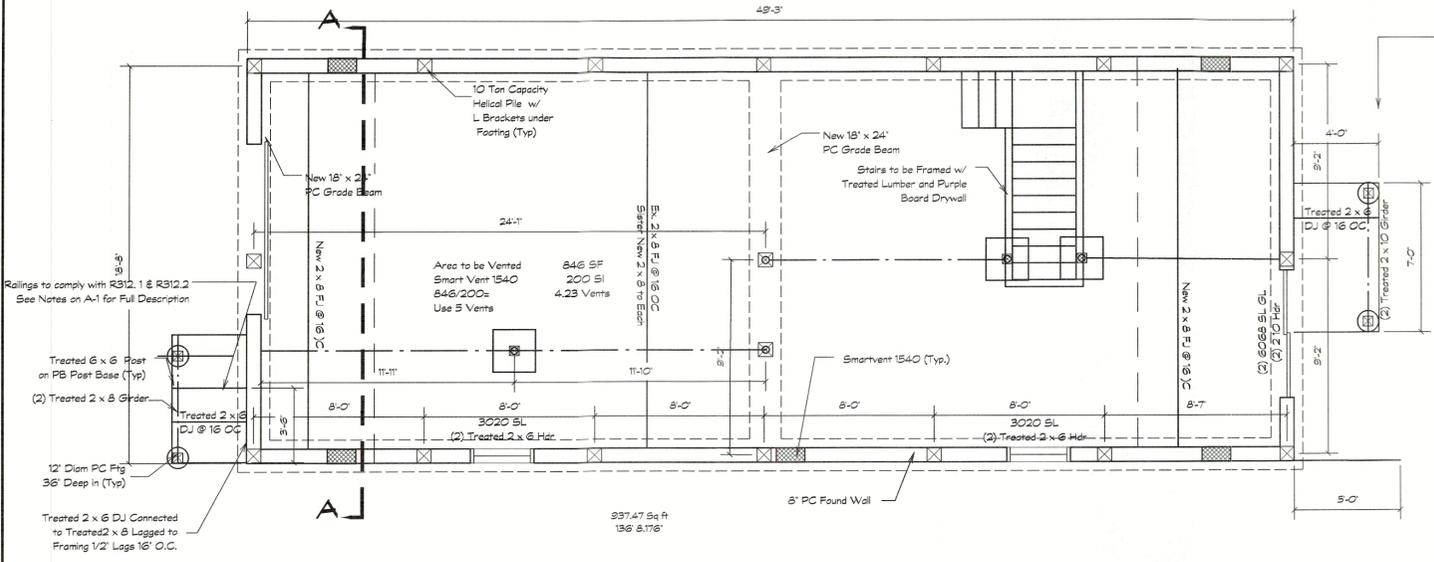
FILE NO.: 25-16
CAD DWG FILE: 197 Sportman Plan Rev. 6/6/25
DWG DATE: 3/25/25
DRAWN BY: LGS
CHK'D BY: LGS



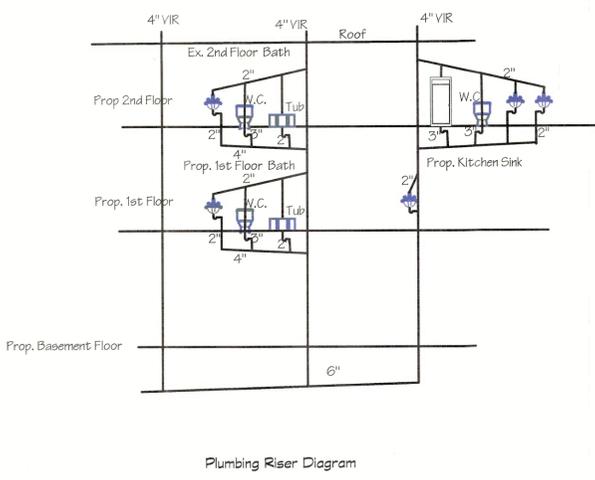
DWG. NAME:
PLANS

DWG. NO.:
A-2

PAGE 2 OF 3



MIN. 7/16" APA RATED SIDING EXTERIOR PLYWOOD (f)
 GLASS FIBER INSULATION OR MINERAL WOOL INSULATION (OPTIONAL)
 5/8" TYPE X GYPSUM WALLBOARD
 MIN. 2 X 4 STUDS @ 16" O.C.
ONE-HOUR COMBUSTIBLE LOAD-BEARING WALL ASSEMBLIES
 MIN. 3/8" APA RATED SIDING EXTERIOR PLYWOOD

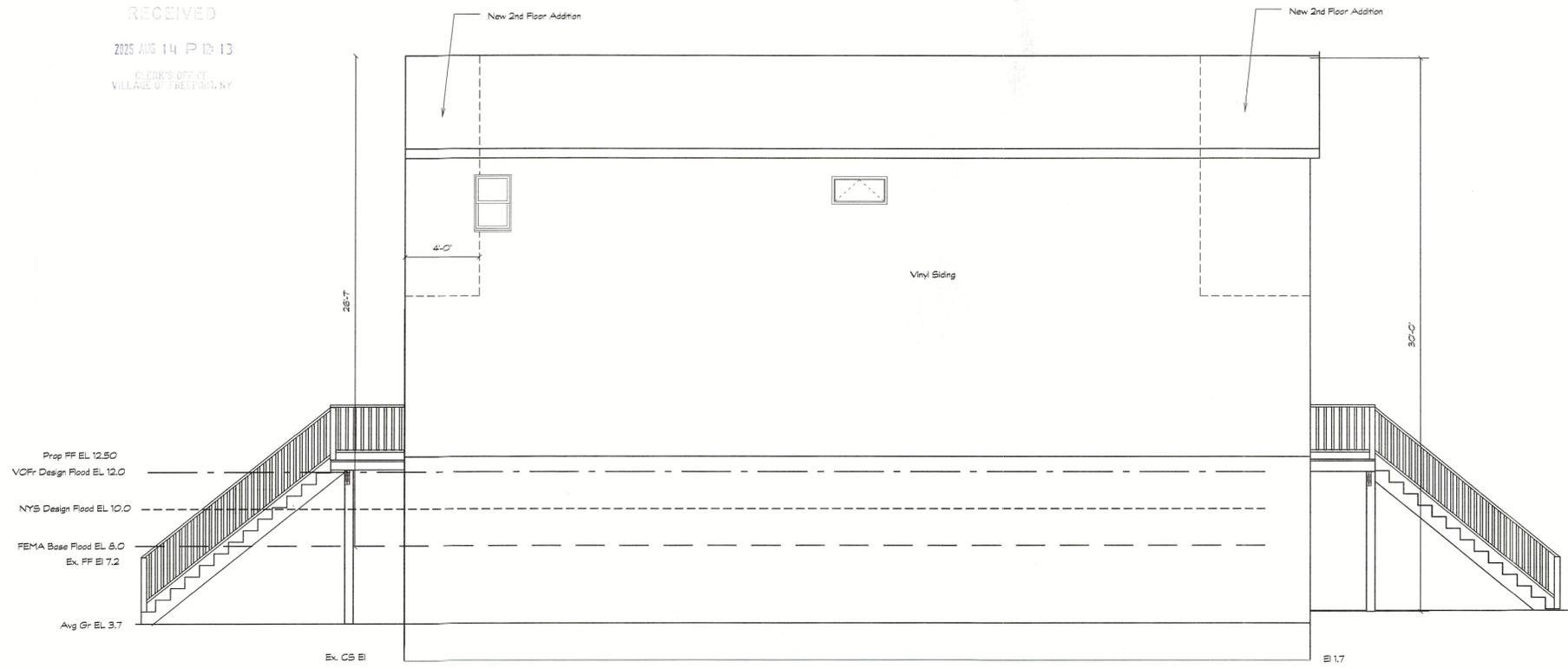


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 VILLAGE OF FREEPORT

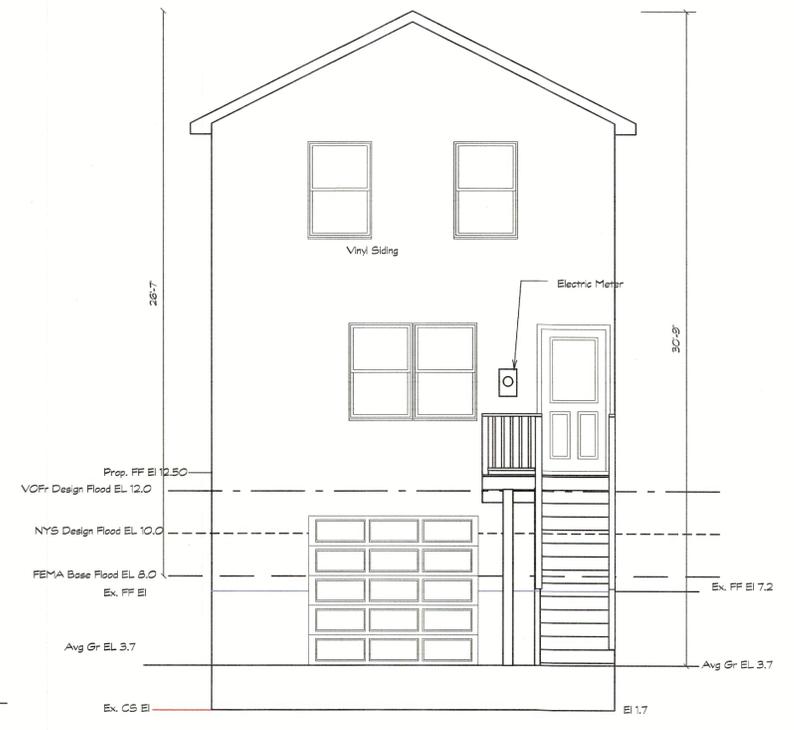
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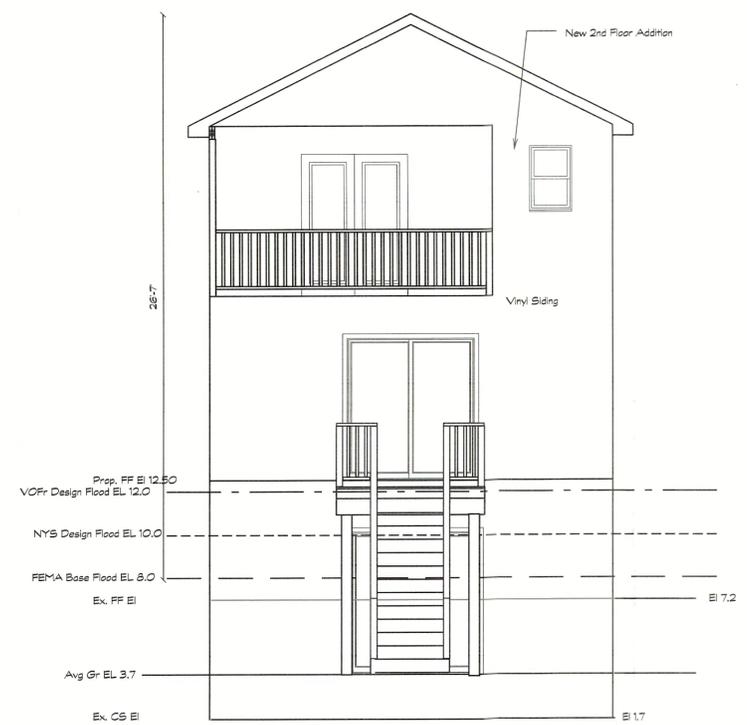
CLERK'S OFFICE
VILLAGE OF FREEPORT, NY



