

TOWN OF STILLWATER

BUILDING, PLANNING & DEVELOPMENT DEPARTMENT
881 HUDSON AVE, STILLWATER, NY 12170
(518) 664-6148, EXT. 215



Major Subdivision Application (5 lots or more)

Planning Board

Fee: \$300.00 per lot

OFFICE USE ONLY	
Project #:	Total Fee Paid: \$
Rec'd by:	Date:

PROJECT INFORMATION			
Project Name:			
Address/Location:			
APPLICANT/REPRESENTATIVE INFORMATION			
*ALL INFORMATION IN THIS SECTION IS REQUIRED FOR A COMPLETE APPLICATION			
Name:			
Phone:		Email:	
Address:		City:	State: Zip:
Owner (if owner is different from applicant, owner authorization section must be completed and signed)			
Name:			
Phone:		Email:	
Address:		City:	State: Zip:
SITE INFORMATION			
Parcel Identification (SBL) # of all lots included:			
Number of proposed lots:		Zoning District:	
Size of existing lot(s): _____ acres, _____ acres, _____ acres, _____ acres			
Size of proposed lots: _____ acres, _____ acres, _____ acres, _____ acres			
For Major Subdivisions range of proposed lots: _____ acres - _____ acres			
Proposed Use: <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Single-Family			
Has owner subdivided any portion of the above-described property prior to the date of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate number of parcels _____ Date: _____			
Total Proposed Lot Coverage (acres):		Total Proposed Open Space (acres):	
Does the proposal meet all setback requirement within the zoning district: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Frontage:		Total Proposed Disturbance:	
Proposed Building Size: _____ SF <input type="checkbox"/> N/A		SWPPP Prepared: <input type="checkbox"/> Yes <input type="checkbox"/> No	

SIGNATURES

I, the undersigned, have thoroughly read and understand the application and the list of items to be shown on the plans and documents for review and I consent to all the requirements as set forth in the application.

Signature: _____ Date _____

AUTHORIZATION TO ACT AS AGENT (OWNER AUTHORIZATION)

In the event that the owner of the property desires to have another individual act as his/her authorized representative in support of this application the following statement must be completed and signed:

I, _____, owner of the above referenced lot(s) hereby designates _____ as my agent regarding this application for review.

Signature: _____ Date _____

APPLICATION PREPARATION CHECKLIST

***Applications must be submitted along with the Application Fee and deemed complete by the department to be considered for placement on an agenda. Incomplete applications will not be accepted and will be returned to the applicant. Exclusion of any required materials will result in the delay of project review.**

COPIES: The following materials are required:

Contact the Planning Department for the number of printed copies of materials required

**Applicant
Initials**

APPLICATION FORM

NARRATIVE: Written Description of the proposal to include:

Evidence of how the developer's particular mix of land uses meets existing community demands.

A general statement as to how common open space is to be owned and maintained.

How the plan is in conformance with the Town's Comprehensive Plan

A fiscal impact analysis identifying projected short- and long-term impacts on municipal and school district budgets.

SWPPP: A Stormwater Pollution Prevention Plan in conformance with requirements with the current State Pollution Discharge and Elimination System Permit for Stormwater Discharges from Construction Activity

LONG ENVIRONMENTAL ASSESSMENT FORM:

Pursuant to the N.Y.S. State Environmental Quality Review Act (SEQRA).

AGRICULTURAL DATA STATEMENT: (If Required) For all projects within Saratoga County Ag District 1

Available at: <https://www.stillwaterny.org/building-planning-developement/planning-department/planning-board-forms-and-application/>

MAPS:

Size of 22x34 inch maximum should be used when practical *Printed maps must be folded

See Map requirements below

DIGITAL COPIES:

Digital copies are mandatory. Any applications submitted without digital copies shall be deemed incomplete.

*Must be on USB Drive or downloadable email format

AGENCY MATERIALS	
FIRE DEPARTMENT: One full set of materials (printed or digital) mailed directly to: Arvin Hart Fire Company PO Box 288, Stillwater, NY 12170	
USPS: A layout plan must be submitted to the appropriate Post Office for approval of the mailbox (mail receptacle) locations. Contact the post office that will be providing service for their preferred contact information	
OFFICE USE ONLY	
PUBLIC NOTICE FEE: The cost of this fee will be determined by the Planning Board based on the number of notifications required and must be submitted no later than 14 days prior to the meeting	
ENGINEER ESCROW AND LEGAL ESCROW FEES: To be determined following initial review of the application. This fee must be paid prior to placement on an agenda	
Additional copies of any and all materials MAY BE REQUESTED AT ANY TIME	

MAP/PLAN REQUIREMENTS	
MAP MUST INCLUDE:	Applicant initials
Site plan drawn to scale at one-inch equals 50 feet or larger.	
All existing and proposed boundary lines	
Size in acres of existing and proposed lots	
Include one sheet showing the overall plan	
All existing and proposed easements and Rights of Way	
Existing Zoning Districts and boundaries	
Names and owners of all adjacent properties	
Street names for any existing or proposed roadways	
Federal or State regulated wetland delineations	
Location and design of all proposed site improvements including drainage, retaining walls, berms, fencing, etc.	
Location of existing or proposed waste water treatment	
Location of existing or proposed water supply	
Location of the various uses and their areas	
Delineation of proposed uses	
Proposed Open Space system	
Overall drainage system	
Topographic map with intervals of 10ft	
North arrow and site location map	
Phasing Plan if the development is to be phased a general indication of how the phasing is to proceed. Whether or not the development is to be phased, the sketch plan of this section shall show the intended total project.	
Total area of proposed disturbance	

MAP/PLAN REQUIREMENTS

Applicant
initials

Standard notes as detailed below*

1. This property may border a farm, as defined in the Town of Stillwater Local Law #1 of the year 1997. Residents should be aware that farmers have the right to undertake farm practices which may generate dust, odor, smoke, noise and vibration.
2. This proposal includes a total of **[insert parcel area]** ± acres and lies within the Town of Stillwater **[insert zoning district]** zoning district.
Min lot size: _____ sf

Min lot width @ bldg line: _____ ft

Setbacks:
Front: _____ ft
Side: _____ ft
Rear: _____ ft
3. Parcel is identified as tax parcel **[insert tax ID number]**, Town of Stillwater, Saratoga County, New York.
4. The average lot size is **[insert size]** sq. ft.
5. Describe any easements or other restrictions on this property

***Standard Notes:** The following notes are the minimum requirement on all plats. Additional notes may be necessary as defined in the Town Subdivision Design Standards, Section 1.12 or as requested by the Planning Board.

Approval Block as shown below:

TOWN OF STILLWATER PLANNING BOARD APPROVAL
APPROVED BY RESOLUTION OF THE PLANNING BOARD OF THE
TOWN OF STILLWATER, NEW YORK, ON THE _____ DAY OF
_____, 20____ SUBJECT TO ALL REQUIREMENTS
AND CONDITIONS OF SAID RESOLUTION. ANY CHANGES,
ERASURES, MODIFICATIONS OR REVISIONS OF THIS PLAT, AS
APPROVED, SHALL VOID THIS APPROVAL SIGNED THE
_____ DAY OF _____, 20____
BY _____
PLANNING BOARD CHAIRMAN