



# CITY OF SARATOGA SPRINGS

PLANNING BOARD

City Hall - 474 Broadway  
Saratoga Springs, New York 12866-2296  
Tel: 518-587-3550 fax: 518-580-9480  
<http://www.saratoga-springs.org>

[FOR OFFICE USE]

(Application #)

(Date received)

## APPLICATION FOR: SUBDIVISION APPROVAL

(Rev: 07/2016)

**\*\*\*Application Check List - All submissions must include completed application check list and all required items.**

Project Name: \_\_\_\_\_

Property Address/Location: \_\_\_\_\_

Tax Parcel #: \_\_\_\_\_ Zoning District: \_\_\_\_\_

(for example: 165.52-4-37)

Total Acres: \_\_\_\_\_

Land to be Subdivided Into: \_\_\_\_\_ Lots

APPLICANT(S)\*

OWNER(S) (If not applicant)

ATTORNEY/AGENT

Name

Address

Phone

Email

Identify primary contact person:  Applicant  Owner  Agent

\* An applicant must be the property owner, lessee, or one with an option to lease or purchase the property in question.

Application Fee: A check for the total amount below payable to: "Commissioner of Finance" MUST accompany this application.

- Sketch Plan – \$400
  - Preliminary Subdivision Plat Approval
    - 1-20 Lots \$400
    - 21-50 Lots \$600
    - 51+ Lots \$1,000
  - Final Subdivision Plat Approval
    - Residential - \$1,000 plus \$100/lot \$ \_\_\_\_\_
    - Non-Residential - \$1,500/lot \$ \_\_\_\_\_
  - Final Approval Modification
    - Residential- \$250 \$ \_\_\_\_\_
    - Non-Residential- \$500 \$ \_\_\_\_\_
- Fee submitted \$ \_\_\_\_\_

Submission Deadline – Check City’s website ([www.saratoga-springs.org](http://www.saratoga-springs.org)) for application deadlines and meeting dates.

Does any City officer, Does any City officer, employee or family member thereof have a financial interest (as defined by General Municipal Law Section 809) in this application? YES \_\_\_\_\_ NO \_\_\_\_\_. If YES, a statement disclosing the name, residence, nature and extent of this interest must be filed with this application.

I, the undersigned owner or purchaser under contract for the property, hereby request Subdivision consideration by the Planning Board for the identified property above. I agree to meet all requirements under the Subdivision Regulations for the City of Saratoga Springs.

Furthermore, I hereby authorize members of the Planning Board and designated City staff to enter the property associated with this application for purposes of conducting any necessary site inspections relating to this application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If applicant is not current owner, owner must also sign.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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\_\_\_\_\_  
 (Application #)

\_\_\_\_\_  
 (Date received)

Rev.05/2016

### PRELIMINARY/ FINAL SUBDIVISION APPROVAL REQUIRED SUBMITTAL CHECKLIST

1. Project Name: \_\_\_\_\_

2. Checklist Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

Listed below are the minimum submittal requirements as set forth in The City of Saratoga Springs' Subdivision Regulations. The Planning Board reserves the right to request additional information, as necessary, to support an application. The Board also reserves the right to reject the application if these minimum requirements are not met. Please complete the checklist below and provide with your submission.

**REQUIRED ITEMS: \*3 hard copies and 1 digital copy of ALL materials are required.**

CHECK EACH ITEM	
<input type="checkbox"/>	1. Completed Subdivision Application (3 hard copies - *1 w/original signature - and 1 digital) and Fee
<input type="checkbox"/>	2. SEQR Environmental Assessment Form- short or long form as required by action.
<input type="checkbox"/>	3. Set of plans including: (3) large scale plans (sheets <u>must be</u> 24" x 36", drawn to a scale of not more than 1"=50 feet). One digital version of <b>all</b> submittal items (pdf) shall be provided.
<input type="checkbox"/>	4. Basic or Full Storm Water Pollution Prevention Plan as required per City Code Chapter 242.
<input type="checkbox"/>	5. Copy of signed DPW water connection agreement for all projects involving new water connections to the City system
<input type="checkbox"/>	6. Engineering Report for Water and Sanitary
<input type="checkbox"/>	7. Complete Streets Checklist
<input type="checkbox"/>	8. Project Cost Estimate-Quantities of work items and estimate of costs

