



Town of Clifton Park

Planning Board Review Submittal Checklist

Submittal Date: _____

Project Name: _____

Requested Meeting Date: _____

Please Check Type of Submission below:

Applicant Internal

#	CONCEPT REVIEW	Total Copies Needed	Applicant	Internal
02	Application	17		
03	Billing Contact Form	1		
04	EAF [Circle one: LONG SHORT]	17		
05	Owner Authorization	1		
06	Ethics	1		
07	Postal Verification Form	1		
08	Agricultural Data	17		
separate checks {	Concept Review Fee (payable to Town of Clifton Park)	\$ _____		
	Engineering Fee (payable to Town of Clifton Park)	\$ _____		
	Site Plan/ Subdivision Plan (FOLDED)	10 11x17" and 10 large		
	All pages in TIF Format or \$25.00	1 DVD or \$ 25.00		

separate checks {

REVISED CONCEPT REVIEW (if applicable)		previously seen on :		
	Review Fee (payable to Town of Clifton Park)	\$ _____		
	Engineering Fee (payable to Town of Clifton Park)	\$ _____		
	Site Plan/ Subdivision Plan (FOLDED)	10 11x17" and 10 large		
	Correspondence/Response Comments	17 copies		
	All pages in TIF Format or \$25.00	1 DVD or \$ 25.00		

separate checks {

PRELIMINARY/FINAL REVIEW		previously seen on :		
	Review Fee (payable to Town of Clifton Park)	\$ _____		
	Engineering Fee (payable to Town of Clifton Park)	\$ _____		
	Site Plan/ Subdivision Plan (FOLDED)	10 11x17" and 7 large		
09	500' Notification Request or Proof of Mailing	\$50.00 or Proof		
	Correspondence/Response Comments	17 copies		
	All pages in TIF Format or \$25.00	1 DVD or \$ 25.00		

STORMWATER - Required by Preliminary Review				
	SWPP Narrative Summary	17		
10	SWPP Checklist	2		
11	Stormwater Cert Part A	2		
12	Stormwater Cert Part B	2		
13	Stormwater Cert Part C	2		
14	Stormwater Control Maintenance Agreement	2		
	Erosion Control Plan	2		
	All pages in TIF Format or \$25.00	1 DVD or \$ 25.00		

FINAL PLANS FOR STAMPING		previously seen on :		
	Final Conditions Addressed per review letter	Yes No		
	Outstanding Engineering Fee	\$ _____		
	Site Plan (FOLDED) OR	7 Paper		
	Subdivision Plan (FOLDED)	2 Mylar and 7 Paper		
	TIF Format (Scanned after stamping) or \$25.00	1 DVD or \$ 25.00		

Other Final Fees Please circle below:
 Site Inspection Security Deposit L.O.C. GIS Parkland GEIS

* By checking each box, the applicant is certifying that the required item is included with the submittal. If an item is not included with the submittal, the package will not be accepted nor placed on the agenda.

* I acknowledge that I have received the application for Planning Board Review from the Town of Clifton Park. I have received the Director's Memo advising me of steps necessary to obtain Planning Board Approval within the Town of Clifton Park and agree to submit all necessary documentation and/or fees for pursuing said approval.

01 THIS SHEET MUST ACCOMPANY EACH SUBMITTAL

Submitted by: _____

**TOWN OF CLIFTON PARK PLANNING BOARD
APPLICATION FOR SITE PLAN REVIEW**

NAME OF SITE PLAN: _____

ADDRESS: _____ TAX MAP (SBL) #: _____

DESCRIPTION: Total Acreage: _____ Current Zoning: _____

Building Area: _____ Total # Parking Spaces: _____

WATER PROVISIONS: Well () Existing Water Hookup () New Water Hookup ()

Service Area: Clifton Park Water Dist. #1 () Rexford Water Dist. #2 ()

Distance to Nearest Water Line: _____

SANITARY PROVISIONS: _____

(Note: NYS Uniform Code requires connection to water or sanitary supply if available within 100' in a residential zone and 500' in a commercial zone.)

WILL THIS PROJECT INVOLVE IDA FUNDING/SPONSORSHIP? yes () no ()

NARRATIVE DESCRIPTION: _____

APPLICANT: Name: _____ Tax Id./SS #: _____

Address: _____

Phone: _____ Fax: _____ Signature/Date: _____

Email: _____

OWNER: Name: _____ Phone: _____ Fax: _____

Address: _____

ENGINEER/L.A. ARCH: Name: _____ Lic. #: _____

Address: _____ Phone: _____ Fax: _____

Email: _____

SURVEYOR: Name: _____ Lic #: _____

Address: _____ Phone: _____ Fax: _____

Email: _____

FOR ADDITIONAL INFORMATION, CALL THE PLANNING DEPT.: 518-371-6054

Billing Contact Form

Please note it is the applicant's responsibility to keep the Billing Contact information up to date with the Planning Department. Complete only Part I with any new submittal package and make sure the address accurately reflects the proper mailing address. If you are revising the Billing Contact information please complete both Parts I & II.

Part I		
I will be the Billing Contact for this Project: _____		
Project Name		
Contact: _____		
_____ Signature of Billing Contact		_____ Date
Organization: _____		
Mailing Address: _____		
Town: _____	State: _____	Zip: _____
Phone: _____	Fax: _____	
Email: _____		

Part II - Revised Billing Information (For changes to Billing Contacts ONLY)		
I _____, by completing this Part II Section of the		
Print Name		
Billing Contact Form, allow for the project's original Billing Contact Form to be edited and updated to reflect the current information reflected in Parts I & II of this form.		
_____ Signature of Billing Contact		_____ Date
Organization: _____		
Mailing Address: _____		
Town: _____	State: _____	Zip: _____
Phone: _____	Fax: _____	
Email: _____		

Appendix C
State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
For UNLISTED ACTIONS Only

PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: _____ Date: _____ Signature: _____	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

**OWNER AUTHORIZATION FOR
SITE PLAN/SUBDIVISION REVIEW**

The undersigned, who is the owner/contract vendee of the premises known as _____
_____, and identified as Tax Map # _____

, hereby authorizes _____ to bring the application herein
before the Planning Board of the Town of Clifton Park for site plan review/subdivision approval.