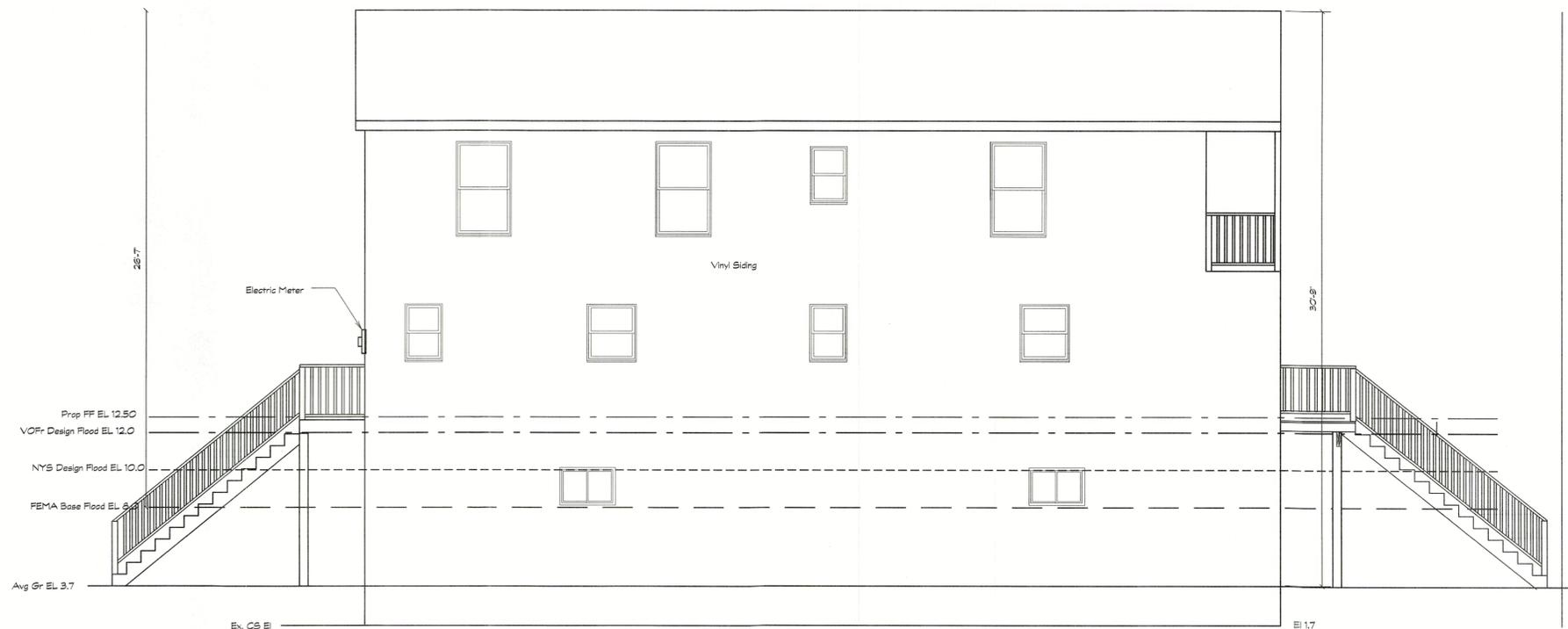
North Elevation



West Elevation



East Elevation



South Elevation



CONSULTANTS:

DESCRIPTION:
 HOUSE RAISING
 LUNATI RESIDENCE
 157 SPORTSMAN DR
 VILLAGE OF FREEPORT

REVISIONS:

FILE NO.: 25-16	157 Sportsman Plan Rev1 6/6/25
CAD DWG FILE: 157 Sportsman	
DWG DATE: 3/25/25	
DRAWN BY: LGS	
CHK'D BY: LGS	

SCALE: 1/4" = 1'



DWG. NAME:
ELEVATIONS

DWG. NO.:

A-3

PAGE 3 OF 5

Application Date: 7/30/25
Fees Paid: \$325.00

SP# 3849

INCORPORATED VILLAGE OF FREEPORT
SITE PLAN REVIEW APPLICATION
PLANNING BOARD

NOTE: ACCEPTANCE OF THIS APPLICATION BY THE VILLAGE CLERK'S OFFICE DOES NOT CONSTITUTE A COMPLETE APPLICATION

PROPERTY ADDRESS: <u>179 N MAIN St</u>	ZONING DISTRICT: <u>SERVICE DISTRICT</u>
SECTION <u>55</u> BLOCK <u>262</u> LOT <u>9</u>	LOT SIZE: <u>115.28x 129.36</u>

<input type="checkbox"/> TENANT <u>APPLICANT</u> <input type="checkbox"/> LESSEE	PROPERTY OWNER
Name: <u>SAME AS OWNER</u>	Name: <u>BILL GREENWOOD</u>
Address: _____	Address: <u>179 N MAIN St</u> <u>FREEPORT NY</u>
Telephone #: _____	Telephone #: <u>516 469 7508</u>

Attorney Name: _____ Address: _____
(optional) Phone #: _____

Present Land Use: RETAIL STORES Proposed Land Use: RETAIL STORE

Description of Proposed Work: REPAIR / REPLACE STORE FACADE

I request a preliminary meeting: YES NO

I request a waiver of the public hearing and hereby certify the following:
A. The subject property is zoned Residence A or Residence AA.
B. The proposed construction is not a new building or dwelling.
C. It is my belief that the criteria contained in §209-7 of the Code of the Incorporated Village of Freeport are satisfied.

_____ YES NO

[Signature]
APPLICANT'S SIGNATURE

7/29/25
DATE

Sworn to before me this 27 day of July, 2025.
[Signature]
Notary Public
MESHESNA C LITTLE
NOTARY PUBLIC-STATE OF NEW YORK
No. 01LI6066956
Qualified in Nassau County
My Commission Expires 11-26-2027

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2025 JUL 30 A 10:32
VILLAGE CLERK'S OFFICE
FREEPORT, NY

Property Owner's Consent:
I, Bill Greenwood am (are) the owner(s) of the subject property and consent to the filing of this application.

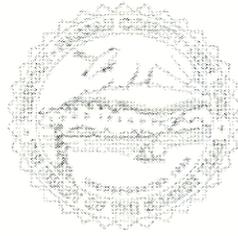
[Signature]
PROPERTY OWNER'S SIGNATURE

7/29/25
DATE

Sworn to before me this 27 day of July, 2025.
[Signature]
Notary Public
MESHESNA C LITTLE
NOTARY PUBLIC-STATE OF NEW YORK
No. 01LI6066956
Qualified in Nassau County
My Commission Expires 11-26-2027

FOR VILLAGE USE ONLY

Site Plan Public Hearing Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Hearing: _____ Date of Decision: _____
Village Clerk's Signature: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____
Planning Board Signature: _____	Date: _____



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

ROBERT T. KENNEDY
MAYOR

SERGIO A. MAURAS
SUPERINTENDENT OF BUILDINGS

RECEIVED
2025 JUL 30 A 10:32
CLERK'S OFFICE
VILLAGE OF FREEPORT, NY

July 28, 2025
SITE PLAN LETTER

Greenwood & Sons Inc.
P.O. Box 229
Baldwin, NY 11510

RE: 179 N. Main Street, Freeport, NY
Zoning District – Service Business Sec. 55 Blk. 262 Lot 9
Building Permit Application #20222734
Description: Maintain façade renovations

Dear Sir/Madam:

The above referenced application was initially reviewed by the Building Department and it has been determined that in order to proceed with the application process, additional approval from the Site Plan Review Board will be required.

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 516-377-3632** 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 Site Plan Review Board 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 Site Plan Review Board Application, please call the **VILLAGE CLERK'S OFFICE** at 377-2300.

Very truly yours,

Sergio A. Mauras

Sergio A. Mauras
Superintendent of Buildings

/cd
Encl.

ZBA Approval Needed: **NO**

VILLAGE OF FREEPORT
Department of Buildings
Recommendation

Notice

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X Negative Declaration

2025 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. 20222734

Location: 179 N. Main Street, Freeport, NY

Applicant: Greenwood & Sons, Inc.

