

TOWN OF NEW PALTZ PLANNING BOARD BUILDING DEPARTMENT SIMPLIFIED SITE PLAN REFERRAL TO PLANNING BOARD

| Date Received: | Fee Paid: | File No.: PB |
|------------------------|-------------------------------|------------------|
| Eligible Meeting Date: | Schedule | ed Meeting Date: |
| Offic | ce use only – Do not write al | bove this line |
| | | |
| Name of Project: | | Туре: |
| Property Location: | | S-B-L: |
| Owner Name: | | |
| Applicant Name: | Appl | licant Phone: |
| Applicant Email: | | |

Following review of the application for the activity proposed by the applicant for the address above and following consultation with the Planning Board Engineer, I recommend the waiver of site plan approval by the Planning Board and request authorization to issue a building permit for the proposed activity for the following reasons:

The applicant has demonstrated that the proposed activity for which the application is being made will not require any enlargement, extension, relocation, removal or reduction of any existing buildings, structures, parking areas, exterior lighting or other improvement shown on any site plan approved by the Planning Board prior to the date of the application.

The applicant has demonstrated that the proposed activity for which the application is being made will not significantly increase the anticipated vehicle trips generated by the site, the anticipated parking requirements or traffic circulation on the site, the volume or quality of stormwater discharges from the site, or the use of water and septic/sewer facilities; and

The applicant has demonstrated that the proposed activity for which the application is being made is a Type II action pursuant to the provisions of 6 NYCRR Part 617 for purposes of SEQRA; and

The applicant has demonstrated that the proposed activity for which the application is being made will not have an adverse effect or impact upon the physical or environmental conditions of properties in the immediate vicinity nor upon the existing use or uses of such properties.

Attached is a copy of the building permit application, drawings, plot plan and a supplemental narrative supporting waiver of the site plan approval requirement.

If the Planning Board authorizes a waiver of site plan review for this application, please countersign this recommendation below. If the Planning Board determines that site plan review should be required, I will not issue a building permit until site plan approval is granted in accordance with the provisions of Section 140-51 of the Code of the Town of New Paltz.

| Buildin | ng Inspector: | Date: | | | | | | |
|---------|---|----------------|--|--|--|--|--|--|
| | | | | | | | | |
| To: | Building Inspector | | | | | | | |
| From: | Planning Board | | | | | | | |
| | uly convened meeting of the Planning Board held on ng Board considered the above Notice of Intent to w | | | | | | | |
| | Authorized the waiver of site plan review; | | | | | | | |
| | Determined that the proposed activity requires site | plan approval. | | | | | | |
| | | | | | | | | |
| | | Date: | | | | | | |

Adele Ruger Chair, Planning Board

OWNER'S AFFIDAVIT

The undersigned states and declare(s) that:

2. I have attached a copy of the deed giving me a fee title interest in the Property, which is recorded in the Office of the Ulster County Clerk at 244 Fair Street, 2nd Floor, Kingston, NY 12401.

3. I am making, or if I am not the applicant, have agreed and consented to allow: _____

______to make an application to the Town of New Paltz for land use approval(w) from the Town of New Paltz Planning Board and/or Zoning Board of Appeals that will, if granted benefit the Property.

4. I have the legal right to make or authorize the making of said application.

5. To the best of my knowledge and belief, the statement made in that application are true and correct.

6. I hereby authorize ______ to act as my representative in all matters regarding said application(s).

7. I expressly grant permission to the Planning Board/Zoning Board of Appeals and its authorized representatives to enter upon the Property, at all reasonable times for the purpose of conducting inspections and becoming familiar with site conditions. I acknowledge and agree that I may revoke this grant of permission <u>in writing</u>, and that such revocation will constitute an immediate withdrawal of my land use application(s) and no further action will be taken until or unless a new application is submitted to, and accepted by, the Town of New Paltz Building Department.

8. I acknowledge and agree that the Town of New Paltz may incur substantial costs in review of any land use application, and that the applicant and the property owner are jointly and severally responsible for the payment of all application fees, application review fees, and inspection fees incurred by the Town during the review of this application, including all reasonable engineering, legal and consultant review fees and related costs, that are necessary for the complete and proper review of this application, including environmental review fees.

Applicant's Acknowledgment Signature: _____

9. I acknowledge and agree that while the Town will endeavor to have the person or entity who made the land application reimburse the Town for those fees, costs, or other expenses, in the event that they are not promptly paid, the owner is responsible if they are not promptly paid by the applicant, and if they are not promptly paid by the owner, the Town Board may determine that the fees, costs, or other expenses paid by the Town for which the Town has not been reimbursed shall be assessed, levied and collected as provided in Article VIII of Chapter 127 of the Town Code, and impose such costs upon the Property in the same manner as a Town tax.

10. Under penalty of perjury I declare that I have examined this affidavit and that it is true and correct.

signature on the instrument, the individual or the person upon behalf of which the individual acted, executed the instrument.

| Owner Signature: | | | | | Date: | | | | | | |
|-------------------------------|------------|----------------------------------|------|------|-------|---|--|--|--|-----|--|
| Print Name/Title: | | | | | | | | | | | |
| STATE OF | | | | | | | | | | | |
| COUNTY OF |)ss.:) | | | | | | | | | | |
| On day of | | _, before me, lly known to me | • | | | | | | | • • | |
| subscribed to the within inst | / | , | | | | , | | | | | |