TOWN OF ROCHESTER PLANNING BOARD
ULSTER COUNTY, NEW YORK

Application #_____
Date _____
Fee Paid $ _____
Type: Site Plan _____ SUP _____

SITE PLAN and SPECIAL USE PERMIT APPLICATION

1. Name of Project: _____

2. Property Owner: _____
   Address: _____
   _____
   Primary Phone( ) _____ Secondary Phone( ) _____
   E-Mail Address _____

3. Applicant Name (if other than Owner): _____
   Address: _____
   _____
   Primary Phone( ) _____ Secondary Phone( ) _____
   E-Mail Address _____

4. Site Location: Name of Public/Private Road project is accessed by_____
   Tax Map Section: _____ Block _____ Lot _____
   Town of Rochester Zoning District(s): _____
   Acreage of parcel(s) _____acres **[Include all acreage of Current parcel(s) involved]**
   Is this project proposed to be completed in multiple phases? _____

5. This project is (check one): [ ] Expansion of existing use [ ] Change of Use [ ] New construction

6. Will this project require permits or approval from any Federal, State, or County agencies? _____
   If yes, Name? _____

7. Existing use and facilities (indicate each existing building, approximate size, use, and other facilities, parking lots, etc.) _____
   _____
   _____

8. Describe the current use(s) of all contiguous parcels **[Include ALL types of uses]**
   Examples: Vacant land, Residential, Commercial, Farm, Industrial, etc _____
   _____

9. Describe proposed use and scope of project: _____
_____
_____
_____

10. Proposed construction – MUST INCLUDE A MAP TO SCALE – (Describe type and size of building and show location on map with setback dimensions on all property lines and other buildings).
List any physical restrictions to the project such as waterways, flood plains, wetlands, steep slopes, rock outcroppings etc. [*Locations of these must also be notated on the map provided by the applicant]*
_____
_____
_____

11. Will the project require water supply and/or involve the disposal of sewage? If Yes**,** describe and give amounts. _____

12. Is the property located within or contiguous to a NY State Certified Agricultural District? _____

13. Does the property contain land located within a 100 year flood plain or Federal or NYS identified wetlands? _____

14. Is project substantially contiguous to, or contain a building, site, or district, listed on the State or National Registers of Historic Places? _____ If yes, Name? _____

15. Is the applicant requesting any waivers in **procedure or submittal requirements** from the Zoning (Chapter 140) regulations? ***(See 140-47 for details)***_____
If answered yes, then the applicant shall provide these requests to the Planning Board separately in written form and include all reasoning for such requests.

Deponent, being duly sworn, states that he/she is the owner or authorized agent of the owner for which the foregoing work is proposed to be done, and that he/she is duly authorized to perform such work, and that all work will be performed in accordance with all applicable State, County, and Local Ordinances.

Sworn by me this _____ day of _____, 20___

_____
Signature of Applicant/ Agent

_____
Witnessed by

If an agent is representing applicant, a signed letter by applicant authorizing named individual to act as his/her agent must accompany the application.