Description: Maintain facade renovations

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: July 28, 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 JUL 30 11 A 10:34
CLERK'S OFFICE
VILLAGE OF FREEPORT, NY

617.20
Appendix B
Short Environmental Assessment Form

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: STORE FRONT							
Project Location (describe, and attach a location map): 179 N. MAIN STREET, FREEPORT NY 11520							
Brief Description of Proposed Action: CONVERT STORE FRONT TO MULTIPLE STORES CHANGE FRONT FACADE							
Name of Applicant or Sponsor: CLEATON PREVALUS		Telephone:	RECEIVED 2025 JUL 30 - A 10:32 CLEATON'S OFFICE VILLAGE OF FREEPORT, N.Y.				
		E-Mail:					
Address: 14 Starks Place,							
City/PO: LYNBROOK	State: NY	Zip Code: 11563					
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.			<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">NO</td> <td style="width: 50%; text-align: center;">YES</td> </tr> <tr> <td style="text-align: center;">✓</td> <td></td> </tr> </table>	NO	YES	✓	
NO	YES						
✓							
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:			<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">NO</td> <td style="width: 50%; text-align: center;">YES</td> </tr> <tr> <td style="text-align: center;">✓</td> <td></td> </tr> </table>	NO	YES	✓	
NO	YES						
✓							
3.a. Total acreage of the site of the proposed action?		N/A acres					
b. Total acreage to be physically disturbed?		N/A acres					
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		N/A 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 checked="" 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?	NO	YES	N/A
	<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 checked="" type="checkbox"/>	<input 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?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	NO	YES	
	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/> YES] If No, describe method for providing potable water: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/> YES] If No, describe method for providing wastewater treatment: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" 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?	NO	YES	
	<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 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: _____	NO	YES	
	<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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: <u>CLEATON PREVALUS</u>		Date: <u>4/1/2022</u>
Signature: <u>CLEATON PREVALUS</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? b. public / private wastewater treatment utilities?	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input 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"/>

APR 13 2022 Fireport Building Dept.	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.

RECEIVED
 2025 JUL 30 10:33
 CLERK'S OFFICE
 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.
_____	_____
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 VILLAGE OF FREEPORT, N.Y.

APPLICATION NO. 2022073

Filing Date 4/13/22

Application for Erection of Buildings or Alterations

IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, V

I. LOCATION OF BUILDING	AT (LOCATION) <u>179 North MAIN St</u> ZONING DISTRICT _____
	(No.) _____ (Street) _____
	BETWEEN <u>WEST DEAN ST</u> AND <u>WASHBURN AVE</u>
	(Cross Street) _____ (Cross Street) _____
SECTION <u>55</u> BLOCK <u>262</u> LOT <u>9</u> APPROX. LOT SIZE <u>115.28' x 129.36'</u> LOT AREA <u>14,912</u>	

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D.

A. TYPE OF IMPROVEMENT 1 New building 2 <input checked="" type="checkbox"/> Addition-Alteration (If residential, enter number of new housing units added. If none-state none) 3 Swimming Pool 4 Repair (replacement) 5 Bulkhead (New, Repair) 6 Fence 7 Moving (relocation)		B. PROPOSED OR EXISTING USE RESIDENTIAL 11 One Family 12 Two families 13 Apartment - Enter No. of Units _____ 14 Transient hotel, motel, or dormitory - Enter No. of Units _____ 15 Garage or Accessory Structure 16 Other - Specify _____ NON RESIDENTIAL - Complete Part "E" 17 Industrial 18 <input checked="" type="checkbox"/> Office, bank, professional 19 Stores, mercantile 20 Church, other religious 21 Hospital, institutional 22 Other - Specify _____	
---	--	--	--

C. COST 10 TOTAL COST OF IMPROVEMENT \$ <u>16347</u>	D. DESCRIPTION OF PROJECT CONVERT STORE FRONT TO MULTIPLE STORES <u>CHANGE FRONT FACADE</u>
--	---

III. IDENTIFICATION - To be completed by all applicants

NAME	MAILING ADDRESS - Number, street, city and state, Zip	TEL. NO.
1. Owner or Lessee <u>GREENWOOD & SONS INC</u>	<u>70 Box 229 1 BALDWIN NY 11510</u>	<u>516 640 4845</u>
2. Contractor <u>SUNNY BLUE GLASS</u>	<u>149 128th St</u>	<u>917 519 9811</u>
3. Architect or Engineer <u>CREATON PREVALUS</u>	<u>14 STARKS PL LYNBROOK NY 11563</u>	<u>347 362 0707</u>

IV. OWNER - CONTRACTOR STATEMENT

Building permit is issued subject to the provisions of Section 57 of the Workmen's Compensation Law.
 Workmen's Compensation Certificate No. EIT286553602 Company EMPLOYERS Exp. Date 6/22

Contractor or Owner SUNNY BLUE GLASS (Print)
 Address 1419 128th St College Pt. NY 11356
 Phone 917 519 9811

State of New York
 County of Nassau
GUANGZHONG MENG being duly sworn, says that HE is the contractor or owner of the above mentioned building. That the items of the above application plus the estimated cost of said building or alteration, is correct to the best of HIS knowledge and belief and agrees to abide by the applicable laws of this jurisdiction.
 Sworn to before me this 1st day of April 2022
[Signature]
 Notary Public, Nassau County, N.Y.

ARYN GREENWOOD
 Notary Public - State of New York
 NO. 01GR6185146
 Qualified in Nassau County
 My Commission Expires 5/14/24

[Signature]
(Applicant Signature)

V. FLOOD ZONE

IS PROJECT LOCATED WITHIN A DESIGNATED FLOOD HAZARD ZONE?
 YES _____ NO
 IF YES, WHICH ZONE? _____

IS PROJECT TO REPAIR FLOOD DAMAGE?
 YES _____ NO

PROJECT DESCRIPTION

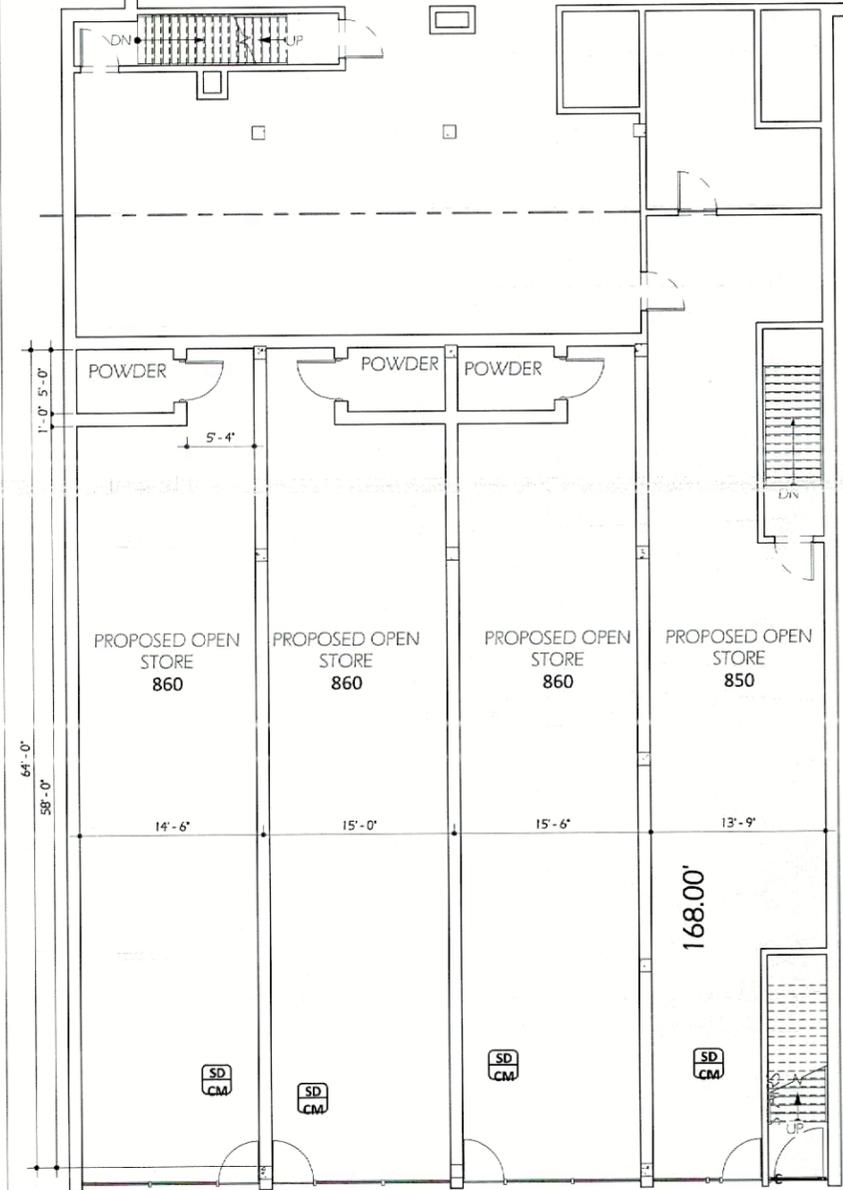
Total/First Flr Square Feet	<u>7554.29</u>
Upper Flrs Square Feet	_____
# of Fixtures	_____
# of Floors	<u>1</u>
Occup. Type	<u>Office</u>

