

# TOWN OF YORKTOWN

## TOWN BOARD

Yorktown Town Hall, 363 Underhill Avenue, Yorktown Heights, New York 10598, Phone (914) 962-5722, Fax (914) 962-6591

### APPLICATION FOR SITE PLAN APPROVAL

Pursuant to Town of Yorktown Town Code Chapter 300  
Article VII Permitted Special Uses or Article VIII Special Districts

Date \_\_\_\_\_

1. Name of Project: \_\_\_\_\_

2. Location: (Section-Block-Lot) \_\_\_\_\_

Street Address or Adjacent Street: \_\_\_\_\_

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:

- |                                    |                                   |                                    |  |
|------------------------------------|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Applicant | <input type="checkbox"/> Owner    | <input type="checkbox"/> Architect | <input type="checkbox"/> Wetland Scientist   |
| <input type="checkbox"/> Attorney  | <input type="checkbox"/> Engineer | <input type="checkbox"/> Surveyor  | <input type="checkbox"/> 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 the NYC DEP Watershed?**  Yes  No

**If yes, is this project within a Designated Main Street Area?**  Yes  No

**19. 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

**20. 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

**21. 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 Special Permit: \_\_\_\_\_
- Zoning Board of Appeals Variance or Special Permit: \_\_\_\_\_

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

- Westchester County Board of Health
- NYC DEP
- NYS DEC
- Other: \_\_\_\_\_

**23. 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 or project sponsor must be attached to this application when submitted.**

**The applicant agrees to comply with the requirements of the Road Specifications, the Land Use Regulations, Special Permit Requirements, Zoning Ordinance, Lighting Ordinance, Tree Removal and Stormwater Ordinance, and any additions or amendments thereto.**

**The applicant agrees to execution and delivery of deeds and required documents for reserved 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.**

-----

**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

F:\Office\WordPerfect\APPLICATION FORMS\APPSITEPLANTB.wpd  
Last updated: August 2013