TOWN OF TORREY

Post Office Box 280
56 Geneva Street
Dresden, New York 14441
315-536-6376 (Office)
315-536-5655 (Fax)

Application No.: _____
Date Filed: _____
Fee Paid $ _____ Town Clerk Initials _____
PB Decision: _____
Date: _____

Reference: Article XIV, Town of Torrey Zoning Law

Site Plan Review - Permit Application

General Instructions: The applicant must complete Items 1 – 9 and return 10 copies of this application and all attachments to the Town clerk

☐ Initial Application ☐ Revised Application (prior application No.) _____

1. SUBJECT PROPERTY

Project Address _____ Tax Map No. _____

Lot Size _____ acres or _____ width X _____ depth or _____ sq. ft

2. APPLICANT

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone: Day _____ Night _____ Cell _____

E-mail Address _____

3. PROPERTY OWNER (IF DIFFERENT)

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone: Day _____ Night _____ Cell _____

Email Address _____

4. GENERAL /PRIMARY CONTRACTOR

Name _____

Co. Name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone: Day _____ Night _____ Cell _____

Email Address _____

5. LICENSED ENGINEER (if applicable)

Name _____

Co. Name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone: Day _____ Night _____ Cell _____

6. PROJECT DESCRIPTION NARRATIVE

Please provide a written narrative explaining the nature of the proposal, including phasing, time frames and any future development plans for this property, if any.

(attach an additional sheet if more space is needed)

7. SITE PLAN CHECKLIST		
The following items MUST be included as part of the Site Plan. **The Applicant should check off each item in the column to the right marked "Applicant". If an item is *not applicable* mark it "NA" in the "Applicant" column and explain why the item is *not applicable* in the space provided below.**	**Submitted/Reviewed** Applicant	Staff Use
A. All blueprints, drawings, maps and/or sketches of the project shall bear the name and address of the applicant and the preparer of the document.		
B. A drawing or map that shows all property lines, easements and the proposed location and dimensions of all structures including, but not limited to, septic systems, wells, waterlines, driveways and other impervious surfaces .		
C. A drawing that shows all existing and proposed drainage courses including any streams, ponds, lakes, wetlands or flood zones on or adjacent to the site.		
D. An aerial view of the project site.		
E. A stormwater management plan. Such plan shall include the details of surface and subsurface drainage systems. (On large projects the Planning Board may require calculations of volume and velocity of runoff for sizing of drainage structures.)		
F. An erosion control plan showing both temporary and permanent erosion control measures. (Erosion control plans must comply with NY State Standards and Specifications for Erosion and Sediment Control.)		
G. A drawing that presents the location and identification of existing vegetation on the site and a description of the proposed excavation, grading, filling and final landscaping.		
I. A description of the size, height, and location of all signs, if any, and a description of any exterior lighting.		
J. SEQR - New York State Quality Review Full Environmental Assessment Form		

8. **Explain why any item marked "NA" above is not included with this application.**

(attach an additional sheet if more space needed)

9. Affirmation – Applicant/Property Owner

I declare that the contents of this application are true and correct to the best of my knowledge.

APPLICANT

Signature: _____ **Date:** _____

Print Name _____

PROPERTY OWNER (Required if the applicant is not the property owner))

Signature: _____ **Date:** _____

Print Name _____

Planning Board Worksheet

Referred to YC Soil & Water (date) _____
Referred to YCPB (date) _____
Referred to _____ (date) _____
Public Hearing (date) _____

Planning Board Decision:

- ☐ **Approved**
- ☐ **Approved with Conditions** (see Comments)
- ☐ **Denied** (see Comments)

Planning Board Chair Signature: _____ **Date:** _____

Print Name _____

Planning Board Comments:

FOR STAFF USE ONLY

Current Issues (i.e. Variances/Special Exceptions, Special Approvals)	**Proposed**	**Required**

Fees	**Account #**	**Amount**	**Date Paid**	**Initial**
Application Fee (Torrey Fees & Fines Schedule)				
Consulting Fee				
Performance Bond				
Fee-in-lieu of Performance Bond				

Past Applications	**Granted/Denied**

A referral to _____ has been made. Date Referred: _____ Returned: _____
A referral to _____ has been made. Date Referred: _____ Returned: _____
A referral to _____ has been made. Date Referred: _____ Returned: _____

Planning Board/Town Board/Staff Comments:

_____

_____

_____

_____

_____

Refund Action	**Refund Amount**	**Date**

Town of Torrey

Application No. _____

Applicant Name: _____

Project Address: _____

General/Primary Contractor Affirmation

Site Plan Review Application

General Instructions:

1. **The Town Clerk will complete the items in the above box and return this sheet to the applicant.**
2. **The Applicant will retain this sheet pending approval of the Site Plan and then obtain the signature of the General/Primary Contractor. Signature is required prior to issuance of a permit.**

Affirmation – General/Primary Contractor

I declare that I have reviewed the site plan, including any conditions required by the Planning Board, and will install the practices as approved.

Signature: _____ **Date:** _____

Print name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Town of Torrey

Application No. _____

Applicant Name: _____

Project Address: _____

Project Completion Certification

Site Plan Review

General Instructions:

1. **The Town Clerk will complete the items in the above box and return this sheet to the applicant.**
2. **The Applicant will retain this sheet until the project is completed and then obtain the required signatures. Signatures are required prior to issuance of a Certificate of Occupancy/Use.**

Declarations Upon Completion of the Project

I declare that the project and its components were installed as approved to the best of my knowledge.

Property Owner Signature: _____ Date: _____

I declare that the project and its components were installed as approved.

General/Primary Contractor Signature: _____ Date: _____

I declare that the project and its components were installed as approved. (if applicable)

Licensed Engineer Signature: _____ Date: _____

Final Approval

Zoning Officer Signature: _____ Date: _____