VI. VALIDATION (Official Use Only)

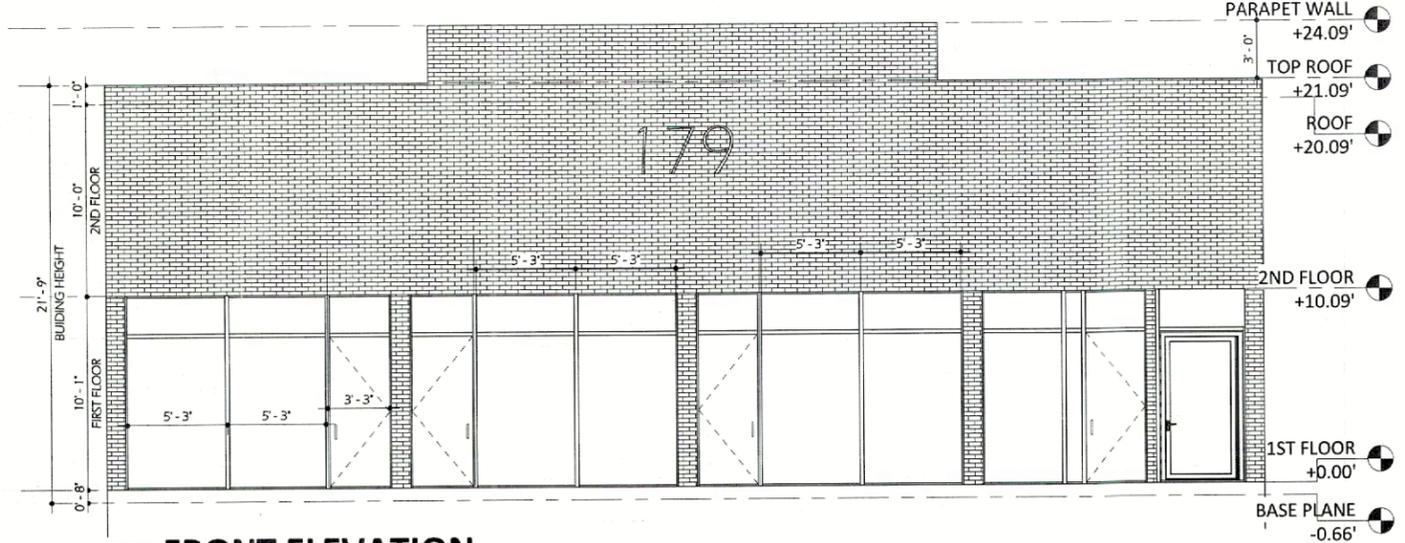
Building Permit Number _____ Building Permit Issued _____ Building Permit Fee \$ _____	Approved by: _____ Superintendent of Buildings
--	---

179 N. MAIN STREET

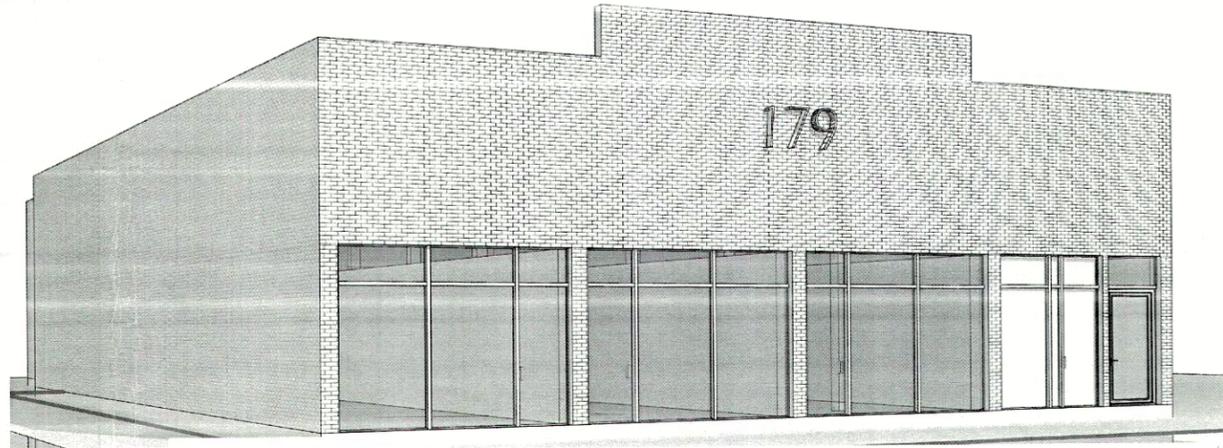
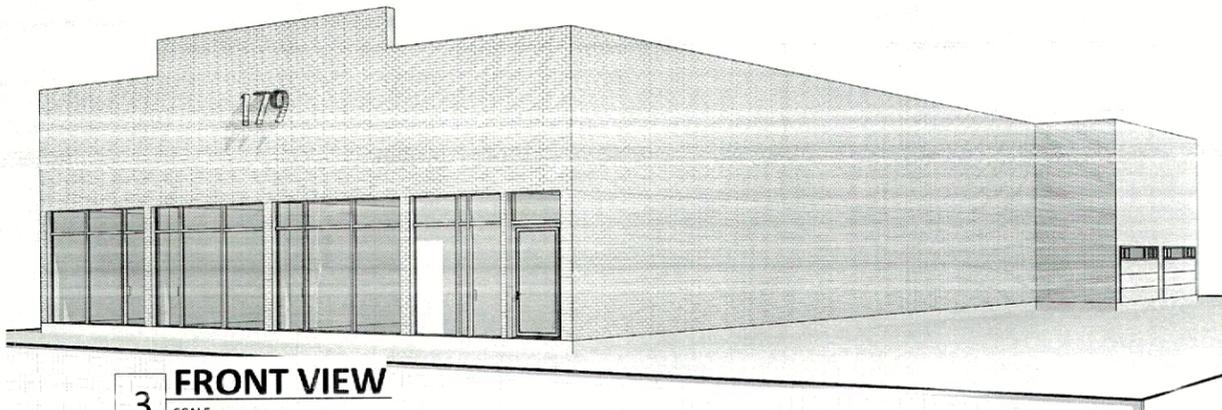
RECEIVED
 2025 JUL 30 A 10:33
 CLERK'S OFFICE
 VILLAGE OF FREEPORT, NY



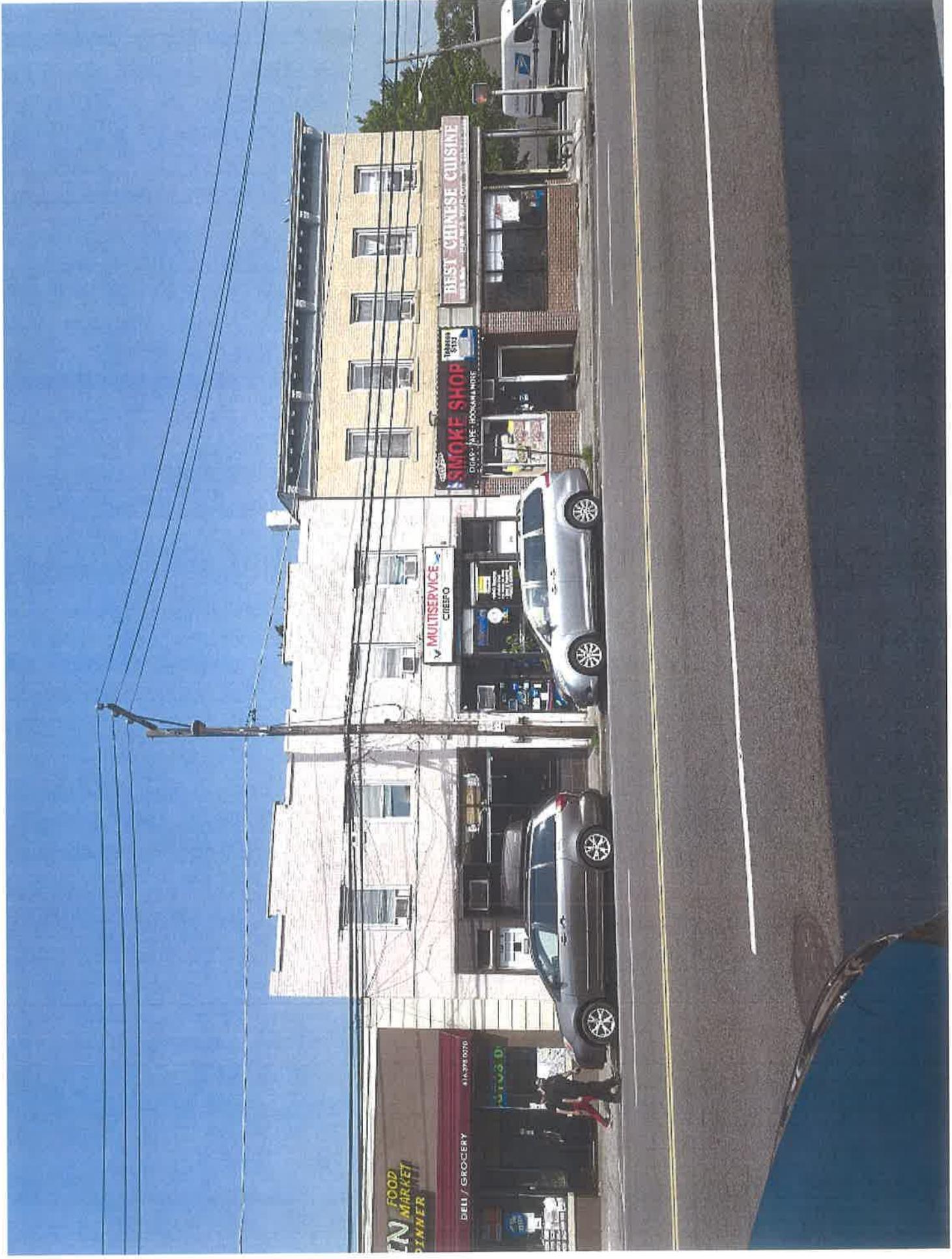
1 PROPOSED 1ST FLOOR PLAN
 SCALE: 1/8" = 1'-0"



