



*Town of
Washington*

10 Reservoir Dr, PO Box 667, Millbrook, NY 12545
845-677-3419

www.washingtonny.org

AREA VARIANCE APPLICATION FORM

APPLICATION TO THE TOWN OF WASHINGTON
ZONING BOARD OF APPEALS
FOR AN AREA VARIANCE

REAL PROPERTY INFORMATION

Dutchess County Tax Map Number (1234-00-123456-0000)	6664-00-960582
Property Street Address	71 College Ln Millbrook, NY 12550
Number of Acres	5.61 Ac
Zoning District from Zoning Map	RM2
Describe the Current Use of the Property.	Residential
Is this property located in or near a Wetland or Wetland Buffer?	_____ YES <input checked="" type="checkbox"/> _____ NO May Require a Town Wetlands Permit or be ruled by the Aquifer Protection Requirements
Is this property within 500 feet of the boundary of the Village of Millbrook?	_____ YES <input checked="" type="checkbox"/> _____ NO
Is this application being made for a violation that currently exists on the property?	_____ YES <input checked="" type="checkbox"/> _____ NO If YES, the application fee is double.

OWNER INFORMATION

Name of Record Owner(s): If a corporation, LLC, Trustee, so state and submit form	Anthony Glazer
Record Owner Mailing Address	71 College Ln Millbrook, NY 12550
Record Owner Email Address	tony@choicefilms.com
Record Owner Phone Number	917-856-5003

NOTE: In addition to the above, please complete the following information if the application is submitted and signed by a representative of the owner. (ie: LLC, Corporation, Trustee or applicant's attorney, agent, architect, builder, contract vendee, etc.)

Name of Authorized Representative if different from owner:	SunCommon/Caitlin Melvin
Business Name of Applicant	SunCommon
Applicant Mailing Address	881 NY-28, Kingston Ny 12401
Applicant Email Address	hv.rpm@suncommon.com
Applicant Phone Number	518-805-0938 Ext:1149

Please check to specify who you wish correspondence to be e-mailed to, from the above names:

☐ Applicant/Owner(s)
☒ Authorized Representative

SUMMARY OF AREA VARIANCE REQUEST

We are requesting that the setback requirements be reduced from 75' to 56' as the ground mounted solar canopy we would like to install violates the setback requirements.

DESCRIPTION OF HARDSHIP

A Variance to the Zoning Ordinance is requested for the following five (5) reasons:

1. An undesirable change will not be produced in the CHARACTER of the neighbor or a detriment to nearby properties if granted, because:

The solar canopy will be blocked by natural screening thats already in place.

2. The benefit sought by the applicant CANNOT be achieved by some method feasible for the applicant to pursue, other than an area variance, because:

If the canopy is moved more natural screening would have to be removed and it would block the driveway thats already in place.

3. The amount of relief requested is not substantial because:

The canopy would be blocked by natural screening and no removal of natural screening would be needed.

4. The variance will NOT have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district because:

The natural screening would stay in place and it would not require removal of more natural screening thus shielding the array from the street and the neighbors.

5. Has the alleged difficulty been self-created? ☒ Yes, or ☐ No Why:

Due to the natural screening in place this is the only area we can put the canopy array without having to clear trees. This is why we are requesting the change in set back requirements.

DESCRIPTION OF PROJECT

Please write N/A in any section which does not apply to your application.

For Demolition of Existing Building Areas

Please describe area being removed:

N/A

New Construction Areas (New Dwelling, New Additions, Pool):

Dimensions of first floor extension:

N/A

Dimensions of new second floor:

Dimensions of floor above second level:

Height (from finished ground to top of ridge):

Is basement or lowest floor area being constructed? If yes, please provide height (above ground) measured from natural existing grade to first floor:

Submit manufacturer specifications for pools, sheds, etc.

Proposed Alterations or Structural Changes Construction

Please describe building areas: N/A

Number of Floors and General Characteristics **BEFORE** Alterations:

Number of Floors and Changes **WITH** Alterations:

Calculations of building areas and lot coverage:

Existing square footage of existing buildings on your property:
3381 sq ft

Proposed increase of building coverage:
510 sq ft

Square footage of your lot:
5.61 Ac- 244371.6 sq ft

Percentage of coverage of your lot by building area:
510 sq ft

Purpose of New Construction

We are looking to build a car port ground mounted solar canopy.

