



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: LAND DISTURBANCE ACTIVITY PERMIT

(Rev: 05/2016)

Project Name: _____

Property Address/Location: _____ Tax Parcel #: _____
(for example: 165.52-4-37)

Zoning District: _____ Proposed Use: _____

Date of any existing Land Use Board approvals (if any): _____

<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.

Please check the following to affirm information is included with submission.

Environmental Assessment Form:
All applications must include a completed SEQR Short or Long Form unless the project has already been given a "Negative Declaration" SEQR Forms can be completed at <http://www.dec.ny.gov/permits/6191.html>.

Application Fee: Total \$ _____ Fee = \$500.00, plus \$25.00 per acre
A check for the total amount payable to: "Commissioner of Finance" MUST accompany this application.

3 hard copies (*1 signed original) and one electronic copy (PDF) of complete application and ALL attachments (check box).
****HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED****

Plans: (3) copies: 24"x36".

Submission Deadline – Check City’s website (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 or purchaser under contract for the property, hereby request land disturbance activity permit approval by the Planning Board for the identified property above. I agree to meet all requirements under Section 240-7.3 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 currently the owner, the owner must also sign.

Owner Signature: _____ Date: _____