2 FRONT ELEVATION
 SCALE: 3/16" = 1'-0"





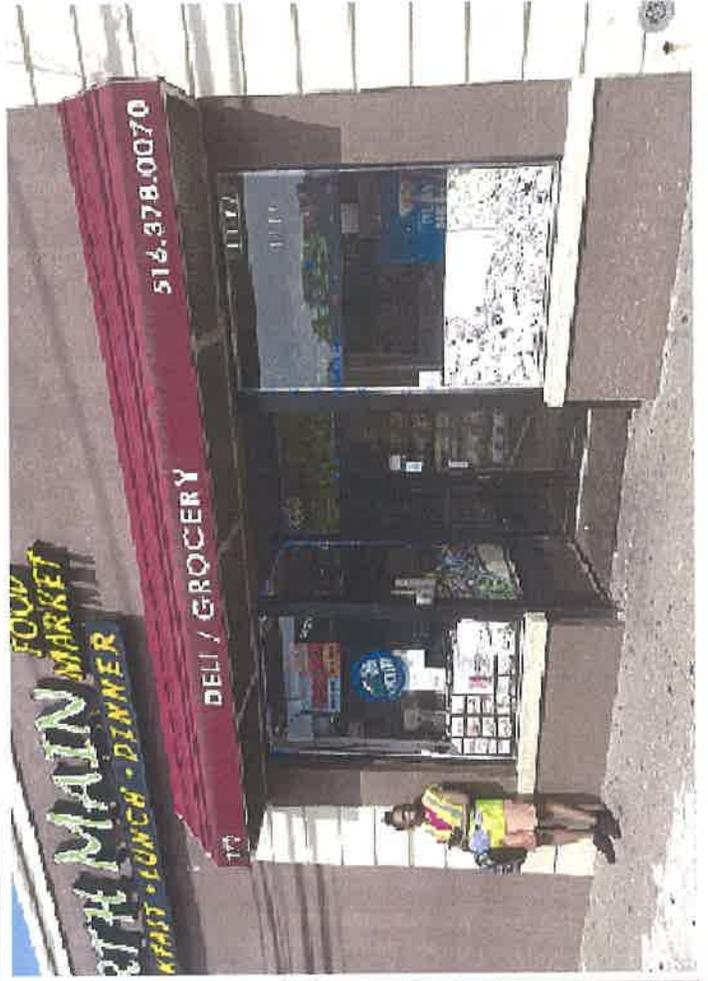


FOOD MARKET
DELI / GROCERY
818-395-0070

MULTISERVICE
CIBERFO

SMOKE SHOP
JAPANESE SUSHI
DRINK - THE BOOZIERA NIGHT

BEST CHINESE CUISINE



Application Date: 8/11/2025
Fees Paid: \$ 225.00

SP# 3850

INCORPORATED VILLAGE OF FREEPORT
SITE PLAN REVIEW APPLICATION
PLANNING BOARD

NOTE: ACCEPTANCE OF THIS APPLICATION BY THE VILLAGE CLERK'S OFFICE DOES NOT CONSTITUTE A COMPLETE APPLICATION

PROPERTY ADDRESS: 34 MAXSON AVE Residence ZONING DISTRICT AA
SECTION 54 BLOCK 54 LOT 271 LOT SIZE: _____

<input type="checkbox"/> TENANT <u>APPLICANT</u> <input type="checkbox"/> LESSEE	<u>PROPERTY OWNER</u>
Name: <u>SAME AS OWNER</u>	Name: <u>Sharon Smith</u>
Address: _____	Address: <u>34 MAXSON AVE</u> <u>FREEPORT NY 1</u>
Telephone #: _____	Telephone #: <u>917 771 6152</u>

Attorney Name: _____ Address: _____
(optional) Phone #: _____

Present Land Use: Residence Proposed Land Use: Residence

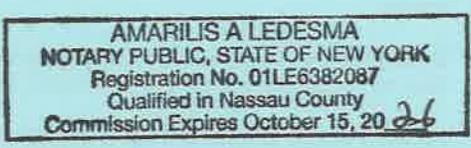
Description of Proposed Work: CONSTRUCT 12X12 Shed

I request a preliminary meeting: _____ YES NO

I request a waiver of the public hearing and hereby certify the following:
A. The subject property is zoned Residence A or Residence AA.
B. The proposed construction is not a new building or dwelling.
C. It is my belief that the criteria contained in §209-7 of the Code of the Incorporated Village of Freeport are satisfied. YES _____ NO

Sharon Smith-Davis
APPLICANT'S SIGNATURE 8/6/25
DATE

Sworn to before me this 6th
day of August, 2025

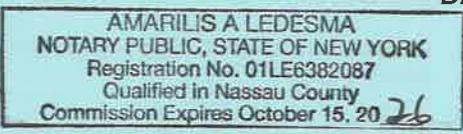


Amaris Ledesma
Notary Public

Property Owner's Consent:
I, _____ am (are) the owner(s) of the subject property and consent to the filing of this application.

Sharon Smith-Davis
PROPERTY OWNER'S SIGNATURE 8/6/25
DATE

Sworn to before me this 6th
day of August, 2025



Amaris Ledesma
Notary Public

FOR VILLAGE USE ONLY

Site Plan Public Hearing Required: _____ YES _____ NO	Date of Hearing: _____ Date of Decision: _____
Village Clerk's Signature: _____	<u>Approved</u> _____ Denied Date: _____
Planning Board Signature: _____	Date: _____



INC. VILLAGE OF FREEPORT

Department of Buildings

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

ROBERT T. KENNEDY
MAYOR

E-MAIL BUILDINGDEPT@FREEPORTNY.GOV

SERGIO A. MAURAS
SUPERINTENDENT OF BUILDINGS

SITE PLAN LETTER

July 28, 2025

Sharon Smith
34 Maxson Ave
Freeport, NY 11520

RE: 34 Maxson Ave, Freeport, NY 11520
Zoning District: Residence AA Sec 54, Blk 054, Lot 271
Building Permit Application #BP-25-2
Description: Proposed 12'x12' shed.

RECEIVED
2025 AUG 11 P 4:02
CLERK'S OFFICE
VILLAGE OF FREEPORT, NY

Dear Sir/Madam:

The above referenced application was initially reviewed by the Building Department and it has been determined that in order to proceed with the application process, additional approval from the Site Plan Review Board will be required.

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 516-377-3632** 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 Site Plan Review Board 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 Site Plan Review Board Application, please call the **VILLAGE CLERK'S OFFICE** at 377-2300.

Very truly yours,

Sergio A. Mauras
Superintendent of Buildings
/Daniela Hernandez

ZBA 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. BP-25-2

Location: 34 Maxson Ave , Freeport NY 11520

Applicant : Sharon Smith

Description : Proposed 12'x12' shed.

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: May 07, 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

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: 34 Maxson Ave - shed			
Project Location (describe, and attach a location map): 34 Maxson Ave Freeport, NY 11520			
Brief Description of Proposed Action: 12x12 shed			
Name of Applicant or Sponsor: Dino Vlaco		Telephone: 6319448059	
		E-Mail: PT_680@Tuffshed.com	
Address: 1172 Route 109			
City/PO: Lindenhurst		State: NY	Zip Code: 11757
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		_____ 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 checked="" type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Parkland			

	NO	YES	N/A
5. Is the proposed action, a. A permitted use under the zoning regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	<input checked="" type="checkbox"/>	<input 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"/>	<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"/>	<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: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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: _____	<input checked="" type="checkbox"/>	<input 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: _____	<input checked="" type="checkbox"/>	<input 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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the proposed action located in an archeological sensitive area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	<input checked="" type="checkbox"/>	<input 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 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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100 year flood plain?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <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: _____ <input type="checkbox"/> NO <input type="checkbox"/> YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: <u>Dino Vlaco</u>		Date: <u>5/19</u>
Signature: <u>Dino Vlaco</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?	<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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<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)

34 Maxson
Ave



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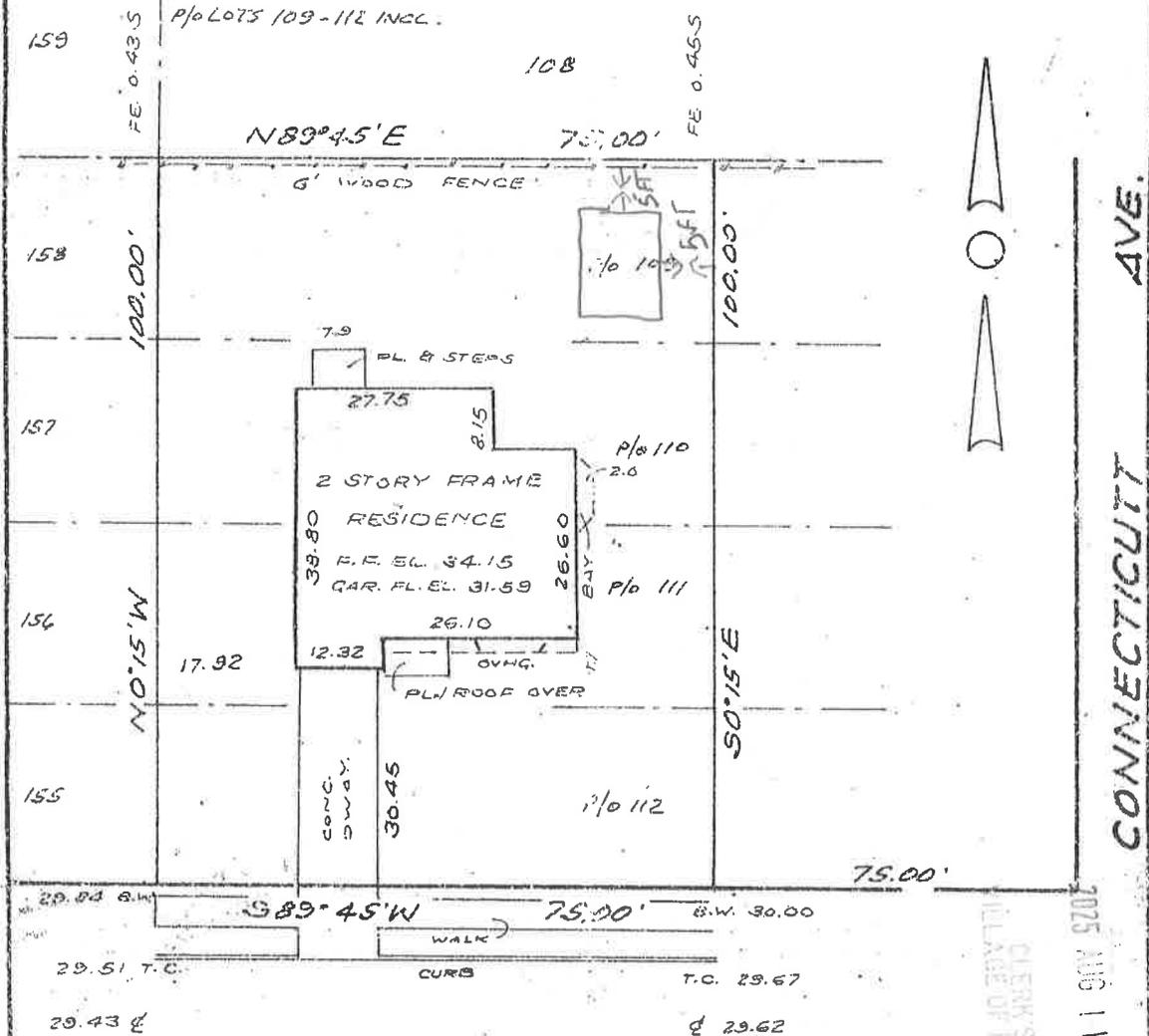
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TAX MAP DESIGNATION:
 SEC. 54
 BLK. 54

