

TOWN OF STILLWATER



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

Box 700, STILLWATER, NY 12170 (518) 664-6148, FAX (518) 539-0002
 BUILDING, PLANNING & DEVELOPMENT DEPARTMENT

SITE PLAN APPLICATION

PROJECT #	FEE: \$250.00 PLUS \$500 PER ACRE DISTURBED AND \$.25 PER SF BUILDING SPACE	<input type="checkbox"/> FEE PAID	DATE RECEIVED: / /	BY:
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Part I:

PROJECT INFORMATION			
Project Name (to be determined by the Department):			
Address/Location:			
APPLICANT/REPRESENTATIVE INFORMATION			
Name:			
Email:	Cell:	Work phone:	
Current address:			
City:	State:	ZIP Code:	
OWNER INFORMATION (IF DIFFERENT FROM APPLICANT)			
Name:			
Email:	Cell:	Home phone:	
Current address:			
City:	State:	ZIP Code:	
SITE INFORMATION			
Parcel Identification (SBL) # of all lots included:			
Size of lot(s):			
Zone (Check applicable district): <input type="checkbox"/> RR <input type="checkbox"/> LDR <input type="checkbox"/> RRD <input type="checkbox"/> B1 <input type="checkbox"/> BP <input type="checkbox"/> I <input type="checkbox"/> PDD <input type="checkbox"/> Rt 67 West <input type="checkbox"/> T2 <input type="checkbox"/> T3N <input type="checkbox"/> T3G <input type="checkbox"/> T4 <input type="checkbox"/> T5			
Method of waste disposal: <input type="checkbox"/> Private septic <input type="checkbox"/> Private Sewer Corporation: _____ <input type="checkbox"/> Public Sewer			
Method of waste disposal: <input type="checkbox"/> Private well <input type="checkbox"/> Private water corporation: _____ <input type="checkbox"/> Public Sewer			
Proposed Use: <input type="checkbox"/> Residential Single Family <input type="checkbox"/> Residential Multi-Family <input type="checkbox"/> Commercial: _____			
Will the proposed action create any non-conformity with the terms and regulations of the Town of Stillwater Zoning Law or Subdivision Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date property was acquired by the owner: _____ Name(s) of Previous Owner(s): _____			
Has owner subdivided any portion of the above-described property prior to the date of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate number of parcels _____ What year? _____			
Has a SWPPP been designed in accordance to the General Construction Permit GP-0-15-002 and submitted with this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason: _____			
Is this proposal an amendment or change to an already approved site plan: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Part II:

All applications must be completed by the applicant or a duly authorized representative and submitted to the Planning Department in its entirety.

The Department will notify the applicant or the duly authorized representative when the project is placed on a Board Agenda and he or she MUST be present at that Board meeting for presentation.

SIGNATURES

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/OWNER 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

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.

Part III:

APPLICATION PREPARATION CHECKLIST

To be considered for placement on an agenda, the application must be submitted and deemed complete and must include the Application Fee and the following. Incomplete applications will not be accepted and will be returned to the applicant. Exclusion of any required materials will result in the delay of project review.

DIGITAL COPIES OF ALL MATERIALS ARE MANDATORY. ANY APPLICATION SUBMITTED WITHOUT DIGITAL COPIES OF ALL MATERIALS WILL BE DEEMED INCOMPLETE.

Fifteen (15) printed (and 1 digital) copies of the following materials:

The following materials are required:	Applicant Initials	Internal
Application form		
Written Description of the proposal		
Short or Long Environmental Assessment Form Pursuant to the N.Y.S. State Environmental Quality Review Act (SEQRA). These forms are available at http://www.dec.ny.gov/permits/6191.html		
Maps ***Printed maps must be folded Size of 22x34 inch maximum should be used when practical See Map Preparation Instructions below		
Digital Copies ***Must be on CD, Jump Drive, or downloadable email format		
Public Notice Fee The cost of this fee will be determined by the Planning Board based on the number of notifications required and must be submitted no later than 14 days prior to the meeting		
The following additional items may be necessary following your initial submission:		
Engineering and legal escrow fees To be determined following initial review of the application. This fee must be paid prior to placement on an agenda		
Additional copies of any and all materials submitted for SEQRA or other purposes		

MAP PREPARATION INSTRUCTIONS

Please prepare a map consistent with Town Zoning depicting the following items consistent with the Town Subdivision Regulations, as well as items outlined in the Town Subdivision Design Standards. Copies of these standards are available at <http://www.ecode360.com/11864758>. The Department reserves the right to request any additional items it deems necessary for review. The Board may, at its discretion, require the submission of additional information not specified within these regulations or standards.

MAP MUST INCLUDE:	Applicant initials	Internal
Site plan drawn to scale at one inch equals 50 feet or larger		
All existing and proposed boundary lines		
All existing and proposed easements and Rights of Way		
Existing Zoning Districts and boundaries		
Names and owners of all adjacent properties		
Street names for any existing or proposed roadways		
Federal or State regulated Wetland delineations		
Location and design of all proposed site improvements including drainage, retaining walls, berms, fencing, etc.		
Location of existing or proposed septic systems		
Location of existing or proposed wells		
Contour intervals when appropriate		
North arrow and site location map		
Standard notes as detailed below		
Approval Block as shown below		

Standard Notes: The following notes are the minimum requirement on all plats. Additional notes may be necessary as defined in the Town Subdivision Design Standards, Section 1.12 or as requested by the Planning Board.

1. This property may border a farm, as defined in the Town of Stillwater Local Law #1 of the year 1997. Residents should be aware that farmers have the right to undertake farm practices which may generate dust, odor, smoke, noise and vibration.
2. This proposal includes a total of **[insert parcel area]** ± acres and lies within the Town of Stillwater **[insert zoning district]** zoning district.
 Min lot size: _____ sf
 Min lot width @ bldg line: _____ ft
 Setbacks:
 Front: _____ ft
 Side: _____ ft
 Rear: _____ ft
3. Parcel is identified as tax parcel **[insert tax ID number]**, Town of Stillwater, Saratoga County, New York.
4. The average lot size is **[insert size]** sq. ft.
5. Describe any easements or other restrictions on this property

Town of Stillwater Approval Block:

TOWN OF STILLWATER PLANNING BOARD APPROVAL
 APPROVED BY RESOLUTION OF THE PLANNING BOARD OF THE TOWN OF STILLWATER, NEW YORK, ON THE _____ DAY OF _____, 20____ SUBJECT TO ALL REQUIREMENTS AND CONDITIONS OF SAID RESOLUTION. ANY CHANGES, ERASURES, MODIFICATIONS OR REVISIONS OF THIS PLAT, AS APPROVED, SHALL VOID THIS APPROVAL SIGNED THE _____ DAY OF _____, 20____ BY _____
 PLANNING BOARD CHAIRMAN