**REQUIRED ITEMS ON SUBDIVISION PLAT, AS APPLICABLE:**

<input type="checkbox"/>	1. Name of Subdivision
<input type="checkbox"/>	3. Property line survey prepared by a licensed land surveyor. Subdivision plat must reference such survey with all corners set and marked on plan. Reference NGVD 1929 datum. A copy of the original property survey must also be included.
<input type="checkbox"/>	4. North arrow and map scale

<input type="checkbox"/>	5. Parcel tax map number
<input type="checkbox"/>	6. Site location map
<input type="checkbox"/>	7. Site vicinity map (all features within 300 feet of property)
<input type="checkbox"/>	8. Identification of current zoning with corresponding area requirements
<input type="checkbox"/>	9. Building setback lines, either listed or shown on plans
<input type="checkbox"/>	10. Title block with subdivision name; name and address of applicant; and name and address of property owner (if different)
<input type="checkbox"/>	11. Name, address and phone number of subdivision surveyor and/or engineer
<input type="checkbox"/>	12. Names of all adjacent property owners within 300 feet (include both sides of street)
<input type="checkbox"/>	13. Identification of size, elevations, material, and slopes of all existing and proposed utilities within 400 ft of site.
<input type="checkbox"/>	14. Parcel street address (existing and any proposed postal addresses)
Yes <input type="checkbox"/>	15. Identification of existing or proposed easements, covenants or legal rights-of-way on this property
No <input type="checkbox"/>	
N/A <input type="checkbox"/>	
<input type="checkbox"/>	16. References to all prior variances or special use permits
<input type="checkbox"/>	17. Existing and proposed contours and spot grades (at 2 foot intervals)
<input type="checkbox"/>	18. Identification of all watercourses, designated State wetlands, buffers, Federal wetlands, floodplains, rock outcroppings, etc.
<input type="checkbox"/>	19. Identification of all existing or proposed sidewalks or pedestrian paths (show type, size and condition of existing sidewalks)
<input type="checkbox"/>	20. Location, design specifications and construction material for all proposed site improvements (drains, culverts, retaining walls, berms, fences, etc.)
<input type="checkbox"/>	21. Location and distance to fire hydrant
<input type="checkbox"/>	22. Erosion and sediment control plan – including designated concrete truck washout area
<input type="checkbox"/>	23. Approximate location, dimensions and areas for proposed lots and proposed public recreational land
<input type="checkbox"/>	24. Proposal for utility systems and lateral connections
<input type="checkbox"/>	25. Location and width of proposed streets

# *Short Environmental Assessment Form*

## *Part 1 - Project Information*

### Instructions for Completing

**Part 1 - Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

<b>Part 1 - Project and Sponsor Information</b>			
Name of Action or Project:			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor:		Telephone:	
		E-Mail:	
Address:			
[REDACTED]			
City/PO:		State:	Zip Code:
[REDACTED]		[REDACTED]	[REDACTED]
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		<b>NO</b>	<b>YES</b>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:		<b>NO</b>	<b>YES</b>
3.a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Parkland			



<p>18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)?</p> <p>If Yes, explain purpose and size: _____</p> <p>_____</p> <p>_____</p>	<p><b>NO</b></p>	<p><b>YES</b></p>
<p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p><b>NO</b></p>	<p><b>YES</b></p>
<p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p><b>NO</b></p>	<p><b>YES</b></p>
<p><b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b></p> <p>Applicant/sponsor name: _____ Date: _____</p> <p>Signature: _____</p>		

# City of Saratoga Springs Complete Streets Checklist

**Saratoga Springs Complete Street Policy Vision (May 2012)**

*The City of Saratoga Springs Complete Streets Policy will encourage the development of a complete streets network throughout the City to create a more balanced transportation system. The Policy shall be consistent with and assist in achieving the goals and recommendations set forth in the City's Comprehensive Plan and other policy documents. The Policy shall ensure new and updated public and private projects are planned, designed, maintained and operated to enable safer, comfortable and convenient travel to the greatest extent possible for users of all abilities including pedestrians, bicyclists, motorists and transit riders.*

This checklist is intended to assist the City in achieving its vision for complete streets.

