

Town of Stony Point

Department of Planning

74 EAST MAIN STREET
STONY POINT, NEW YORK 10980

Tel: (845) 786-2716 x 113

planning@townofstonypoint.org

Fax: (845) 786-5138

APPLICATION CHECKLIST

1. Fees: Planning Board Fees to be deposited with the Planning Board Clerk.
Escrow money for Town Consultants to be deposited with the Principal Account Clerk.
2. Violation Search.
3. Surrounding property owners from the Assessors Office.
4. 10 copies of map
10 copies of application
10 copies of Environmental Assessment Form
PDF of submitted application, map and EAF
5. 1st Thursday of the month is the DEADLINE for all material To be submitted for that month's Planning Board Meeting.
2nd Thursday of the month is the TAC MEETING, held at The Community Center at Patriot Hills, 19 Clubhouse Lane at 1:00 P.M.
4th Thursday of the month is the Planning Board Meeting held at the Senior and Community Center at Patriot Hills, 19 Clubhouse Lane, Stony Point, New York, at 7:00 P.M.

Town of Stony Point

Department of Planning

74 EAST MAIN STREET
STONY POINT, NEW YORK 10980

Tel: (845) 786-2716 x 113

planning@townofstonypoint.org

Fax: (845) 786-5138

REQUEST FOR VIOLATION SEARCH INSTRUCTIONS

1. Please fill out the violation search request form and submit it to the Building Department with a check for \$150.00 made out to the Town of Stony Point. Search results must be included in your Planning Board application.

Town of Stony Point
74 East Main Street
Stony Point, NY 10980



John C. Hager
Building Inspector
(Ph.) 845-786-2716

Request Form

Date of Request: _____

SBL: _____ - _____ - _____

Address: _____

Property Owner: _____

Please Check Appropriate Request(s):

_____ Copy of Certificate of Occupancy
For Original Dwelling

Building Permit Number: _____

****NOTE: APPLICANT SHOULD SUBMIT APPROPRIATE BUILDING PERMIT NUMBERS**

Search Report

INCLUDES COPIES OF ALL CERTIFICATE(S) OF OCCUPANCY:
A VIOLATION REPORT; AFFIDAVIT OF PROPERTY PRE-DATES
BUILDING & ZONING CODES; STREET CLASSIFICATION IF REQUIRED

Street Classification: Yes _____ No _____

Listed By:

Name _____ Agency _____

Mailing Address: _____

Email: _____

Phone: _____

****Checks payable to Town of Stony Point**

PLANNING BOARD FEES

SUBDIVISION FEES:

Sketch	\$300.00
Plus Per lot	\$200.00
Preliminary	\$300.00
Plus Public Hearing if held	\$40.00
Plus Per lot	\$200.00
Extension of Preliminary	\$25.00
Final	\$350.00
Plus Public Hearing	\$40.00
Plus Per lot	\$200.00
Amended Subdivision	\$100.00
Plus Public Hearing if Held	\$40.00
Re-Approval of Subdivision Map	\$ 25.00
Lot Line Change	\$200.00
SEQRA	\$300.00

Subdivision Fees Continue:

Engineering Inspection Fee 6% up to one million cost improvements and 2% there after

Money in Lieu of Land \$6,000.00

\$3,000 prior to signing of subdivision map and

\$3,000 upon application of Building Permit

Or total on map signing

Payment in Lieu of Shade Trees \$500.00

SITE PLAN FEES:

Per 1,000 Square Foot up to 40,000 sq. ft. \$150.00

Each additional 1,000 square foot \$50.00

***** Need to Check Per Unit \$150.00

Final Site Plan \$300.00

Revised Site Plan \$300.00

Plus\$5.00 per 100 square feet of Site Area

Public Hearing Publication \$40.00

Site Plans for development of property which does not include construction of buildings fee will be \$50.00 per 1,000 square feet

Conditional Use \$300.00

SEQRA \$300.00

Senior Citizen or Mobile Home \$4,000.00

Multiple Residences over 4 or more

Engineering Inspection Fee 6% up to one million cost improvements and 2% there after

Applications regarding recreational vehicles \$100.00

APPLICATION REVIEW FORM

PART I

Name of Municipality _____ Date _____

Please check all that apply:

<input type="checkbox"/> Planning Board	<input type="checkbox"/> Municipal Board
<input type="checkbox"/> Zoning Board of Appeals* <i>(Fill out Part II of this form)</i>	<input type="checkbox"/> Historical Board
	<input type="checkbox"/> Architectural Board
<input type="checkbox"/> Subdivision _____ # of Lots _____	<input type="checkbox"/> Pre-preliminary/Sketch
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Special Permit	<input type="checkbox"/> Final
<input type="checkbox"/> Conditional Use	
<input type="checkbox"/> Zoning Code Amendment	
<input type="checkbox"/> Zone Change	
<input type="checkbox"/> Variance	

Project Name: _____

Tax Map Designation:

Section _____ Block _____ Lot(s) _____

Section _____ Block _____ Lot(s) _____

Location: On the _____ side of _____,
_____ feet _____ of _____ in the
town/village of _____.

