

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



## Soil Disturbance Application Planning Department

**Fee: Commercial \$400 Residential \$800 flat or 50 per lot, whichever is greater**

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

PROJECT INFORMATION			
Project Name:			
Address/Location:			
APPLICANT INFORMATION			
<b>Owner (if owner is different from applicant, owner authorization section must be completed and signed)</b>			
Name:			
Phone:		Email:	
Address:	City:	State:	Zip:
SITE INFORMATION			
Parcel Identification (SBL) # of all lots included:		Number of proposed lots:	
Total proposed area of disturbance: _____ acres		Zoning District:	
Has the Town issued the SWPPP Acceptance Form? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the Notice of Intent been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please provide a copy of NYS DEC Acknowledgement of NOI			
Has a waiver for greater than 5-acre disturbance been granted: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has a SPDES General Permit for Stormwater Discharges from Construction Activity been applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the Notice of Intent been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide a copy of the Notice of Intent (NOI) Acknowledgement Letter from the New York State Department of Environmental Conservation			
*** A copy of the Stormwater Pollution Prevention Plan must be maintained on site at all times.			
Weekly inspections by a Qualified Inspector shall be performed as required in Part IV.C of GP-0-20-001			
Name of Qualified Inspector: _____			
Has a Pre-construction meeting been held for the project? <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. Incomplete applications will not be accepted and will be returned to the applicant.**

**COPIES:** The following materials are required:

One paper copy and one digital copy (must be on USB Drive or downloadable email format) of the following:

**Applicant  
Initials**

**APPLICATION FORM**

**CONSTRUCTION SCHEDULE:** Written schedule outlining the approximate dates of all phases of construction proposed on the site from clearing through establishment of final landcover and landscaping.

**SWPPP:** Final approved Stormwater Pollution Prevention Plan in conformance with requirements with the current State Pollution Discharge and Elimination System Permit for Stormwater Discharges from Construction Activity and any final subdivision or site plan conditions. All required forms must be signed and included.

**MAPS:** Overall site plan with proposed improvements and phasing on one sheet. Separate sheets for Erosion and Sediment Control practices and Post-Construction Practices plans and details. Size of 22x34 inch maximum should be used when practical \*Printed maps must be folded

**COMMENCEMENT OF WORK:** No disturbance of any kind is permitted prior to issuance of final Site Plan or Subdivision plan stamping and filing as well as issuance of this permit.

**CONTRACTOR CERTIFICATION:** A copy of the NYS DEC Endorsed Four-Hour Erosion and Sediment Control (ES&) Training card/certification

**DEPARTMENT APPROVAL****OFFICE USE ONLY**

**Action:** ☐ Approved ☐ Disapproved Reason: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: Senior Planner/Stormwater Program Coordinator