

PLANNING DEPARTMENT
P.O. Box 470
1142 Route 311
Patterson, NY 12563

Sarah Mayes
Mary Schartau
Secretary

Telephone (845) 878-6500
FAX (845) 878-2019



**TOWN OF PATTERSON
PLANNING & ZONING OFFICE**

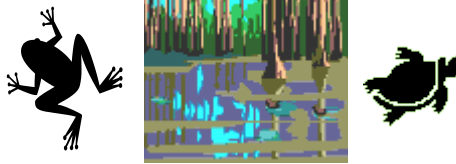
ZONING BOARD OF APPEALS

Lars Olenius, Chairman
Mary Bodor, Vice Chair
Marianne Burdick
Michael Carinha
Stephanie Fox

PLANNING BOARD

Thomas E. McNulty, Chairman
Ron Taylor, Vice Chair
Michael Montesano
Edward J. Brady Jr.
Robert F. Ladau

FRESHWATER WETLANDS & WATERCOURSE PERMIT APPLICATION



APPLICATION #: _____

DATE RECEIVED: _____

FEE SUBMITTED: [] No [] Yes – Amount: \$ _____ Check #: _____

1. APPLICANT NAME: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

PROPERTY OWNER'S NAME: _____

PROPERTY OWNER'S ADDRESS: _____

2. TAX MAP NUMBER: _____ - _____ - _____

LOCATION OF PROJECT PERMIT BEING APPLIED FOR: _____

SUBDIVISION NAME (IF ANY): _____ **LOT #:** _____

SITE PLAN NAME (IF ANY): _____

3. **PROJECT DESCRIPTION** (*describe proposed activity, including the purpose of the alteration, extent of the alteration and estimated quantities of any fill or dredge material involved*): _____

4. **LOT AREA:** _____ **AREA THAT WILL BE DISTURBED:** _____

5. **NEW YORK STATE DEC PERMIT BE REQUIRED:** [] YES [] NO [] NOT SURE

6. **ARMY CORP. OF ENGINEERS PERMIT BE REQUIRED:** [] YES [] NO [] NOT SURE

7. **NEW YORK CITY DEP PERMIT REQUIRED:** [] YES [] NO [] NOT SURE

8. **OTHER TOWN PERMITS REQUIRED:** _____

9. **PROPOSED START DATE:** _____ **PROPOSED COMPLETION DATE:** _____

10. **HAS ANY OF THE PROPOSED ACTIVITY ALREADY BEGUN OR BEEN COMPLETED?**
[] NO [] YES – IF YES, GIVE DETAILS AND SHOW EXISTING WORK ON PLANS.

11. **APPLICANTS MUST SUBMIT NINE (9) PAPER COPIES OF THE FOLLOWING DOCUMENTS:**

- Completed Application
- Environmental Assessment Form
- Plans/Specifications of proposed project (See Town Code §154-18)
- List of adjacent property owners within 500 feet (See Town Code §154-18)

*****All submissions MUST also include electronic versions of ALL plans.*****

12. **CERTIFICATION:**

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE: _____ **DATE:** _____

Authorization for Filing Application

This section must be executed if anyone other than the owner is making this application and signature must be notarized.

_____ is hereby authorized to make the within application.

By: _____ Dated: _____

Sworn to and subscribed, before me,

This ____ day of _____, 20____

Notary Public

List of Property Owners within 500 Feet

To the best of my knowledge and to the extent of the records in the Town of Patterson Assessor’s Office that the list attached to this application contains the names and addresses of each property owner on record of land within 500 feet of the property lines for which this variance/permit is sought.

Applicant’s Signature: _____ **Dated:** _____

Site Inspection Authorization

I the under signed hereby give permission for the Town Of Patterson Municipal Agencies and their agents to come and inspect the premises with respect to this application to the Patterson Zoning Board of Appeals.

Site Address: _____

Property Owner’s Signature: _____ **Dated:** _____

Affidavit of Ownership

STATE OF NEW YORK :
 SS :
COUNTY OF PUTNAM :

_____ of full age, being duly sworn according to law on oath
Property Owner Name

deposes and says, that the deponent resides at _____
Property Owner Street Address

in the municipality of _____ in the County of _____ and in the
Town/City *County*

State of _____; _____ is the owner in
State *Property Owner Name*

fee of all that certain lot, piece, or parcel of land situated, lying , and being in the Town of Patterson, which is
known and designated as _____
Property Address for Which Application is Being Made

Signature (*Notarization required*)

Sworn to and subscribed, before me,
This ____ day of _____, 20__

Notary Public

If you are submitting an application as a corporation, you must also complete the bottom portion of this page. A list of all principals and officers of the corporation MUST BE ATTACHED to this application.

_____ of full age, being duly sworn according to law on
Property Owner Name

oath deposes and says, that _____
Corporation Name

is a corporation duly organized and existing under the laws of the State of New York or is a _____
State

State Corporation duly authorized to conduct business in the State of New York including the submission of this Application; and further that the attached list of individuals are Principals and/or Officers of the aforementioned Corporation.

Signature (*Notarization required*)

Sworn to and subscribed, before me,
This ____ day of _____, 20__

Notary Public

Town of Patterson
Disclosure of Interests

Application Title:

Case #:

Part I: Owner Information

Property Tax Map #: _____ Owner's Name: _____

Street Address: _____

Nature of Application, Petition, or Request: _____

Part II: Nature & Extent of Interest

List the Name, residence or address, nature and extent of interest, as defined by General Municipal Law §809, of any State Officer or employee, Putnam County Officer or employee, or Town of Patterson Officer or employee, or of any municipality of which the Town of Patterson is a part has any interest in the property identified above, or is a part of has any interest in the person or firm/partnership or association making the above application, petition or request. If there is no conflict of interest, answer "None".

Part III: Certification

The Undersigned Applicant, Petitioner or Person (Firm), submitting an Application as identified above certifies by signature on this Disclosure Statement that, in accordance with the provisions of General Municipal Law §809, except as stated in Part II above, no State Officer or employee, County Officer or Town of Patterson Officer or employee, or of any municipality of which the Town of Patterson is a part has any interest, financial or otherwise, in the property identified above, or is a part of has any interest in the person or firm (partnership or association making the above application, petition or request.

Signed: _____
(Applicant, Petitioner or Person (Firm) Making Request)

By: _____
(Print Name and Title)

Dated: _____