Please describe the land contours (flat, slope %, heavily wooded, marsh area, etc.) on your land and how it relates to the difficulty in meeting the code requirement (s):

It is a car port ground mounted solar array. On this property there is a natural screening that would have to be removed and it would block the driveway if it had to be setback at 75'.

ADDITIONAL REQUIRED INFORMATION

Have any prior appeals been made with respect to this property?

_____ Yes _____ NO ☒

Such appeal(s) was (were) in the form of

_____ A requested interpretation

_____ A request for a variance

Name of Owner:

Date

Was appeal granted or denied?

_____ Please
provide copies of previously granted appeals.

Are there any Covenants or Restrictions concerning this land?

_____ Yes _____ NO ☒ If yes, please furnish a copy

Are the subject premises listed for sale on the real estate market?

_____ Yes ☒ No

Are there any proposals to change or alter land contours?

☒ No _____ Yes please explain.

Are there any wetland areas or buffers on the parcel?

_____ Yes _____ NO ☒

Are those wetland areas or buffers shown on the survey submitted with this application?

_____ Yes _____ NO _____

If your property contains ponds, wetlands or buffer areas, have you contacted the Building Department for its determination of jurisdiction?

_____ Yes _____ NO _____

Does your application require Town, County, State, or Federal Permits?

☒ Yes _____ NO _____ If yes, provide which agency and the type of application.

Has an application been made to or granted by any other entity, and by which agency? Provide copies

No

Are there any patios, structures, pools or fences that exist on your property that are not shown on the survey that you are submitting?

Yes NO ☒

If yes, please provide a plot plan showing all improvements.

Do you have any construction taking place at this time concerning your premises?

Yes NO ☒

Please submit a copy of your building permit and survey as approved by the Building Department

Describe the construction:

Do you or any co-owner also own other land adjoining or close to this parcel?

Yes NO ☒ If yes, please label the proximity of your lands on your survey.

Please list present use or operations conducted at this parcel Residential

and the proposed use (i.e.: existing single family, proposed: same with garage, pool or other)

NOTARIZED STATEMENT

By submitting this application, I hereby swear/affirm that this variance is the MINIMUM that is necessary and adequate, and at the same time preserve and protect the character of the neighborhood and the health, safety and welfare of the community.

I further swear/affirm that the information in this application is a truthful and honest representation of the property for which this request is made.

I further swear/affirm that I will make an appointment with the Zoning Administrator within five business days of this application to allow for an inspection of said property.

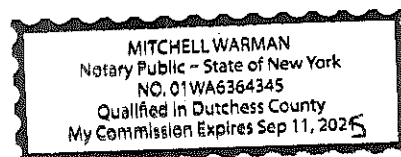
Signature of Applicant or Authorized Agent
Agent must submit Owner Authorization Form

Printed Name

Sworn to before me this
29th day of July, 2025.

Place Notary Stamp here:

Signature of Notary



ZBA AREA VARIANCE CHECKLIST TO BE COMPLETED BY APPLICANT.

Documents are required 21 days prior to a meeting. We suggest submitting earlier than 21 days to ensure the Town has a complete application. If information is missing the appearance before the ZBA will be delayed.

REAL PROPERTY INFORMATION

Dutchess County Tax Map Number (1234-00-123456-0000)	6664-00-960582
Property Street Address	71 College Ln Millbrook, NY 12550
Check or N/A	
*	A complete application form, neatly printed or typed, signed in ink and six copies.
*	<p>Scaled site plan drawings of proposed project in an 11x17 or larger format, prepared by a NYS licensed engineer or surveyor. Drawings should be folded with the packet and include the name of the property owner and address on the drawings. These drawings can include, but are not limited to, the following:</p> <ul style="list-style-type: none"> Site plan. Floor plan(s). Elevations. <p>Any other details deemed necessary to explain this project. (Copies of pool plans, shed information, etc.)</p>
*	Survey maps of the property with the name of the property owner on the map. The map should be folded to fit in a legal sized file folder. The map must have the grid number legibly written on the back of the map.
*	<p>Legal proof of control of the property by ownership. (Deeds may be obtained from the Office of the Dutchess County Clerk or via the website: https://www.co.dutchess.ny.us/CountyClerkDocumentSearch/Search.aspx</p>
	Certificates of occupancy for the subject premises. If any are lacking, please apply to the Building Department to either obtain them or to obtain an Amended Notice of Disapproval.
*	New York State Environmental Assessment Form. The type of environmental assessment form to be submitted will depend on the scope of work and proposed use described in the application. Please refer to the New York State Department of Environmental Conservation's website at www.dec.ny.gov/permits/357.html for further information as well as printing required forms
*	A set of at least four photographs labeled to show different angles of the yard areas after staking corners for new construction, and/or photos of building area to be altered.
*	<p>Application fee:</p> <p>Four hundred dollars (\$400.00) for the first variance</p> <p>One hundred twenty-five dollars (\$125.00) for each additional area variance</p> <p>(For example, if you need a side yard variance and a rear yard variance the fee will be \$525.00) An escrow fee may be requested by the ZBA. Minimum fee \$1500.00.</p> <p>Checks shall be made payable to "Town of Washington"</p> <p>Credit card payments are subject to an additional fee up to 2.95% charged by the credit card processing company.</p>
*	A Flash Drive or PDF of all documents, except the application fee. A PDF may be emailed to ZBA@washingtontownny.org referenced as "ZBA Application/Owner's Name"
	A plot plan of all improvements if not shown on the survey map.
	Owner's affidavit providing permission for someone to act as their agent.

