



CITY OF SARATOGA SPRINGS

PLANNING BOARD

City Hall - 474 Broadway
Saratoga Springs, New York 12866-2296
Tel: 518-587-3550 fax: 518-580-9480
<http://www.saratoga-springs.org>

[FOR OFFICE USE]

(Application #)

(Date received)

APPLICATION FOR: SPECIAL USE PERMIT

(Rev: 03/2018)

Project Name: _____

Property Address/Location: _____

Tax Parcel #: _____ Zoning District: _____
(for example: 165.52-4-37)

Proposed Use: _____

Type of Special Use Permit: Permanent Temporary Renewable Modification

APPLICANT(S)*

OWNER(S) (If not applicant)

ATTORNEY/AGENT

Name _____

Address _____

Phone _____

Email _____

Identify primary contact person: Applicant Owner Agent

* An applicant must be the property owner, lessee, or one with an option to lease or purchase the property in question.

Please check the following to affirm information is included with submission.

Sketch Plan Attached:

Applicant is encouraged to submit sketch plans showing features of the site and /or neighborhood and illustrate proposed use.

Environmental Assessment Form:

All applications must include a completed SEQR Short or Long Form. SEQR Forms can be completed at <http://www.dec.ny.gov/permits/6191.html>.

Water Service Connection Agreement- For all projects including new water connections to the City system, a copy of a signed water service connection fee agreement with the City Department of Public Works is required and **MUST** be submitted with this application.

Application Fee: \$900.00 \$300-modifications (check box)

A check for the total amount made payable to: "Commissioner of Finance" **MUST** accompany this application.

2 hard copies (*I signed original) and one electronic copy (PDF) of complete application and ALL attachments.

Submission Deadline - Check City's website (www.saratoga-springs.org) for application deadlines and meeting dates.

Does any City officer, employee or family member thereof have a financial interest (as defined by General Municipal Law Section 809) in this application? YES NO . If YES, a statement disclosing the name, residence, nature and extent of this interest must be filed with this application.

I, the undersigned owner, leasee or purchaser under contract for the property, hereby request Special Use Permit approval by the Planning Board for the identified property above. I agree to meet all requirements under Section 240-7.1 of the Zoning Code of the City of Saratoga Springs.

Furthermore, I hereby authorize members of the Planning Board and designated City staff to enter the property associated with this application for purposes of conducting any necessary site inspections relating to this application.

Applicant Signature: Jon R Cromer

Date: 5/16/18

If applicant is not current owner, owner must also sign.

Owner Signature: Jon R Cromer

Date: 5/16/18