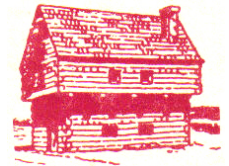


# TOWN OF STILLWATER



ESTABLISHED 1788 – SITE OF THE TURNING POINT OF THE AMERICAN REVOLUTION

BOX 700, STILLWATER, NY 12170 (518) 664-6148, FAX (518) 664-9537  
BUILDING, PLANNING & DEVELOPMENT DEPARTMENT

## APPLICATION FOR PRELIMINARY SUBDIVISION REVIEW (MAJOR 5 LOTS OR MORE)

For Official Use Only

Date Application Received \_\_\_\_\_

Application No. \_\_\_\_\_

### Instructions:

The following application must be completed by the Applicant and filed with the Code Enforcement Officer. To be considered at the next Planning Board meeting, the application must be submitted and deemed complete 14 days in advance of the meeting in order to be placed on an agenda. The Planning Board meets based upon the posted schedule (refer to schedule).

Include the following in your application package:

Please submit one (1) original and eleven (11) copies of the following application package **Failure to do so will result in an incomplete application and delays in the Town's processing of the application.**

- This application form.**
- Application Fee.** Each application should be accompanied by a fee as determined on the fee schedule adopted annually by the Town Board. For major subdivisions, the fees are \$150 per lot for proposals with 5 to 9 lots and \$200 per lot for greater than 9 lots.
- Subdivision Plat** in accordance with the *Subdivision Plan Checklist* (see Part II below)
- Short or Full Environmental Assessment Form** pursuant to the N.Y.S. State Environmental Quality Review Act (SEQRA). Whether a short or long form is required is dependent upon whether the application is classified as "Type 1" or "Unlisted". These forms are available from the Code Enforcement Officer or the Town Clerk.
- Agricultural Data Statement and Control Form** if the property is located on a farm or within 500 feet of a farm in an agricultural district. This form is available from the Code Enforcement Officer or the Town Clerk.

The following additional items may be necessary following your initial submission:

- Public Notice Mailing Fee.** The need for a public hearing is determined by the Planning Board. The cost is based on the number of parcels within 500-feet of project site parcel boundaries. This fee must be paid to the Town no later than 14 business days prior to the scheduled public hearing and is not part of any applicant funded escrow accounts.
- Recreation Fee.** Pursuant to Section 6.3.4 of Town Subdivision Regulations.
- Engineering / Legal escrow fees.**
- Additional copies of initial submission listed above for SEQR Coordination:** if the Planning Board deems the application as a Type I or Unlisted Action under SEQRA, the applicant must provide the required number of additional copies for submission of appropriate information to interested and involved agencies. Failure to do so in a timely manner may delay processing of the application. The Town may provide additional copies on the applicant's behalf; however the Town does so assuming no responsibility for completeness of this information. Furthermore, the Town will hold the applicant responsible for any associated costs for making additional copies.

**Part I - General Information:**

ADDRESS OF SITE \_\_\_\_\_  
Number Street Name of Subdivision (if applicable)

TAX ID \_\_\_\_\_ EXISTING ZONING DIST RR•LDR•RM•RRD•B1•B2•BP•I•PDD  
Section Lot Block Circle Applicable District(s)

CURRENT USE \_\_\_\_\_ PROPOSED USE \_\_\_\_\_

TOTAL ACREAGE OF PROJECT/PARCEL \_\_\_\_\_ TOTAL NO. OF LOTS \_\_\_\_\_

PHASED DEVELOPMENT YES / NO IF YES, HOW MANY PHASES \_\_\_\_\_  
Circle One

METHOD OF SEWAGE DISPOSAL: ON-SITE SEPTIC / MUNICIPAL / PRIVATE SEWER CORP / NA  
Circle One  
FOR PUBLIC OR PRIVATE SEWERS, NAME OF SERVICE PROVIDER \_\_\_\_\_

METHOD OF POTABLE WATER: ON-SITE WELL / MUNICIPAL / PRIVATE WATER CORP / NA  
Circle One  
FOR PUBLIC OR PRIVATE SEWERS, NAME OF SERVICE PROVIDER \_\_\_\_\_

PROPOSED PROJECT

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

**APPLICANT INFORMATION:**

Address \_\_\_\_\_  
Number Street City State Zip Code

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

**AGENT FOR THE APPLICANT INFORMATION (IF NOT APPLICABLE):**

Address \_\_\_\_\_  
Number Street City State Zip Code

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

**PROPERTY OWNER INFORMATION (IF NOT APPLICANT):**

Address \_\_\_\_\_  
Number Street City State Zip Code

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

**DESIGN PROFESSIONAL INFORMATION:**

Check One:  Engineer  Surveyor  Architect  Landscape Architect

Address \_\_\_\_\_  
Number Street City State Zip Code

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

**Part II – Subdivision Check List:**

**Instructions:**

Please prepare a subdivision plat consistent with Town Zoning with the plat depicting all items specified in Section 5.3 of Town Subdivision Regulations as well as items outlined in the Town Subdivision Design Standards. Copies of these standards are available for purchase from the Town Clerk.

The Board may, at its discretion, waive any of the requirements outlined in Subdivision Regulations or the Design Standards or require the submission of additional information not specified within these regulations or standards. If the applicant desires to have certain application requirements waived, this shall be so noted with the application.

**Part III - Signatures**

SIGNATURE OF OWNER:

To the best of my knowledge the information provided in this application and on the attached plans and accompanying documentation is true and accurate.

I, the undersigned, have thoroughly read and understand the application and the list of items to be shown on the plans and documents for review and I consent to all the requirements as set forth in the application.

\_\_\_\_\_  
APPLICANT’S SIGNATURE\*

\_\_\_\_\_  
PRINT OR TYPE NAME OF SIGNED

\* Applicant must either be the owner of the property to be developed or used, or be a party with a purchase agreement for the property. A copy of the purchase agreement must be attached.

AUTHORIZATION TO ACT AS AGENT FOR:

In the event that the owner of the property desires to have another individual act as his/her authorized representative in support of this application the following statement must be completed and signed:

I, \_\_\_\_\_, owner of the premises located at \_\_\_\_\_  
Number Street

TAX ID \_\_\_\_\_, hereby designate, \_\_\_\_\_  
Section Lot Block Printed Name of Agent

as my agent regarding this application for review.