	Approved Building Permit
	Permits from other town, county, state or federal agencies.
*	Owner's Endorsement
	APPLICANTS ARE RESPONSIBLE FOR PUBLICATION OF NOTICE OF PUBLIC HEARING & MAILING TO ADJACENT NEIGHBORS CONSULT with ZBA Clerk for Notice of Public Hearing & Neighbor List The following two requirements must be provided to the ZBA Clerk two weeks prior to the meeting or the application will be removed from the agenda.
	Affidavit of Publication from Poughkeepsie Journal
	Proof of Mailing to Adjacent Neighbors from the United States Post Office (USPS Certified Mail Receipt for each neighbor)

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: Canopy Ground Mounted Solar Array							
Project Location (describe, and attach a location map): 71 College Ln. Millbrook, NY 12550							
Brief Description of Proposed Action: We are looking to install a canopy ground mounted solar array consisting of (39) Longi 545 modules with (2) Solis string inverter and (3) Franklin aPower 2 backup batteries.							
Name of Applicant or Sponsor: SunCommon		Telephone: 518-805-0938 Ext:1149 E-Mail: hv.rpm@suncommon.com					
Address: 881 NY-28, Kingston Ny 12401							
City/PO: Kingston		State: NY	Zip Code: 12401				
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%; text-align: center;"> <tr> <td>NO</td> <td>YES</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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: Zoning Board of Appeals			<table border="1" style="width: 100%; text-align: center;"> <tr> <td>NO</td> <td>YES</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	NO	YES	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NO	YES						
<input type="checkbox"/>	<input checked="" type="checkbox"/>						
3.a. Total acreage of the site of the proposed action?		5.61 acres					
b. Total acreage to be physically disturbed?		.01 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 checked="" type="checkbox"/> Residential (suburban) <input checked="" type="checkbox"/> Forest <input checked="" 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
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 type="checkbox"/>	<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	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	NO	YES	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? 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?	<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	
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 checked="" type="checkbox"/> Forest <input checked="" type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES	
16. Is the project site located in the 100 year flood plain?	<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 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"/>	

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: Caitlin Melvin Signature: <u>Caitlin Melvin</u> Date: _____		

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.

<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.
<div style="display: flex; justify-content: space-between;"> <div>Name of Lead Agency _____</div> <div>Date _____</div> </div>	
<div style="display: flex; justify-content: space-between;"> <div>Print or Type Name of Responsible Officer in Lead Agency _____</div> <div>Title of Responsible Officer _____</div> </div>	
<div style="display: flex; justify-content: space-between;"> <div>Signature of Responsible Officer in Lead Agency _____</div> <div>Signature of Preparer (if different from Responsible Officer) _____</div> </div>	

PRINT



*Town of
Washington*

TOWN OF WASHINGTON
BUILDING, PLANNING & ZONING
10 Reservoir Dr, PO Box 667
Millbrook, NY 12545
845-677-3419

Consent to Inspection

The undersigned, does hereby state:

Anthony Glazer

and

Summer Moore

Owner Name

Owner Name

That the undersigned is/are the owner(s) of the premises in Town of Washington, located at
71 College Ln. Millbrook, NY 12550

which is shown and designated on the Dutchess County Tax Map as:

6664 - 00 - 960582 -

That the undersigned (has) (have) filed, or cause to be filed, an application with the Town of Washington for the following:

