

Calendar Number: \_\_\_\_\_ -7  
(Staff Use Only)



**Zoning Board of Appeals**  
Department of Planning & Community Development  
City Hall - Roosevelt Square  
Mount Vernon, New York 10550-2060  
(914) 699-7230 • FAX (914) 699-1435

Richard Thomas  
Mayor

Irwin S. Davison, Esq.  
Chair

**Zoning Board Application**  
(Please type or print clearly)

**Application Type:**  
(Check all that apply)

- Area Variance     Use Variance     Interpretation     Amendment

(If amendment, provide previous calendar number): \_\_\_\_\_ -Z

**Property Identification:**

Address: 222 GRAMATAN AVE

Map page: 165.54    Block: 1102    Lot(s): 3

Zoning District: NB    Existing Site area: 15,200 SF

**Owner Information:**

Name: 224 GRAMATAN, LLC

Address: 100 Rte 133, OSSINING, NY

Telephone #: (914) 572 2686

Fax #: \_\_\_\_\_

E-mail Address: SALALSALBH@YAHOO.COM

**Applicant Information:**

(Provide if someone other than the property owner is the applicant)

Name: SAL SALETT

Address: GAME

Telephone: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Legal Representative Information:**

(Provide if someone other than the property owner is the applicant)

Name: JACK ADDRESSO, ESQ.

Company: \_\_\_\_\_

Address: 154 STEVENS AVE

Telephone #: (914) 699 6052

Fax #: \_\_\_\_\_

E-mail Address: JAAPLLC@HOTMAIL.COM

**Lead Design Professional Information:**

(Indicate the primary design professional associated with this application)

Name: TOM F. ABILLAMA, R.A., AIA

Title: ARCHITECT

(Check all that apply)

Architect       Engineer       Contractor       Other (Specify): \_\_\_\_\_

Company: \_\_\_\_\_

Address: 1955 CENTRAL PARK AVE

Telephone #: (914) 668 4673

Fax #: (914) 668 1831

E-mail Address: TOM@TFARA.COM

**Criteria for Application Referral:**

- Is subject property within 500 feet of any other municipality?       Yes       No
- Is subject property within 500 feet of any park or parkway lands?       Yes       No
- Is subject property within 500 feet of any State or County roads?       Yes       No
- Is subject property within 500 feet of any County facilities?       Yes       No

**Project Description:**

(Describe the project in detail indicating all areas of work, type(s) of improvement and materials to be used as a part of the proposed improvements. Use additional sheets if necessary.)

ERECT EIGHT STORY STRUCTURE - MERCANTILE & BUSINESS  
ON 1ST FL. LEVEL - STORAGE & UTILITIES IN REAR

2 LEVELS OF PARKING ON 2ND, 3RD FL. LEVELS

4 LEVELS OF RESIDENTIAL (40 UNITS)  
ROOF TOP AMENITIES + PENTHOUSES (5) ON 8TH FL.

**Zoning Code Information:**

(Indicate sections of the Zoning Code for which variances/interpretation are requested)

USE VARIANCE: NB ZONE - RESIDENCES NOT PERMITTED  
AREA VARIANCE FOR HEIGHT - (89' in lieu of 2)  
LOT COVERAGE, PARKING, IMPERVIOUS SURFACES.

**Proposed Site:**  
(Property where variances are requested)

Existing Use(s): MULTI-FAM. DWELLING (3 UNITS)

Proposed Use(s): MULTI FAM. DWELLING (36 UNITS)

Size of principal building: 100' x 152'

Size of accessory building: -

Number of storefront spaces: 5

Number of dwelling units on site: 53

Does the application consist of construction or the expansion of primary or accessory/appurtenant, non-residential structure(s) or facility(ies) involving less than 4,000 square feet of gross floor area?

Yes  No

**Parking Information:**

Is off-street parking provided?  Yes  No If yes, indicate:

The number of spaces on the lot prior to project approval: 2  
The number of spaces on the lot after project will be completed: 80

Is there a variance request for off-street parking?  Yes  No If yes, indicate:

The number of spaces: 20

With the completion of this application, I hereby state that the information provided and all accompanying documentation is accurate to the best of my knowledge, and that the attached plans contain all information required by the appropriate checklist.

Sal Saleh  
Signature of Owner

11/20/16  
Date

Tam Hattis  
Signature of Applicant  
(If different from owner)

11/20/16  
Date