

TOWN OF UNION VALE PLANNING BOARD



APPLICATION FOR SKETCH PLAT REVIEW / CLASSIFICATION

Town of Union Vale Planning Board

249 Duncan Road, Tymor Park

LaGrangeville, NY 12540

Tel: (845) 724-5600

Fax: (845) 724-3757

Planning email: pbzba@unionvaleny.us

Name of Applicant: _____

Address of Applicant: _____

Telephone Number: _____ Tax Map Parcel #: _____

Email of Applicant/Agent: _____

Location of Proposed Project Site: _____

Current Use of Site: _____

Proposed Use of Site: _____

Work to be Undertaken: ___ new project site, including new building/improvement
 ___ modification to existing building
 ___ modification to existing developed site
 ___ change of use existing building site

Zoning District: RD-10 ___, RA-5 ___, RA-3 ___, R-1.5___, R-1 ___, H ___,
 NC ___, TC ___, A ___

Owner of Property (if not applicant): _____

Address of Owner: _____

Name of Agent (architect, engineer, etc.): _____

Address of Agent: _____

Telephone Number of Agent: _____

Email of Agent: _____



The undersigned, having been advised of the requirement for Sketch Plat Review and Classification by the Town of Union Vale Code Enforcement Officer, hereby requests final approval of the above-identified sketch plat by the Union Vale Town Planning Board in accordance with Code Chapter 210, Chapter 192 of the Town Law and the Zoning Law of the Town of Union Vale. The undersigned acknowledges that the official date of the application is that of the next regularly scheduled meeting of the Planning Board, as established by the Planning Board's annual calendar, provided at which time a sketch plan in full accordance with the requirements of said Zoning Law, a copy of this application form, Environmental Assessment Form required to initiate compliance with the State Environmental Quality Review Act, and receipt of payment of the application fee, and shall be submitted not less than fourteen (14) days prior to the meeting, in order to constitute a complete application. Said fee shall be paid to the Town of Union Vale and submitted through the Planning Board Secretary.

In order to assist prospective applicants in complying with the Sketch Plat Review and Classification procedure, including noting in checklist format that date to be included in a particular Sketch Plat submission, Town's Planning Consultant maintains office hours on the first Wednesday afternoon of each month at the Planning Board Office.

Signature of Applicant: _____ Date: _____

If the applicant is not the owner of the premises, written proof of the applicant's right to act behalf of the owner in this matter must be submitted.

Please note the attachments:

- _____ SKETCH PLAT in accordance with requirements of the Town Zoning Law Section 192
- _____ Environmental Assessment Form (Part I)
 - () Short Form
 - () Long Form
- _____ SKETCH PLAT Application Fee in accordance with Town's Fee Schedule \$300
(Town Code Section 128-1)
- _____ Authorization, if application, to act for owner
- _____ Copy of Original Deed of Property
- _____ Other data _____