The undersigned further permits the Town or its authorized representative access to the property to
review existing site conditions during the review process.

STATE OF NEW YORK)
COUNTY OF SARATOGA)SS.

On this _____ day of _____, Two Thousand and _____, before me, the subscriber,
personally appeared _____ to me
personally known and known to me to be the same person described in and who executed the
within Instrument, and he acknowledged to me that he executed the same.

Owner/Contract Vendee

Notary Public



Town of Clifton Park

Applicant Ethics Disclosure Form

APPLICANT ETHICS DISCLOSURE FORM

(Local Law # 16, 1989: Section 9; As Amended by Local Law #5, 1992)

Any person who submits an application, petition, bid, or request to the Town must fill out this form and give it to the Town Clerk at the time of application. Please answer all questions.

Name of Applicant, Petitioner, or Bidder: _____

Address: _____

Name of Application, Petition, or Bid: _____

1. Have you contributed at least \$100 (one hundred dollars) or more during the previous sixty months (5 Years) to any Town employee or officer? If so, list the names of such Town employee(s) or officer(s).

2. Is there any Town officer or employee who both:
 - a. is required, individually or in a group, to take any kind of action (other than a ministerial act*) on your application; and:
 - b. has an interest* in your application? If so, list the Town employee's or officer's names:

3. If you filled in any names for question 2 above, please fully describe in what way and to what extent each Town employee or officer you named "has an interest":

Signed: _____

Dated: _____

* "Ministerial Act" means an action performed in a prescribed manner imposed by law without the exercise of judgement or discretion as to the propriety of the action.

* "has an interest" means that the Town employee or officer, or his/her spouse (a) is you; (b) is a family member of yours; (c) is an officer, director, partner, member, or employee of yours; (d) owns or controls more than 5% (five percent) of the stock in your company; or (e) will receive in any way a financial or material benefit if the Town approves this application.

Original to Town Clerk

Town Clerk: please forward copy to the Town Ethics Board upon receipt

1/2012

Town of Clifton Park

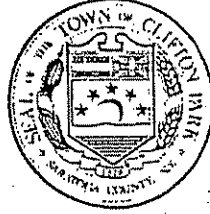
One Town Hall Plaza
Clifton Park, New York 12065
(518) 371-6702
FAX: (518) 383-2668

Department of Building & Development

SBL# _____

ESN# _____

PO _____



POSTAL VERIFICATION FORM

Date: _____

APPLICANT: _____ Phone/Fax#: _____

Subdivision/Site Plan/

Project Name: _____

Street Name(s): _____

SUBMIT TO: Clifton Park Building Department
Attn: Sheryl Reed
1 Town Hall Plaza
Clifton Park, NY 12065

FAX #: 383-2668

TO BE COMPLETED BY BUILDING DEPARTMENT

Postal Numbers Assigned Per Lot by Fire Prevention: _____

Inspector's Signature: _____

Verified or Changed by Post Office: _____

Post Office Branch _____

Authorized Signature _____

1

AGRICULTURAL DATA STATEMENT AND CONTROL FORM

Town of _____ Tax Parcel No. _____
(section) (block) (lot)

Consolidated Agricultural District No. 1 or 2 Street Name _____
(circle)

NOTE: Section 283-a of the Town Law (effective July 1, 1993) requires that any application for a Special Permit, Site Plan Approval, Use Variance or Subdivision Approval on property within an Agricultural District containing a farm operation, or on property with boundaries within five hundred (500) feet of a farm operation that is located in an Agricultural District, include an Agricultural Data Statement. All applications requiring an Agricultural Data Statement must be referred to the Saratoga County Planning Board in accordance with amended section 239-m and 239-n of the General Municipal Law (effective July 1, 1993).

Part I: Agricultural Data Statement

Name of Applicant _____

Mailing Address _____

Description of Project _____

Names and addresses of those owners of land within Consolidated Agricultural District No. _____ that contain farm operations and are located within five hundred (500) feet of the project property:

1. _____

2. _____

3. _____

4. _____

5. _____

Attach to this form a copy of a tax map showing the site of the proposed project relative to the location of farm operations identified above. Farm Operations are defined as "...the land used in agricultural production, farm buildings, equipment and farm residential buildings" according to Section 301, Article 25 AA of the Agricultural and Markets Law.



Town of Clifton Park

Planning Department

One Town Hall Plaza | Clifton Park, New York 12065 | (518) 371-6054 | FAX:

REQUEST FORM FOR 500' NOTIFICATION INFORMATION

DATE: _____

I am requesting a list of property owners within 500' of the property listed below:

Property Tax Map No.: _____

Property Address: _____

Owner Name: _____

I agree to pay fees for this information based on §103-15.2 of the Town Code, as follows:

minimum charge \$50.00

In return for payment I expect to receive the following:

1. an 8 1/2" x 11" map showing the 500' buffer around the parcel
2. a list of the parcels with owners names and addresses
3. (2) sets of mailing labels

(This information is deemed reliable based on the most current tax information available but is not guaranteed.)

SIGNATURE: _____

(please print)

NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

FOR OFFICE USE

Date Request Received: _____

Date Request Filled: _____

FEE FOR THIS APPLICATION:

of Parcels _____

FEE COLLECTED: _____