TOWN OF OSSINING
BUILDING DEPARTMENT
101 ROUTE 9A, P.O. BOX 1166
OSSINING, N. Y. 10562
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Website: *www.townofossiningny.gov* ***Email:*** *building@townofossiningny.gov*

APPLICATION TO THE ZONING BOARD OF APPEALS

Date April 20, 2026

I, We Peter Lynn (Name of Applicant) Of 22 Gordon Ave (Street)

Briarcliff Manor (Municipality) NY (State) 10510 (Zip Code) [redacted] (Phone No.) (Email) HEREBY

(✓) APPEAL TO THE ZONING BOARD OF APPEALS FROM THE DECISION OF THE BUILDING INSPECTOR AND IN CONNECTION THEREWITH REQUEST

( ) an Interpretation of the Zoning Code or Zoning Map of the Town of Ossining

(✓) a Variance from the terms of the Zoning Code of the Town of Ossining, or

( ) a Temporary Certificate of Occupancy.

( ) APPLY TO THE ZONING BOARD OF APPEALS FOR A SPECIAL PERMIT.

1. **LOCATION OF PROPERTY:** 22 Gordon Ave Briarcliff Manor, NY 10510 (Street and Number)

SECTION 10.19 BLOCK 2 LOT(s) 53 ZONE R30

A) Is the Property located within a distance of 500 feet of the boundary of any village, town or county, or any boundary of a State park or parkway?
If yes, specify.

Yes ____ No ✓

B) Does the Property abut the boundary of any village or town, the boundary of any State or County park or other recreation area, the right-of-way of any stream or drainage channel owned by the county or for which the county has established channel lines, or the boundary of any county or State owned land on which a public building or institution is located? If yes, specify.

Yes ____ No ✓

C) If a Special Permit is being applied for, is the property shown on the Hudson River Valley Commission Jurisdiction Map?

Yes ____ No ✓

D) Is the property connected to municipal sewer or private septic system? y

If private septic, provide Westchester County health department proof and number of bedrooms permitted: 2 rooms.

2. **PROVISION (S) OF THE ZONING CODE INVOLVED:**

Section 210 subsection 72 paragraph B

Section 210 subsection 18 paragraph _____

Section _____ subsection _____ paragraph _____

3. **DESCRIPTION OF RELIEF REQUESTED** (Set forth the circumstances of the case, interpretation that is claimed and details of any variance applied for. Use extra sheet if necessary.) A variance is requested to extend the driveway parking area to allow for safer turning, entry, and exit the property, while increasing green space and improving the overall appearance.

4. **REASON FOR APPEAL** (State precisely grounds on which it is claimed that relief should be granted. Use extra sheet if necessary.)
The proposed changes will improve safety entry and exit property. The current layout limits turning space and requires multiple manuevers to make it safe for the driver to avoid oncomin traffic. The changes will not negatively affect the neighborhood, and does not increase (it decreases) impervious space. It adds green space, improves safety and function and appearance of the property.

5. Enclose 6 copies and 1 pdf version of an accurate and intelligible plan, survey, location map, of the Property drawn to a suitable scale email to building@townofossiningny.gov and a nonrefundable fee of **$350.00 payable to Town of Ossining.**

[redacted]

[redacted]

(Signature of Property Owner or Authorized Agent)