M.P.	6-24-96	BLK.	54
C.S.	12-17-97	FILE NO.	
		JOB NO.	24533-9



#34-MAXSON (50) AVE. (CENTRAL AVE.)



GUARANTEED TO:
 GREENPOINT SAVINGS BANK
 COMMONWEALTH LAND TITLE
 INSURANCE CO.
 DEBORAH BACCHUS

FINAL SURVEY: DEC. 5, 1997
 FOUNDATION LOCATION: SEPT. 3, 1997
 PT. OF LOTS NO. 109-112 INCL.

MAP NO. 1
RESIDENCE PARK
 SITUATED AT
FREEPORT
 NASSAU COUNTY, N.Y.

SURVEYED: MARCH 28, 1995



SHAH ASSOCIATES
 Engineering and Land Surveying, P.C.
 successor to Baldwin & Cornelius, P.C.
 established 1890

LOCATIONS TO FOUNDATION

MAP FILED JUNE 9, 1993
 CASE NO. 1813

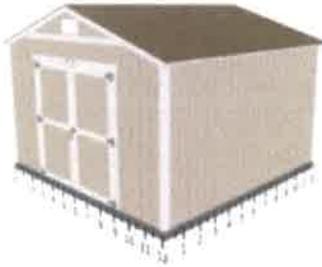
101 South Bergen Place, Freeport, N.Y. 11520
 Tel: (516) 868-0800 Fax: (516) 868-1714

SCALE 1"=20'

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 VILLAGE OF FREEPORT, NY

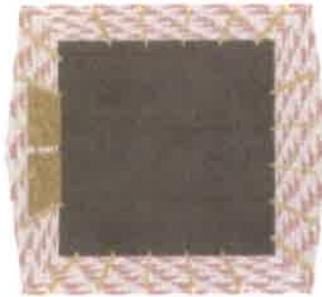


Sharon Smith
 34 Maxson Ave
 Freeport NY 11520
 Q10806350-10772456



Wall D

Wall A



Wall B

Wall C

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Base Details/Permit Details

Building Size & Style
 TR-700 - 12' wide by 12' long
Paint Selection
 Base: Cocoa Cream, Trim: Delicate
 White
Roof Selection
 Shakeswood Dimensional Premium
 Shingle
Drip Edge
 White
Is a permit required for this job?
 Yes
Who is pulling the permit?
 Tuff Shed

Optional Details

Doors
 3' x 6'2" Double Door (6'), Keyless
 Handle Upgrade
Windows
 3'x2' Insulated Horizontal Sliding
 Window
Walls
 345 Sq Ft House Wrap
Roof
 165 Sq Ft Radiant Barrier Roof Decking
Floor and Foundation
 144 Sq Ft 3/4" Treated Floor Decking
 Upgrade
 6 Ea Shed Anchor into Dirt - Auger or
 MR88
Vents
 2 Ea 16"x8" Wall Vent - White
 12 Ea Floor Track Vent Screen

Jobsite/Installer Details

Do you plan to insulate this building after Tuff Shed installs it?
 Yes
Is there a power outlet within 100 feet of installation location?
 Yes
The building location must be level to properly install the building. How level is the install location?
 Within 4" of level
Will there be 18" of unobstructed workspace around the perimeter of all four walls?
 Yes
Can the installers park their pickup truck & trailer within approximately 200' of your installation site?
 Yes
Substrate Shed will be installed on?
 Anchored to Concrete with Shed Floor

Customer Signature: _____ Date: _____

Application Date: 8/18/2025
Fees Paid: \$205.00

SP# 3851

INCORPORATED VILLAGE OF FREEPORT
SITE PLAN REVIEW APPLICATION
PLANNING BOARD

NOTE: ACCEPTANCE OF THIS APPLICATION BY THE VILLAGE CLERK'S OFFICE DOES NOT CONSTITUTE A COMPLETE APPLICATION

PROPERTY ADDRESS: 793 South Long Beach Ave ZONING DISTRICT Residence A
SECTION 62 BLOCK 186 LOT 490 LOT SIZE: _____

<input type="checkbox"/> TENANT <u>APPLICANT</u> <input type="checkbox"/> LESSEE	PROPERTY OWNER
Name: <u>Hyacinth Barnwell</u>	Name: <u>Hyacinth Barnwell</u>
Address: <u>793 South Long Beach Ave</u>	Address: <u>793 South Long Beach Ave</u>
Telephone #: <u>(516) 665-8877</u>	Telephone #: <u>516 665 8877</u>

Attorney Name: _____ Address: _____
(optional) Phone #: _____

Present Land Use: Residential Proposed Land Use: Residential

Description of Proposed Work: Remove and replace existing damage on flat roof

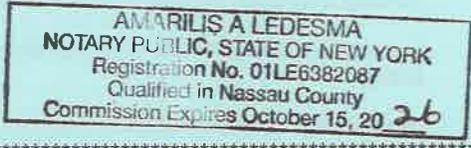
I request a preliminary meeting: _____ YES NO

I request a waiver of the public hearing and hereby certify the following:
A. The subject property is zoned Residence A or Residence AA.
B. The proposed construction is not a new building or dwelling.
C. It is my belief that the criteria contained in §209-7 of the Code of the Incorporated Village of Freeport are satisfied.
_____ YES NO

Hyacinth Barnwell
APPLICANT'S SIGNATURE

8/5/25
DATE

Sworn to before me this 5th
day of August, 2025.
Amarilis LeDesma
Notary Public



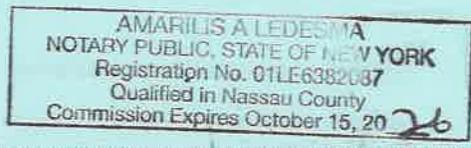
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VILLAGE OF FREEPORT, NY

Property Owner's Consent:
I, Hyacinth Barnwell am (are) the owner(s) of the subject property and consent to the filing of this application.

Hyacinth Barnwell
PROPERTY OWNER'S SIGNATURE

8/5/25
DATE

Sworn to before me this 5th
day of August, 2025.
Amarilis LeDesma
Notary Public



FOR VILLAGE USE ONLY

Site Plan Public Hearing Required: _____ YES _____ NO	Date of Hearing: _____ Date of Decision: _____
Village Clerk's Signature: _____	_____ Approved _____ Denied Date: _____
Planning Board Signature: _____	Date: _____



INC. VILLAGE OF FREEPORT

Department of Buildings

46 NORTH OCEAN AVENUE
FREEPORT, NEW YORK 11520

(516) 377-2242

FAX (516) 377-2493

ROBERT T. KENNEDY
MAYOR

E-MAIL BUILDINGDEPT@FREEPORTNY.GOV

SERGIO A. MAURAS
SUPERINTENDENT OF BUILDINGS

SITE PLAN LETTER

July 8, 2025

Hyacinth Barnwell
793 S Long Beach Ave
Freeport, NY 11520

RE: 793 S Long Beach Ave, Freeport, NY
Zoning District – Residence A Sec. 62 Blk. 186 Lot 490
Building Permit Application #20254502
Description: Remove and replace existing damage deck on flat roof.

Dear Sir/Madam:

The above referenced application was initially reviewed by the Building Department and it has been determined that in order to proceed with the application process, additional approval from the Site Plan Review Board will be required.

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 516-377-3632** 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 Site Plan Review Board 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 Site Plan Review Board Application, please call the **VILLAGE CLERK'S OFFICE** at 377-2300.

Very truly yours,

Sergio A. Mauras
Superintendent of Buildings
/Daniela Hernandez

ZBA Approval Needed: **NO**

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AGENCY: FREEPORT, NY

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. 20254502

Location: 793 S Long Beach Ave, Freeport, NY

Applicant: Hyacinth Barnwell

Description: Remove and replace existing damage deck on flat roof.

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: July 8, 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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Appendix B

Frederick C. Stang Dept.
Frederick C. Stang

Short Environmental Assessment Form

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: Flat roof + deck re construction			
Project Location (describe, and attach a location map): 793 Long Beach Ave Freeport, NY 11520			
Brief Description of Proposed Action: Remove damaged deck + roofing. Install new granular flat roof material. Install new deck framing. Install new composite decking + railings 8' 4" x 10'			
Name of Applicant or Sponsor: Glenn Poli		Telephone: (611) 393-0808	
Address: 1120 Little East Neck Rd		E-Mail: glenn@stemail.net	
City/PO: West Babylon		State: NY	Zip Code: 11702
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
		✓	0
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
		✓	1
3.a. Total acreage of the site of the proposed action?		1/8 acres	
b. Total acreage to be physically disturbed?		0 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		0 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 checked="" 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
			✓
b. Consistent 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?	NO	YES	
			✓
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?			✓
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?	NO	YES	
			✓
b. Is the proposed action located in an archeological sensitive area?			✓
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	
			✓
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: _____			✓
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			P. 3.
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	NO	YES	
			✓
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____			

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 PLANNING
 DEPT.
 JUN 18
 2013

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>Glewa Pol.</u>	Date: <u>4/2/25</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?		
2. Will the proposed action result in a change in the use or intensity of use of land?		
3. Will the proposed action impair the character or quality of the existing community?		
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?		
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?		
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?		
7. Will the proposed action impact existing: a. public / private water supplies? b. public / private wastewater treatment utilities?		
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?		
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?		

