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:

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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)

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 Short Form

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 Long Form

 SKETCH PLAT Application Fee in accordance with Town's

 Fee Schedule
 Authorization, if application, to act for owner

 Copy of Original Deed of Property

 Other data _______