

SARATOGA COUNTY PLANNING BOARD

50 West High Street
Ballston Spa, New York 12020
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I. Municipality: City, Town, Village of _____
Referring Agency: Zoning Board of Appeals Planning Board Legislative Body
Submitting Officer: _____ Date: _____
Mailing Address: _____
Telephone #: _____ FAX #: _____

II. Type of Referral
Variance: Use Area Area (signage) Interpretation
Special Use Permit Site Plan Review Subdivision Review
Zoning Amendment: Map Text PDD Moratorium
Comprehensive Plan

III. Name of Applicant: _____ Owner's Name: _____
Property Address: _____ Mailing Address: _____

IV. Project Name: _____
Brief Description of Proposal: _____

Primary Road Frontage: Name _____ Length _____
Acreage _____ No. of Lots _____ Building Size/Coverage _____

V. This proposal is referred to your agency, as required by the General Municipal Law, Sections 239-1, m, and n, because it would affect real property lying within a distance of 500 feet from a boundary of:

- a) the City, Town or Village of _____
- b) an existing or proposed county or state park or other recreation area. Such park or recreation area is: _____
- c) an existing or proposed right-of-way of a county or state parkway, thruway, expressway, road or highway. Such road is: _____
- d) an existing or proposed right-of-way of any stream or drainage channel owned by the county or for which the county has established channel lines. Such right-of-way is: _____
- e) an existing or proposed boundary of any county or state-owned land on which a public building or institution is situated. Such land is: _____
- f) a farm operation located in an agricultural district as defined by Article twenty-five – AA of the Agriculture and Markets Law, except this shall not apply to the granting of area variances. Use the provided Agricultural District Referral Form.

VI. Required Information

The following information is required for the application to be considered a completed full statement for expeditious review by the Saratoga County Planning Board.

1. Property Location: (Tax Parcel #)_____ Current Zoning District:_____
2. A map (if the application is for a variance, special permit or site plan review) showing, at a minimum, the following:
 - a) location, setback, height and use of all existing and/or proposed buildings on subject and adjacent lot or parcel, if applicable
 - b) adjacent land uses and current zoning designation
 - c) location of existing and proposed streets, driveways and off-street parking facilities, if applicable
 - d) location and type of water supply and sewage disposal, if applicable
 - e) existing and proposed contours as per preliminary submission
 - f) drainage-ways, if applicable
 - g) location of existing watercourses, wetlands, and floodplains, if any
 - h) location, size and construction materials of all proposed signage, if any
 - i) location, size and construction materials of all outdoor storage, if any
3. Subdivision plat as required for preliminary submission by local subdivision regulations.
4. A copy of the Postal Verification Form provided to Saratoga County Emergency Services Department. (Subdivision Only)
5.
 - a. If application is for an amendment to the zoning map, enclose a map of the area proposed to be rezoned.
 - b. If application is for amendment to the zoning ordinance, enclose the text of the proposed changes (with additions and deletions denoted).
 - c. A copy of any report or recommendation to the legislative body from the municipal planning board should be provided along with any initial statement of intent and purpose.
 - d. Does proposed zoning conform to municipal comprehensive/master plan? Yes No
 - e. Provide a copy of present PDD legislation if an amendment is being sought.
6. Is proposal subject to review under the New York State Environmental Quality Review Act?
Yes No Not Yet Determined
If yes, submit **completed** copy of the Environmental Assessment Form.
7. Other involved agencies (with permitting authority): SCDPW NYSDOT NYSDOH NYSDEC
Adirondack Park Agency Other (specify): _____
8. Has the lead agency been designated? Yes No Lead agency _____
9. Date of Public Hearing_____
10. Date referring agency proposes to act on the application_____

Signature of Referring Official

Title