TOWN OF ULSTER PLANNING BOARD

584 EAST CHESTER STREET BYPASS, KINGSTON, NY 12401
PHONE: 845-340-3884 Email: Planningzoning@townofulster.ny.gov

APPLICATION FOR SITE PLAN/SPECIAL USE PERMIT

Date _____

Applicant's Name _____ Phone _____

Company Name _____

Address _____

Email _____

Owner's Name _____ Phone _____

Address _____

Email _____

Site Address: _____

SBL (Section, Block & Lot) _____

Acreage of Parcel _____ Zoning District _____

Is the site located in an existing municipal water district? □ Yes □ No

Is the site located in an existing municipal sewer district? □ Yes □ No

The following documents shall be submitted with the application:

Written Narrative describing the proposed action (one page preferred)

Site Plan per Chapter 145 of the Code of the Town of Ulster (Contact Planning Department for number of copies.) All submissions shall bear a signature, seal, and license number of professional responsible for preparing each item.

Electronic copy of all documents

Signed SEQRA Environmental Assessment Form (EAF), Part 1

Filing Fee and Escrow, with signed escrow agreement

Additional items may be required.

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ALL DOCUMENTS MUST BE SUBMITTED 3 WEEKS PRIOR TO THE MEETING. SEE WEBSITE FOR DATES.

Based on documentation available from the New York State Department of Environmental Conservation (NYSDEC), lands throughout the Town of Ulster are known to be, or have the potential to be, habitat for two (2) protected wildlife species: the Bald Eagle, and the Northern Long-eared Bat. Applicants should be aware of this protection and the standards that limit land development or land use changes on, or in proximity to, the habitat of these species.

I, _____, give my permission for _____ to act as my agent in all aspects of my application that has been submitted to the Town of Ulster Planning Board.

I Hereby give permission to the Town or the Town's legal representative to visit the site and conduct an on-site inspection.

I understand that my agent will attend all meetings on my behalf and act as a liaison between myself and the Planning Board.

_____ _____

Owner's Signature **Date**

Received on: _____

File #: _____

TOWN OF ULSTER , NEW YORK

APPLICATION CONTACT LIST

Application Type (check one) ☐ **SITE PLAN** ☐ **SPECIAL PERMIT** ☐ **SUBDIVISION**

Project Name | *Zoning District*

Site Location | *Section* *Block* *Lot*

Engineer's Name *Company*

Phone *Fax* *Email*

Surveyor's Name *Company*

Phone *Fax* *Email*

Applicant's Name *Address*

Phone *Fax* *Email*

Owner's Name *Address*

Phone *Fax* *Email*

ADDITIONAL CONTACT INFORMATION (i.e.: if more than one lot is involved, include second owner information)

Name *Relationship to Application* *Address*

Phone *Fax* *Email*

WHO WILL BE THE PRIMARY CONTACT FOR THIS APPLICATION? _____

AT LEAST ONE MEMBER OF THE PROJECT TEAM SHOULD BE PRESENT AT EACH MEETING THAT THE APPLICATION WILL BE DISCUSSED AT. REVIEW MEMORANDUM PREPARED BY THE TOWN'S CONSULTANTS WILL BE PROVIDED TO THE APPLICANT PRIOR TO THE MEETING. A FULL RESPONSE TO RECEIVED COMMENTS IS NOT ANTICIPATED TO BE PROVIDED AT THE MEETING. ONCE THE BOARD HAS DICUSED THE APPLICAITON AND RELATED REVIEW MEMORANDA, THE APPLICANT WILL BE EXPECTED TO PREPARE REVISED PLANS AND MATERIALS WHICH ADDRESS THE COMMENTS OF THE BOARD AND ITS CONLUSTANTS AS MAY BE DIRECTED.

NOTE: ***THE DEADLINE FOR SUBMITTING NEW AND REVISED MATERIALS IS THE FIRST THURSDAY OF THE MONTH FOR CONSIDERATION OF THAT MONTH'S AGENDA.***