

TOWN OF YORKTOWN PLANNING BOARD

Albert A. Capellini Community and Cultural Center, 1974 Commerce Street, Yorktown Heights, New York 10598, Phone (914) 962-6565, Fax (914) 962-3986

APPLICATION FOR SITE PLAN APPROVAL

Date _____

1. Name of Project: _____

2. Tax Map Designation (Section, Block, Lot) _____

3. Zone: _____ Total Acreage: _____

4. Is a statement of easements relating to property attached? Yes None exist

5. Project narrative (brief description of proposed development):

6. Contact Person - CHOOSE ONLY ONE:

Applicant
Attorney

Owner
Engineer

Architect
Surveyor

Wetland Scientist
Landscape Architect

7. Applicant

Name _____

Firm _____

Address _____

Phone _____

Fax _____

Email _____

8. Owner of Record

Name _____

Firm _____

Address _____

Phone _____

Fax _____

Email _____

9. Attorney

Name _____
Firm _____
Address _____
Phone _____
Fax _____
Email _____

10. Engineer

Name _____
Firm _____
Address _____
Phone _____
Fax _____
Email _____
Lic. No. _____

11. Surveyor

Name _____
Firm _____
Address _____
Phone _____
Fax _____
Email _____
Lic. No. _____

12. Architect

Name _____
Firm _____
Address _____
Phone _____
Fax _____
Email _____
Lic. No. _____

13. Wetland Scientist/Specialist

Name _____
Firm _____
Address _____
Phone _____
Fax _____
Email _____

14. Landscape Architect

Name _____
Firm _____
Address _____
Phone _____
Fax _____
Email _____
Lic. No. _____

15. Is this project within 500 feet of the Town line? Yes No
16. Is this project within 500 feet of the Putnam County line? Yes No
17. Is this project within the Sustainable Development Study Area? Yes No

18. Is this project within 500 feet of:

- The right-of-way of any existing or proposed state or county road? Yes No
The boundary of an existing or proposed state or county park or any state or county recreation area? Yes No
The boundary of state or county-owned land on which a public building/institution is located? Yes No
An existing or proposed county drainage line? Yes No
The boundary of a farm located in an agricultural district? Yes No

19. Does the entire development plan for this project propose the disturbance of more than 5,000 SF of land? Note: If project is phased, include all phases in determination. Yes No

20. This project requires the following permits or approvals from the Town of Yorktown:

Wetland Permit
Stormwater Permit
Tree Permit
Planning Board special permit: _____
Town Board variance or approval: _____
Zoning Board of Appeals variance or special permit: _____

21. This project requires the following permits or approvals from other outside agencies:

Westchester County Board of Health

NYC DEP

NYS DEC

Other: _____

22. This parcel is in the following districts:

School District _____ Water District _____

Fire District _____ Sewer District _____

A Short or Full EAF with the original signature of the applicant must be attached to this application when submitted.

The applicant agrees to comply with the requirements of the Road Specifications, the Land Use Regulations, Zoning Ordinance, Tree Removal and Excavation ordinance, and any additions or amendments thereto.

The applicant agrees to execution and delivery of deeds and required documents for reserved parks/recreation/open space/drainage control, roads and road widening strips and descriptions of easements at the time of the public hearing. Such execution and delivery shall not operate to vest title of said property in the Town of Yorktown until such dedication is accepted in the form of a resolution adopted by the Town Board at a regular meeting of said Board.

The execution and delivery of the deeds to the roads in the proposed subdivision as provided for by the terms of the deeds to the roads in the proposed subdivision as provided for by the terms of the approving resolution shall not operate to vest title of said roads in the Town of Yorktown until such deed is accepted in the form of a resolution adopted by the Town Board at regular meeting of said Board.

Applicant

Owner of Record

NAME (PLEASE PRINT)

NAME (PLEASE PRINT)

SIGNATURE

SIGNATURE

DATE

DATE

Note: If the property owner is not the applicant for this application, in addition to the signature above, the owner of the property must also complete and have notarized one of the owner affidavits on the following page.

Note: By signing this document the owner of the subject property grants permission for Town Officials to enter the property for the purpose of reviewing this application.

REFER TO AFFIDAVITS ON THE FOLLOWING PAGES

ONE OF THE FOLLOWING AFFIDAVITS MUST BE COMPLETED

AFFIDAVIT TO BE COMPLETED BY OWNER, OTHER THAN CORPORATION

STATE OF NEW YORK; COUNTY OF WESTCHESTER SS. :

_____, being duly sworn, deposes and says that he is the owner in fee of the property described in the foregoing application for consideration of preliminary plat, and that the statements contained therein are true to the best of his knowledge and belief.

Sworn before me this _____ date of _____, 20 __

Notary Public

AFFIDAVIT TO BE COMPLETED BY CORPORATION OWNER

STATE OF NEW YORK; COUNTY OF WESTCHESTER SS. :

_____, being duly sworn, deposes and says that he resides at _____ in the County of _____ and State of _____. That he is the _____ of _____ the corporation which is owner in fee of the property described in the foregoing application for _____ and that the statements contained therein are true to the best of his knowledge and belief.

Sworn before me this _____ date of _____, 20 __

Notary Public

AFFIDAVIT TO BE COMPLETED BY AGENT OF OWNER

STATE OF NEW YORK; COUNTY OF WESTCHESTER SS. :

_____, being duly sworn, deposes and says that he is the agent named in the foregoing application for _____ and that he has been duly authorized by the owner in fee to make such application and that foregoing statements are true to the best of his knowledge and belief.

Sworn before me this _____ date of _____, 20 __

Notary Public

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Last updated: December 2011