**Project Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Project Location / Limits:** \_\_\_\_\_

**Project Description:** \_\_\_\_\_

**Instructions: For each box checked, please provide a brief description for how the item is addressed, not addressed, or not applicable and include supporting documentation.**

Street Classification (identify street or streets within the project area)

Principal arterial     Minor arterial     Mixed use collector     Mixed use local   
 Residential collector     Residential local     Special use street

### EXISTING CONDITIONS

Item to Be Addressed/ Checklist Consideration	YES	NO	N/A	Required Description
<b>Existing Bicycle &amp; Pedestrian Operations</b>				
Do bicycle and pedestrian accommodations exist? (see page 2 for examples)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Existing Transit Operations</b>				
Do transit facilities exist within the study area, including bus and train stops/stations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the project area on a transit route? ( <a href="#">CDTA Service Routes</a> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there bicycle racks, shelters, or parking for transit riders available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Existing Access and Mobility</b>				
Do connective opportunities exist with schools, hospitals, senior care or community centers or persons with disabilities within project area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there gaps inhibiting continuous access between schools, hospitals, senior care, or community centers or persons with disabilities within project area?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Project Area Context</b>				
Are there prominent landmarks, recreation, shopping, employment center, cultural centers or other key destinations that offer opportunities to connect this site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Please list and/or describe planning or policy documents addressing bicyclist, pedestrian, transit, or truck/ freight use for the project area. Examples can include: <a href="#">City of Saratoga Springs Comprehensive Plan</a> , <a href="#">City of Saratoga Springs Open Space Plan</a> , <a href="#">Capital District Transportation Committee Bicycle/ Pedestrian Priority Network</a> , <a href="#">City Standard Details</a> , etc.				

**PROPOSED DESIGN**

Item to Be Addressed/ Checklist Consideration	YES	NO	N/A	Required Description
<b>Complete Streets Design</b>				
Bicyclist accommodations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pedestrian accommodations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Access and Mobility accommodations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transit accommodations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Truck/ freight accommodations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Streetscape elements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Bike Facilities:</b>	
Off-roadway bike accommodations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Dedicated bike lane	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Shared-use lane	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Shoulder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Acceptable actuated traffic signal bike detection, including turn lanes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Do signals allow adequate minimum green time for bicyclist to safely cross intersection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signage and pavement markings specific to proposed bike facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Bicycle safe inlet grates	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Bicycle parking, eg. bike racks, bike lockers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Transit Facilities:</b>	
Transit shelters	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Bus turnouts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Standing pads	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has CDTA been contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Access and Mobility Facilities:</b>	
Adequate sidewalk or paved path	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Acceptable consideration/provision for accessible pedestrian traffic signal features	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Curb ramps, including detectable warning surface	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Acceptable slope and cross-slope for driveway ramps, sidewalks, crossings)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Have conflicts been reduced among pedestrian, bicyclists, and motor vehicles (access management)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

<b>Pedestrian Facilities:</b>	
Sidewalks on both sides of the street	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Striped crosswalks	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Geometric modifications to reduce crossing distances such as curb extensions (e.g. bulb-outs)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Acceptable provision for pedestrian traffic signal features (e.g. ped. buttons)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Pedestrian signage for crossing & wayfinding	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Safety islands/medians on roadways with two or more traffic lanes in each direction	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Enhanced supplemental pedestrian treatments at uncontrolled marked crossings	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Connectivity:</b>	
Are there proposed connections to other bike paths, pedestrian facilities, or transit facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are there proposed connections to any key destinations listed on page 1?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are there proposed connections to neighborhoods?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Streetscape Elements:</b>	
Are streetscape elements proposed such as landscaping, street trees, planters, buffer strips, etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Pedestrian-level lighting	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Public seating or benches	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**Design Standards and Guidelines**

