



TOWN OF STILLWATER

BUILDING, PLANNING & DEVELOPMENT DEPARTMENT
881 HUDSON AVE, STILLWATER, NY 12170
(518) 664-6148, EXT. 215

**Application for
Major Subdivision
Fee: \$300.00 per lot**

OFFICE USE ONLY

Project # _____

\$300 per lot Fee Paid

Rec'd by: _____ / / 2020

PROJECT INFORMATION

Project Name:

Address/Location:

APPLICANT/REPRESENTATIVE INFORMATION

Name:

Phone:

Email:

Address:

City:

State:

Zip:

Owner (if different from applicant):

Phone:

Email:

Address:

City:

State:

Zip:

SITE INFORMATION

Parcel Identification (SBL) # of all lots included:

Number of new lots proposed:

Zoning District:

Size of existing lot(s): _____ acres, _____ acres, _____ acres, _____ acres, _____ acres, _____ acres

Size of proposed lots: _____ acres, _____ acres, _____ acres, _____ acres, _____ acres, _____ acres

Or size range of proposed lots: _____

Proposed Use:

Has owner subdivided any portion of the above-described property prior to the date of this application? Yes No If yes, indicate number of parcels _____ Date: _____

Lot Coverage (acres):

Open Space (acres):

Setbacks Proposed: Front: _____ ft Rear: _____ ft Side: _____ ft

Frontage:

Total Proposed Disturbance:

Building Size:

SWPPP Prepared:

SIGNATURES

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.

Signature

Date

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 above referenced lot(s) hereby designates _____ as my agent regarding this application for review. Signature: _____

APPLICATION PREPARATION CHECKLIST

Applications must be submitted along with the Application Fee and deemed complete by the department to be considered for placement on an agenda. 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.

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

The following materials are required:	Applicant Initials
Application form	
<p>Written Description of the proposal to include: Evidence of how the developer's particular mix of land uses meets existing community demands. A general statement as to how common open space is to be owned and maintained. How the plan is in conformance with the Town's Comprehensive Plan A fiscal impact analysis identifying projected short- and long-term impacts on municipal and school district budgets.</p>	
<p>If the development is to be phased a general indication of how the phasing is to proceed. Whether or not the development is to be phased, the sketch plan of this section shall show the intended total project.</p>	
<p>Long Environmental Assessment Form Pursuant to the N.Y.S. State Environmental Quality Review Act (SEQRA).</p>	
<p>Agricultural Data Statement (If Required)</p>	
<p>Maps***Printed maps must be folded Size of 22x34 inch maximum should be used when practical See Map Preparation Instructions below</p>	
<p>Digital Copies***Must be on CD, Jump Drive, or downloadable email format DIGITAL COPIES OF ALL MATERIALS ARE MANDATORY. ANY APPLICATION SUBMITTED WITHOUT DIGITAL COPIES OF ALL MATERIALS WILL BE DEEMED INCOMPLETE</p>	
OFFICE USE ONLY	
<p>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</p>	
<p>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</p>	
<p>Additional copies of any and all materials submitted for SEQRA or other purposes</p>	

MAP PREPARATION INSTRUCTIONS

MAP MUST INCLUDE:	Applicant initials
Site plan drawn to scale at one inch equals 50 feet or larger.	
All existing and proposed boundary lines	
Include one sheet showing the overall plan	
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 waste water treatment	
Location of existing or proposed water supply	
Location of the various uses and their areas	
Delineation of proposed uses	
Proposed Open Space system	
Overall drainage system	
Topographic map with intervals of 10ft	
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