



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: 8/8/19)

*** Application Check List - All submissions must include completed application check list and all required items. **HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED!*****

Project Name: _____

Property Address/Location: _____

Tax Parcel #: _____ Zoning District: _____
(for example: 165.52-4-37)

Total Acres: _____ Land to be Subdivided Into: _____ Lots

<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.

- Sketch Plan – \$300
 - Preliminary Subdivision Plat Approval
1-9 Lots \$600 51+ \$1,500
10-25 Lots \$900
26-50 Lots \$1,200
 - Final Subdivision Plat Approval
Residential - \$1,200 plus \$120/lot \$ _____
Non-Residential - \$1,800/lot \$ _____
 - Final Approval Modification
Residential- \$300 \$ _____
Non-Residential- \$500 \$ _____
- Fee submitted \$ _____

Submission Deadline – Check City’s website (www.saratoga-springs.org) for 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: _____