



# 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)

<p>APPLICATION FOR: <b>SITE PLAN REVIEW</b> (INCLUDING PUD)</p>
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(Rev: 12/2015)

**\*\*\*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)*

Proposed Use: \_\_\_\_\_

Date special use permit granted (if any): \_\_\_\_\_ Date zoning variance granted (if any): \_\_\_\_\_

Is property located within (check all that apply)?:     Historic District     Architectural Review District  
 500' of a State Park, city boundary, or county/state highway

<u>APPLICANT(S)*</u>	<u>OWNER(S) (If not applicant)</u>	<u>ATTORNEY/AGENT</u>
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.

<input type="checkbox"/>	<u>Sketch Plan</u> -	\$250	\$ _____
<input type="checkbox"/>	<u>Final Site Plan Approval</u>		
	Residential -	\$250 plus \$150/unit	\$ _____
	Non-Residential -	\$500 plus \$100/1,000 SQ. FT.	\$ _____
<input type="checkbox"/>	<u>Modification</u>		
	Residential -	\$250	\$ _____
	Non-Residential -	\$500	\$ _____
			<b>Total \$ _____</b>

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, 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, leasee or purchaser under contract for the property, hereby request Site Plan Review by the Planning Board for the identified property above. I agree to meet all requirements under Section 240-7.2 of the Zoning Ordinance of 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: \_\_\_\_\_