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	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"/> 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)

REC'D

DEPARTMENT OF BUILDINGS

OF THE VILLAGE OF FREEPORT, N.Y.

APPLICATION NO. 2025460

APR 28 REC'D

Filing Date 4/28/25

Freeport Building Dept
Freeport, NY

Application for Erection of Buildings or Alterations

IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, V

I. LOCATION OF BUILDING	AT (LOCATION) <u>793 S. Long Beach Ave</u> ZONING DISTRICT _____
	BETWEEN <u>Suffolk St</u> AND <u>Water Front Park</u>
	SECTION <u>62</u> BLOCK <u>186</u> LOT <u>490</u> APPROX. LOT SIZE <u>50</u> x <u>100</u> LOT AREA <u>5000</u>

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D.

A. TYPE OF IMPROVEMENT 1 <input type="checkbox"/> New building 2 <input checked="" type="checkbox"/> Addition-Alteration (If residential, enter number of new housing units added. If none-state none) 3 <input type="checkbox"/> Swimming Pool 4 <input type="checkbox"/> Repair (replacement) 5 <input type="checkbox"/> Bulkhead (New, Repair) 6 <input type="checkbox"/> Fence 7 <input type="checkbox"/> Moving (relocation)		B. PROPOSED OR EXISTING USE RESIDENTIAL 11 <input checked="" type="checkbox"/> One Family 12 <input type="checkbox"/> Two families 13 <input type="checkbox"/> Apartment - Enter No. of Units _____ 14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter No. of Units _____ 15 <input type="checkbox"/> Garage or Accessory Structure 16 <input type="checkbox"/> Other - Specify _____ NON RESIDENTIAL - Complete Part "E" 17 <input type="checkbox"/> Industrial 18 <input type="checkbox"/> Office, bank, professional 19 <input type="checkbox"/> Store, mercantile 20 <input type="checkbox"/> Church, other religious 21 <input type="checkbox"/> Hospital, institutional 22 <input type="checkbox"/> Other - Specify _____	
---	--	--	--

C. COST 10 TOTAL COST OF IMPROVEMENT <u>\$ 22,981</u>	D. DESCRIPTION OF PROJECT <u>Remove damaged deck on flat roof.</u> <u>Re-roof using granular torch down.</u> <u>Rebuild deck using composite decking Railings.</u> <u>8' 4" x 10'</u>
---	--

III. IDENTIFICATION - To be completed by all applicants

	NAME	MAILING ADDRESS - Number, street, city and state, Zip	TEL. NO.
1. Owner or Lessee	<u>Hyacinth Banwell</u>	<u>793 S. Long Beach Ave Freeport 11520</u>	<u>(516) 365-0877</u>
2. Contractor	<u>Pro Quality Home Imp.</u>	<u>1120 Little East Neck Rd West Babylon 11704</u>	<u>(631) 393-6812</u>
3. Architect or Engineer	<u>Robert Rohowia</u>	<u>20 Sylvia Dr West Islip 11795</u>	<u>(516) 761-0169</u>

IV. OWNER-CONTRACTOR STATEMENT

Building permit is issued subject to the provisions of Section 67 of the Workman's Compensation Law.
 Workman's Compensation Certificate No. 195748 Company NYSIF Exp. Date 4/18/26

Contractor or Owner Pro Quality Home Imp.
 Address 1120 Little East Neck Rd 11704
 Phone (631) 393-6812

V. FLOOD ZONE

IS PROJECT LOCATED WITHIN A DESIGNATED FLOOD HAZARD ZONE?
 YES NO
 IF YES, WHICH ZONE? AE (F1)

IS PROJECT TO REPAIR FLOOD DAMAGE?
 YES NO

PROJECT DESCRIPTION

Total/First Flr Square Feet

Upper Flrs Square Feet 83.31

of Fixtures

of Floors

Occup. Type

MESHESSNA C LITTLE
 NOTARY PUBLIC-STATE OF NEW YORK
 No. 0116000293
 Qualified in Nassau County
 My Commission Expires 12-26-20

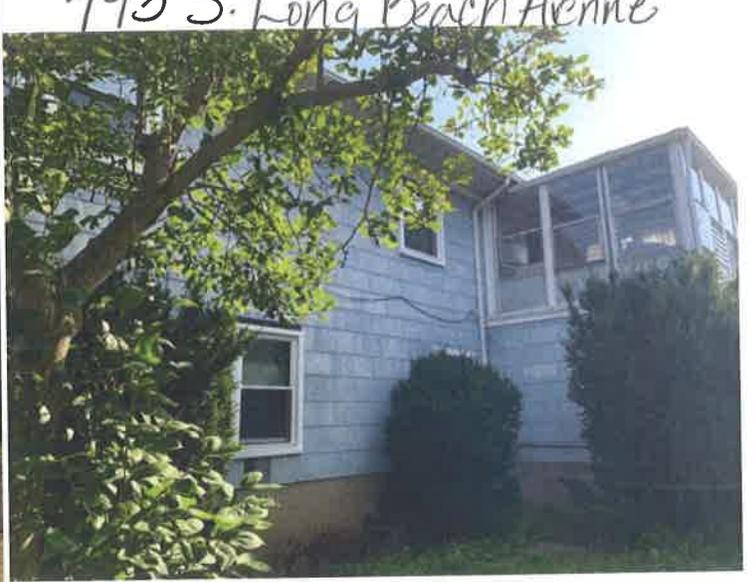
County of Nassau
Hyacinth Banwell being duly sworn, says that She is the contractor or owner of the above mentioned building. That the facts of the above application also the estimated cost of said building or alteration, is correct to the best of her knowledge and belief and agrees to conform to all applicable laws of this jurisdiction.
 Seen to before me this 28 day of April, 2025
Mesheenna C Little Notary Public, County, N.Y.
Hyacinth Banwell Applicant Signature

VI. VALIDATION (Official Use Only)

Building Permit Number _____ Building Permit Issued _____ Building Permit Fee \$ _____	Approved by: _____ Superintendent of Buildings
--	---

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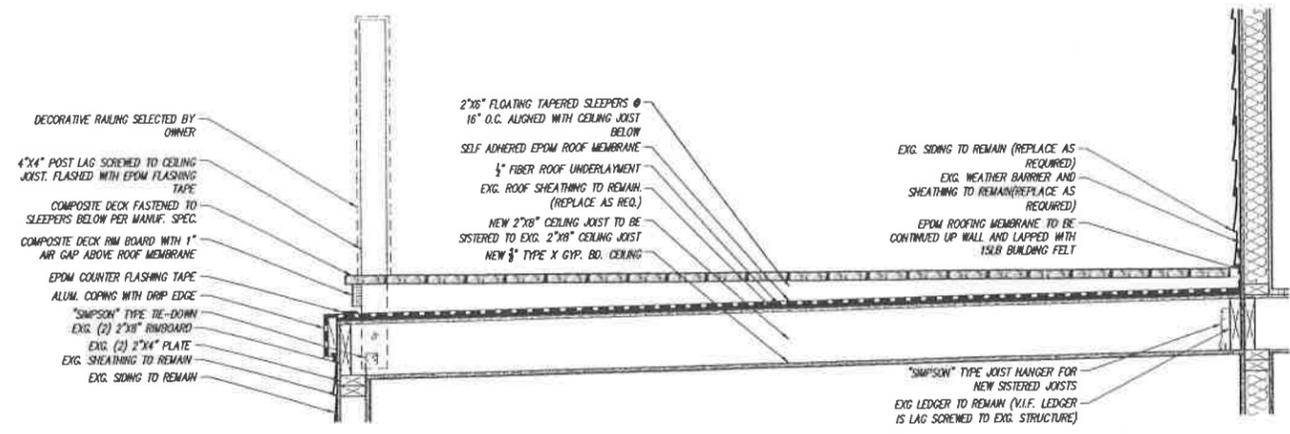
793 S. Long Beach Avenue



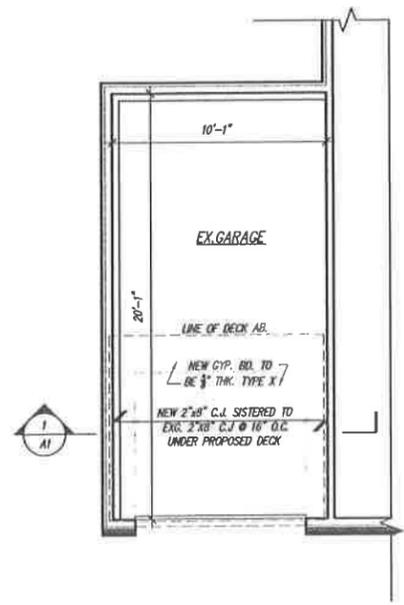
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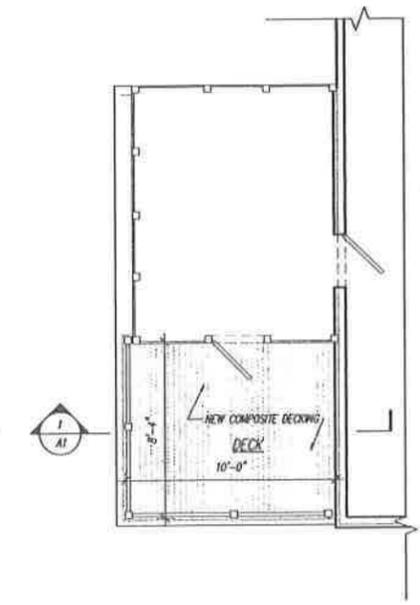
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VILLAGE DE FREEDPOINT, NY