Design meets guidelines such as described below for bicycle/pedestrian/bus/transit facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Describe
--	------------------------------	-----------------------------	-----------------------------	----------

*\*American Association of State Highway and Transportation Officials (AASHTO) - A Policy on Geometric Design of Highway and Streets, Guide for the Development of Bicycle Facilities and AASHTO Guide for the Planning, Design, and Operation of Pedestrian Facilities; [Public Right-of-Way Accessibility Guide \(PROWAG\)](#); [Manual on Uniform Traffic Control Devices \(MUTCD\)](#); [Americans with Disabilities Act Accessibility Guidelines \(ADAAG\)](#); National Association of City Transportation Officials (NACTO) - [Urban Bikeway Design Guide](#). New York State Department of Transportation – [Highway Design Manual](#)*

August 2, 2016

Mr. Tim Wales  
City Engineer  
Saratoga Springs, NY

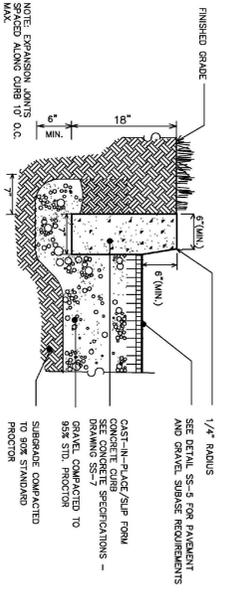
RE: Zumpano Subdivision  
119 East Avenue  
Saratoga Springs, NY

Site Improvements Cost Estimate for Letter Of Credit

- 1) 5' wide concrete sidewalk – 755s.f @ \$5.25 = \$3900.00
- 2) Decorative street light - \$3000.00
- 3) Water connection & restoration - \$1200.00
- 4) Sanitary sewer connection & restoration - \$1200.00
- 5) As-Built Drawing - \$1000.00

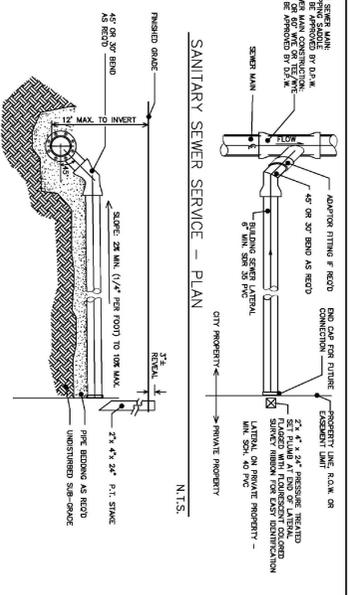
Total Letter of Credit Amount = \$10,300.00





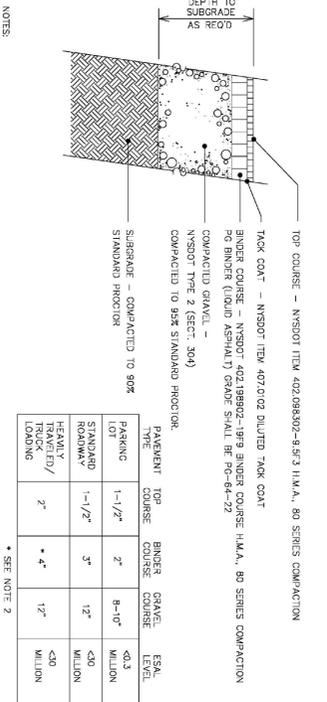
TYPE 1 CURB - CAST-IN-PLACE/SLIP FORM CONCRETE AT TURE  
N.T.S.