Street Address: _____

Acreage of Parcel _____ Zoning District _____

School District _____ Postal District _____

Fire District _____ Ambulance District _____

Water District _____ Sewer District _____

Project Description: *(If additional space required, please attach a narrative summary.)*

APPLICATION REVIEW FORM

If subdivision:

- 1) Is any variance from the subdivision regulations required? _____
- 2) Is any open space being offered? ____ If so, what amount? _____
- 3) Is this a standard or average density subdivision? _____

If site plan:

- 1) Existing square footage _____
- 2) Total square footage _____
- 3) Number of dwelling units _____

If **special permit**, list special permit use and what the property will be used for.

Environmental Constraints:

Are there **slopes greater than 25%**? If yes, please indicate the amount and show the gross and net area. _____

Are there **streams** on the site? If yes, please provide the names. _____

Are there **wetlands** on the site? If yes, please provide the names and type. _____

Project History: Has this project ever been reviewed before? _____

If so, provide a narrative, including the list case number, name, date, and the board(s) you appeared before, and the status of any previous approvals.

List tax map section, block & lot numbers for all other abutting properties in the same ownership as this project.

APPLICATION REVIEW FORM

Contact Information:

Applicant: _____ Phone # _____

Address _____
Street Name & Number (Post Office) State Zip code

Property Owner: _____ Phone # _____

Address _____
Street Name & Number (Post Office) State Zip code

Engineer/Architect/Surveyor: _____ Phone # _____

Address _____
Street Name & Number (Post Office) State Zip code

Attorney: _____ Phone # _____

Address _____
Street Name & Number (Post Office) State Zip code

Contact Person: _____ Phone # _____

Address _____
Street Name & Number (Post Office) State Zip code

General Municipal Law Review:

This property is within 500 feet of:
(Check all that apply)

IF ANY ITEM IS CHECKED, A REVIEW MUST BE DONE BY THE ROCKLAND COUNTY COMMISSIONER OF PLANNING UNDER THE STATE GENERAL MUNICIPAL LAW, SECTIONS 239 L, M, N, AND NN.

_____ State or County Road

_____ State or County Park

_____ Long Path

_____ County Stream

_____ Municipal Boundary

_____ County Facility

List name(s) of facility checked above. _____

Referral Agencies: *(Please make sure that the appropriate agencies as needed received copies of your application and plans for their review.)*

_____ RC Highway Department

_____ RC Division of Environmental Resources

_____ RC Drainage Agency

_____ RC Dept. of Health

_____ NYS Dept. of Transportation

_____ NYS Dept. of Environmental Conservation

_____ NYS Thruway Authority

_____ Palisades Interstate Park Comm.

_____ Adjacent Municipality _____

_____ Other _____

APPLICATION REVIEW FORM

Applicant's Combined Affidavit and Certification

State of New York)
County of Rockland) ss.:
Town/Village of _____)

_____, being duly sworn, deposes and says:
Applicant's Name

I am the applicant in this matter. I make these statements to induce the Town/Village of _____, its boards, commissions, officers, employees, and consultants, to entertain my application, knowing that the Town/Village will rely upon the statements made herein.

1. Verification of Facts. All statements contained in this application and in all documents, drawings, writings, and other communications submitted in connection with this application are true.

2. Consent to Enter. I hereby give permission to members of said boards and/or supporting staff to visit the property in question at a reasonable time during the day.

3. Affidavit Pursuant to General Municipal Law Section 809. All the following statements and the statements contained in the papers submitted herewith are true and the nature and extent of any interests set forth are disclosed to the extent that they are known to the applicant.