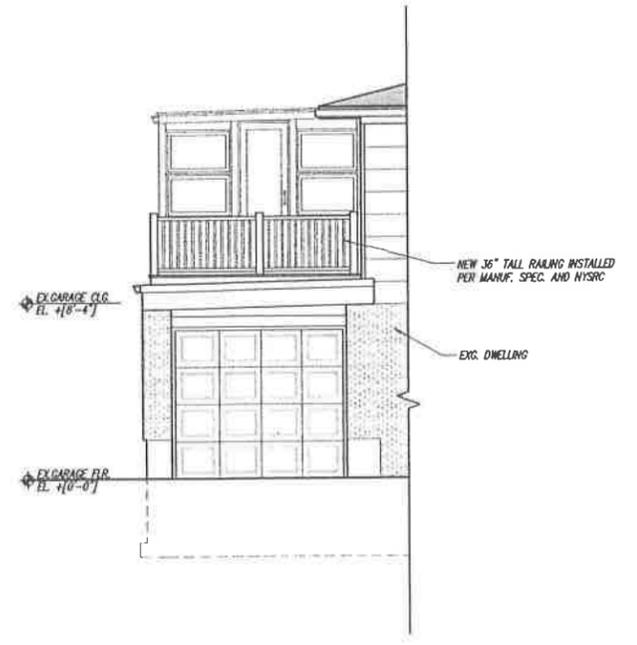
1 Proposed Section
SCALE: 1/4" = 1'-0"



2 Existing Garage Plan
SCALE: 1/4" = 1'-0"



3 Deck Plan
SCALE: 1/4" = 1'-0"



4 West Elevation Front
SCALE: 1/4" = 1'-0"

General Notes:

ALL CONSTRUCTION SHALL COMPLY FULLY WITH THE RULES AND REGULATIONS OF THE N.Y. STATE BLDG. CODE AND LOCAL TOWN AND/OR VILLAGES AND OTHER AGENCIES HAVING JURISDICTION OVER THE REQUIRED WORK FOR THIS PROJECT. THIS SHALL NOT BE CONSTRUED TO MEAN THAT ANY REQUIREMENTS SET FORTH ON THE DRAWINGS MAY BE MODIFIED BECAUSE THEY ARE MORE STRINGENT THAN THE CODE REQUIREMENTS OR BECAUSE THEY ARE NOT SPECIFICALLY REQUIRED BY CODE.

THE GENERAL CONTRACTOR AND ALL SUBCONTRACTORS SHALL VERIFY ALL DIMENSIONS AND JOB CONDITIONS PRIOR TO CONSTRUCTION AND SHALL REPORT TO THE ARCHITECT ANY DISCREPANCIES OR OMISSIONS WHICH WOULD INTERFERE WITH SATISFACTORY COMPLETION OF THE WORK.

DRAWINGS ARE NOT TO BE SCALED.

THE CONTRACTOR SHALL PROVIDE AND MAINTAIN ALL TEMPORARY PROTECTION OF ADJACENT WORK EQUIPMENT AND OCCUPIED AREAS AND SAME SHALL BE SUBJECT TO THE OWNERS APPROVAL.

ALL ELECTRICAL WORK SHALL BE PERFORMED BY OR UNDER DIRECTION OF A LICENSED ELECTRICIAN.

ALL CONCRETE TO BE MINIMUM OF 3,500 PSI AT 28 DAYS. BOTTOM OF FOOTINGS SHALL BEAR DIRECTLY ON UNDISTURBED SOIL HAVING A MINIMUM SAFE BEARING CAPACITY OF 2 TON/S.F. AND SHALL BE CARRIED DOWN AT LEAST 3'-0" BELOW LOWEST LEVEL OF ADJOINING GROUND OR PAVEMENT SURFACE.

ALL FRAMING SHALL CONFORM TO THE REQUIREMENTS OF THE NEW YORK STATE CONSTRUCTION CODE.

ALL EXTERIOR LUMBER SHALL BE CCA- TREATED STANDARD GRADE AND BETTER (F_b = 950 P.S.I.), UNLESS OTHERWISE NOTED.

Construction Notes

- ALL DIMS AND ELEVATIONS ARE TO BE USED FOR GENERAL INFORMATION ONLY. CONTRACTORS TO VERIFY CONDITIONS AT SPECIFIC LOCATIONS AS REQUIRED TO CONFIRM AND PERFORM ALL WORK AS SPECIFIED. MAINTAIN DIMENSIONS MARKED "CLEAR" OR "HOLD." ALLOW FOR THICKNESS OF FINISHES.
- DO NOT SCALE DRAWINGS. FOLLOW WRITTEN DIMENSIONS. THE WRITTEN DIMENSIONS HAVE PRECEDENCE OVER SCALE. THE CONTRACTOR SHALL VERIFY ALL SITE CONDITIONS PRIOR TO THE COMMENCEMENT OF WORK & PRIOR TO ORDERING ANY PRODUCT OR PROPRIETARY SYSTEM. DETAILS, DIMENSIONS AND CONDITIONS ON SMALLER SCALE DRAWINGS ARE PRECEDED BY THOSE IN LARGER SCALE DRAWINGS. CONTRACTOR SHALL NOTIFY THE OWNER OF ANY EXISTING CONDITIONS REQUIRING MODIFICATION PRIOR TO THE BEGINNING OF ANY WORK.
- IN CASE OF OMISSIONS, OR DISCREPANCIES IN THESE DOCUMENTS, CONSULT WITH THE ARCHITECT PRIOR TO ORDERING ANY PRODUCT, MATERIAL, OR PROPRIETARY SYSTEMS, OR PRIOR TO PROCEEDING WITH SHOP DRAWINGS OR ANY OTHER WORK. DETAILS NOT SHOWN ARE SIMILAR IN CHARACTER THAN THOSE SHOWN WHERE SPECIFIC DIMENSIONS, DETAILS OR DESIGN INTENT CANNOT BE DETERMINED CONSULT WITH THE ARCHITECT BEFORE PROCEEDING WITH WORK.
- DISCOVERY OF ANY HAZARDOUS MATERIALS ON SITE SHALL BE CONTAINED OR REMOVED AS REQUIRED BY PROPER AUTHORITIES.
- PROVIDE TEMPORARY GUARD RAILS, STAIRS AND PROTECTION AND MAINTAIN SAFE WORKING CONDITIONS AS REQUIRED.
- ANY DETAILS, SYSTEMS, MATERIALS (ARCH., MEP, STRUCT., ETC.) PROPOSED TO BE CHANGED MUST FIRST BE REVIEWED BY THE ARCHITECT, OWNER & OWNER'S REPRESENTATIVE PRIOR TO THE PREPARATION OF SHOP DRAWINGS.
- PROVIDE ALL MISC. STEEL & METAL FABRICATIONS, REQUIRED BRACING, STIFFENERS, BRACKING PLATES, BRACKETS, ETC. AS SPECIFIED HEREIN, IN THE SPECIFICATIONS, OR AS NEEDED FOR THE PROPER FABRICATION, ERECTION, INSTALLATION, OR CONSTRUCTION OF THIS PROJECT. SCOPE TO INCLUDE, BUT SHALL NOT BE LIMITED TO PARTITIONS, SUSPENDED SOFFITS & CEILINGS, AS WELL AS WALL MOUNTED OR SUSPENDED MECHANICAL, ELECTRICAL, FIRE PROTECTION, A/V, SECURITY, ETC. CONTRACTOR TO VERIFY SCOPE.
- PROVIDE ADEQUATE WATERPROOFING AS SPECIFIED HEREIN, IN THE SPECIFICATIONS, OR AS REQUIRED FOR THE PROPER INSTALLATION, CONSTRUCTION OF THIS PROJECT.
- CONTRACTOR SHALL COORD. ALL EQUIP. BASE & HOUSEKEEPING PADS WITH MEP CONTRACTORS. INSTALL PADS BENEATH THE PROTECTED AREA OF EQUIP.
- PROVIDE ACCESS PANELS AS REQUIRED BY APPLICABLE CODES & AS REQUIRED FOR MECHANICAL EQUIPMENT. ALL ACCESS PANELS SHALL BE CONCEALED AND ALL LOCATIONS SHALL BE REVIEWED BY THE ARCHITECT PRIOR TO PROCEEDING W/ WORK.
- ALL EXTERIOR JOINTS AROUND WINDOWS, DOORS, ETC. TO BE LEAKAGE/AIR INFILTRATION FREE.
- COORDINATE AND PROVIDE BLOCKING WITHIN PARTITIONS FOR ALL MILLWORK AND ITEMS ATTACHED OR MOUNTED TO WALLS OR CEILINGS.
- PATCH AND REPAIR ALL EXISTING WALLS, COLUMNS AND SURFACES SCHEDULED TO REMAIN AS REQUIRED TO LEAVE THEM SMOOTH AND EVEN TO RECEIVE NEW SCHEDULED FINISHES.

RECEIVED
2025 AUG 18 12 3: 28
CLERK'S OFFICE
VILLAGE OF LITTLEPORT, NY

793 South Longbeach Ave
S/B/L : 6/2/166/490
DECK REPAIR

Robert
Rohena
Architecture
& Design

RRAD

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NO.	ISSUE	DATE
-	INITIAL SUBMISSION	03.14.25
	RESUBMISSION PER TOWN COMMENTS	06.13.25

SEAL & SIGNATURE:

DATE: 06/12/2025
SCALE: AS NOTED
PROJECT NUMBER: 2509
DRAWN BY/CHECKED BY: G.S./R.R.

SHEET NUMBER:
A-1
DRAWING TITLE:
PROPOSED PLAN ELEVATIONS SECTION