☐ Assessment Review



☒ Building Permit

☐ Municipal Search

☐ Planning Board Application

☐ Zoning Board of Appeals Application

That the undersigned do(es) hereby give consent to representatives of the Town of Washington, including but not limited to the Building Inspector, Zoning Administrator, or Assessor of the Town of Washington to enter upon the above described property, including any and all buildings located thereon, to conduct such inspections as they may deem necessary with respect to the aforesaid application, including inspections to determine that said premises comply with all of the laws, ordinances, rules, and regulations of the Town of Washington. The time and date of the inspection will be scheduled in advance with the property owner or their representative. **Failure to schedule an inspection will delay your project.**

That the undersigned, in consenting to such inspections, does so with the knowledge and understanding that any information obtained will be used in conjunction with the application, and may delay your application if violations of the laws, ordinances, rules or regulations of the Town of Washington have been identified, and that your assessment may be increased based upon information found in the site inspection.

Contact person for inspection: MDIA

Phone Number to schedule inspection: 518-273-0861

Signature

Anthony Glazer

Print Name

Dated: 7/30/25

Signature

Summer Moore

Print Name

Dated: 7/30/25

AFFIDAVIT TO BE COMPLETED BY APPLICANT/OWNER

State of New York

County of Dutchess

}
}
} ss:

Anthony Glazer

being duly sworn, deposes and says:

1. That he/she resides at 71 College Ln. Millbrook, NY in the County of Dutchess and the State of New York. That he/she is the Owner / Agent of the Owner of the within property as described in the foregoing application for Subdivision / Site Plan / Special Use Permit approval(s) and that the statements contained therein are true to the best of his/her knowledge and belief.
2. That we hereby authorize Caitlin Melvin of SunCommon to act as our representative in all matters regarding the application that may come before the Town of Washington Planning Board.
3. That he/she has the legal right to make or authorize the making of said application.
4. That he/she understands that the Town of Washington Planning Board intends to rely on the foregoing representations in making a determination to issue the requested applications and approvals and that under penalty of perjury he/she declares that he/she has examined this affidavit and that it is true and correct.

Jill Scott
Applicant/Owner

JILL SCOTT

NOTARY PUBLIC-STATE OF NEW YORK

No. 01SC0002887

Qualified in Orange County

My Commission Expires 03-17-2027

Notary Public

Jill Scott

Anthony Glazer
Applicant/Owner

MITCHELL WARMAN
Notary Public - State of New York
NO. 01WA6364345
Qualified in Dutchess County
My Commission Expires Sep 11, 2025

Mitchell Warman 7/29/25



Town of
Washington

TOWN OF WASHINGTON
BUILDING DEPARTMENT
10 Reservoir Dr, PO Box 667
Millbrook, NY 12545
845-677-3419

PLEASE NOTE: If ownership is held by a corporation, LLC, jointly or in partnership, each owner and/or partner must sign a separate owner's endorsement. If the owner or owners are making the application, this endorsement is not required.

OWNER'S ENDORSEMENT

STATE OF NEW YORK)

COUNTY OF _____) ss:

Anthony Glaizer, being duly sworn, deposes and says:

- I am: (check one)
- ☐ 1. the sole owner in fee (One individual on the tax roll)
 - ☒ 2. a part owner in fee (Two or more individuals on the tax roll)
 - ☐ 3. an officer of the corporation which is the owner in fee of the premises described in the foregoing application.
 - ☐ 4. designated party authorized to act pursuant to a trust or legal document. (Trustees listed on tax roll)
 - ☐ 5. member/owner(s) of Limited Liability Corporation (LLC).

(If you checked #3, #4 or #5, please provide proof of legatee (ie: Corporate Resolution, Surrogate Letter, Executor of the Will, Certified Letter of Testamentary, Letter of Administration, Attorney-Opinion Letter, Letter or Probate, Power of Attorney, etc.)

I reside at 71 College Ln. Millbrook, NY 12550

City Millbrook State NY Zip 12550

I have authorized (name) Caitlin Melvin

(Company) SunCommon

to make the foregoing application to the Town of Washington for approval as described herein for the property located at 71 College Ln. Millbrook, NY 12550

property ID # 6664 - 00 - 960582

Signature

If owner is a corporation, please indicate name of corporation and title of the corporate officer whose signature appears above. Sworn to before me this

30 day of July, 2025
Notary Public Jill Scott

Notary Stamp:

JILL SCOTT
NOTARY PUBLIC-STATE OF NEW YORK
No. 01SC0002887
Qualified in Orange County
My Commission Expires 03-17-2027