

TOWN OF ULSTER PLANNING BOARD

584 EAST CHESTER 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 _____ Zoning District _____

Section Block & Lot _____

Site Acreage of parcel _____

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 should 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 # 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

Additional items may be required.

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ALL DOCUMENTS MUST BE SUBMITTED 2 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 by behalf and act as a liaison between myself and the Planning Board.

Owner’s Signature

Date

Received on _____

File # P- _____