APPROVED: 1/19/2010  
PLANNING BOARD: CITY OF SARATOGA SPRINGS, NEW YORK  
DATE: STANDARD DETAIL  
Type 1 Curb SS-15  
DWG NO: SS-15



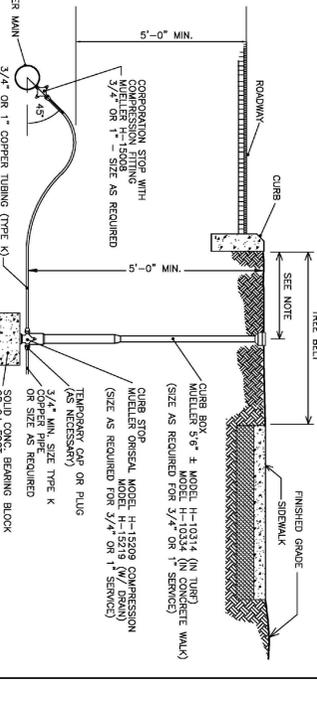
SANITARY SEWER SERVICE - SECTION  
N.T.S.

APPROVED: 1/19/2010  
PLANNING BOARD: CITY OF SARATOGA SPRINGS, NEW YORK  
DATE: STANDARD DETAIL  
Sanitary Sewer Service SA-3  
DWG NO: SA-3



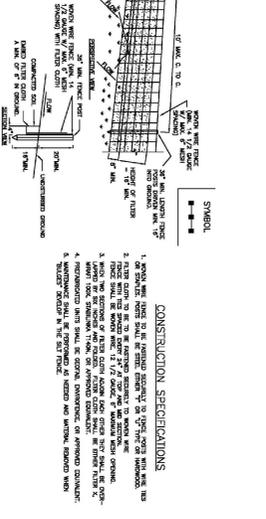
ASPHALT PAVEMENT  
N.T.S.

APPROVED: 4/10/2013  
PLANNING BOARD: CITY OF SARATOGA SPRINGS, NEW YORK  
DATE: STANDARD DETAIL  
Asphalt Pavement SS-5  
DWG NO: SS-5



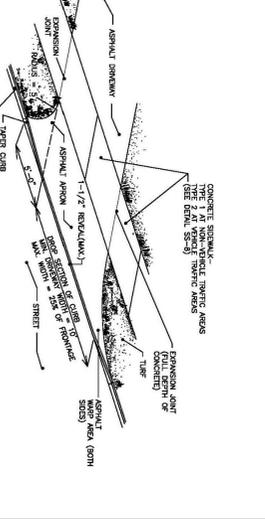
WATER SERVICE  
N.T.S.

APPROVED: 1/19/2010  
PLANNING BOARD: CITY OF SARATOGA SPRINGS, NEW YORK  
DATE: STANDARD DETAIL  
Water Service W-2  
DWG NO: W-2



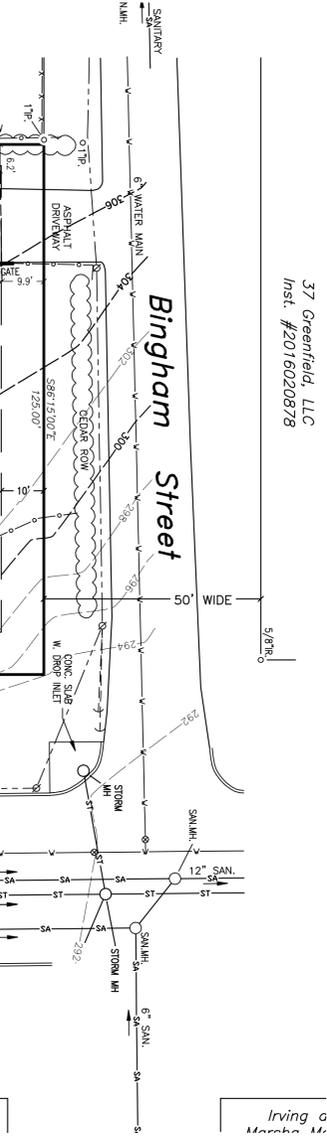
SILT FENCE  
N.T.S.