A. I certify that I am the owner, officer, member or agent of owner, of all that certain lot, piece or parcel of land and/or building described in this application **and if not the owner that he has been duly and properly authorized to make this application and to assume responsibility for the owner** in connection with this application for the relief below set forth:

B. There is no state officer, Rockland County officer or employee or town/village officer or employee nor his or her spouse, brother, sister, parent, child or grandchild, or a spouse of any of these relatives who is the applicant or who has an interest in the person, partnership or association making this application, petition or request, or is an officer, director, partner or employee of the applicant, or that such officer or employee, if this applicant is a corporation, legally or beneficially owns or controls any stock of the applicant in excess of 5% of the total of the corporation if its stock is listed on the New

APPLICATION REVIEW FORM

York or American Stock Exchanges; or is a member or partner of the applicant, if the applicant is an association or a partnership; nor that such town/village officer or employee nor any member of his family in any of the foregoing classes is a party to an agreement with the applicant, express or implied, whereby such officer or employee may receive any payment or other benefit, whether or not for service rendered, which is dependent or contingent upon the favorable approval of this application, petition or request.

C. To the extent that the same is known to your applicant, and to the owner of the subject premises **there is disclosed herewith** the interest of the following officer or employee of the State of New York or the County of Rockland or of the Town/Village of _____ in the petition, request or application or in the property or subject matter to which it relates:

(if none, so state)

- a. Name and address of officer or employee _____

- b. Nature of interest _____
- c. If stockholder, number of shares _____
- d. If officer or partner, nature of office and name of partnership _____
- e. If a spouse or brother, sister, parent, child, grandchild or the spouse of any of these blood relatives of such state, county or town/village officer or employee, state name and address of such relative and nature of relationship to officer and employee and nature and extent of office, interest or participation or association having an interest in such ownership or in any business entity sharing in such ownership. _____

f. In the event of corporate or limited liability company ownership: A list of all directors, officers and stockholders of each corporation or members of each limited liability company owning more than five (5%) percent of any class of stock or more than five (5%) percent beneficial interest, must be attached, if any of these are officers or employees of the State of New York, or of the County of Rockland, or of the Village of Montebello.

D. I do hereby depose and say that all the above statements and statements contained in the papers submitted herewith are true, knowing that a person who knowingly and intentionally violates this section is guilty of a misdemeanor.

APPLICATION REVIEW FORM

4. Reimbursement for Professional Consulting Services. I understand that the Town/Village Board, Planning Board, Zoning Board of Appeals, and other municipal boards, in the review of any application described above, may refer any such application presented to it to such engineering, planning, environmental or other technical consultant as such Board shall deem reasonably necessary to enable it to review such application as required by law. The charges made by such consultants shall be in accord with charges usually made for such services in the metropolitan New York region or pursuant to an existing contractual agreement between the town/village and each such consultant for the cost of such consultant services upon receipt of the bill.

***The following two paragraphs are optional to add if your municipality establishes escrow accounts:*

(I agree to establish an escrow account with the Town/Village of _____ from which these consultants' fees will be paid. The escrow account will not draw interest, and will be replenished upon notification by the Town/Village. Any additional sums needed to pay the Town's/Village's consultants shall be paid prior to final action on the application. The Town/Village may suspend processing of the application if there is a deficiency in the escrow account.

Permits will not be issued and site plan or subdivision will not be signed until bill is paid in full. Any sums remaining in the escrow account after the consultants have been paid in full will be returned to the applicant. The applicant has the right to examine escrow and payment records upon prior written notice to the Town/Village.)

Applicant's Signature _____

Print Applicant's Name _____

SWORN to before me this _____ day of _____, 20____

Notary Public

APPLICATION REVIEW FORM

Affidavit of Ownership/Owner's Consent

State of New York)
County of Rockland) SS.:
Town/Village of _____)

I, _____ being duly sworn, hereby
depose and say that I reside at: _____

in the county of _____ in the state of _____.

I am the (* _____) owner in fee simple of premises located at:

described in a certain deed of said premises recorded in the Rockland County Clerk's
Office in Liber _____ of conveyances, page _____ or as Instrument ID # _____

Said premises have been in my/its possession since _____. Said premises are also
known and designated on the Town of _____ Tax Map as:
section _____ block _____ lot(s) _____.

I hereby authorize the within application on my behalf, and that the statements of fact
contained in said application are true, and agree to be bound by the determination of the
board.

Owner _____
Mailing Address _____

SWORN to before this
_____ day of _____, 20_____

Notary Public

* If owner is a corporation or LLC, fill in the office held by deponent and name of
corporation or LLC, and provide a list of all directors, officers, and stockholders
owning more than 5% of any class of stock and all members having greater than 5%
beneficial interest.

APPLICATION REVIEW FORM

Owners of Nearby Properties:

That the following are all of the owners of property _____(distance) from the premises as to which this application is being taken.

SECTION/BLOCK/LOT NAME ADDRESS

Table with 3 columns: SECTION/BLOCK/LOT, NAME, ADDRESS. Multiple empty rows for data entry.

(use additional paper if needed)

SWORN to before this

_____ day of _____, 20_____

Notary Public