APPROVED: 1/19/2010  
PLANNING BOARD: CITY OF SARATOGA SPRINGS, NEW YORK  
DATE: STANDARD DETAIL  
Silt Fence ST-13  
DWG NO: ST-13

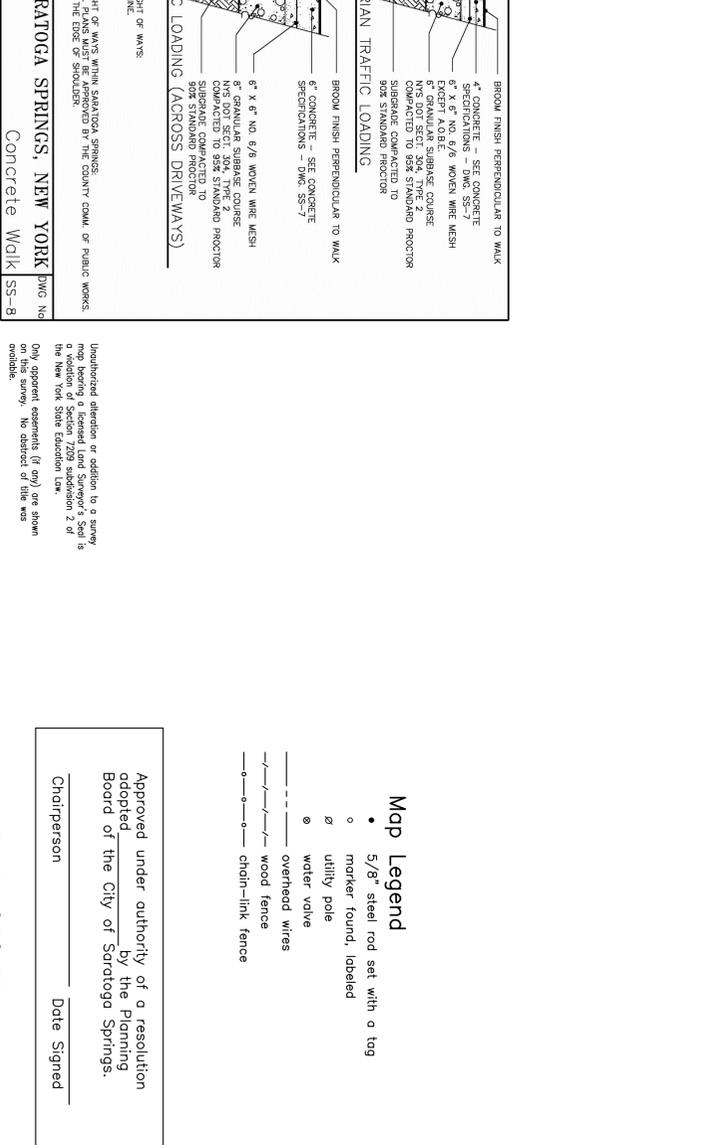


DROP CURB AT RESIDENTIAL DRIVEWAY  
N.T.S.

APPROVED: 1/18/2010  
PLANNING BOARD: CITY OF SARATOGA SPRINGS, NEW YORK  
DATE: STANDARD DETAIL  
Type 1 Driveway (Residential) SS-12  
DWG NO: SS-12



EXISTING CONDITIONS PLAN  
1"=20'



Subdivision for Albert and Nicole Zumpano  
Situat at 119 East Avenue  
City of Saratoga Springs, Saratoga County NY

THOMPSON FLEMING LAND SURVEYORS, P.C.  
12 Lake Avenue Saratoga Springs NY 12866  
Voice: (518) 587-5665 Fax: (516) 587-5772

Approved under authority of a resolution adopted by the Planning Board of the City of Saratoga Springs.  
Chairperson: \_\_\_\_\_ Date Signed: \_\_\_\_\_

PLANNING BOARD #

DATE: July 14, 2016  
REVISIONS:  
DATE: July 14, 2016  
JOB NO.: 516-15724  
DRAWN BY: DES  
CHKD BY: WMT  
TAX MAP: 160.38-1-16  
SCALE: 1" = 20'  
10' 0' 10' 20'

S2  
516-15724