



Town of Galway
SARATOGA COUNTY
ESTABLISHED 1792
PLANNING BOARD

5910 Sacandaga Rd
Galway, NY 12074
Tele – 518-882-6070

Form #003-SUP – SITE PLAN REVIEW/SPECIAL USE PERMIT APPLICATION

Town Office Use Only:

Application No: _____

Date Received: _____

Instructions to applicant:

Please submit the following:

- A completed application form (signed/dated)
- SEQRA/EAF short form (attached and/or available at www.dec.ny.gov/permits/6191.html) Complete Applicant section I only – sign and date
- Five (5) 11x17 copies and Five (5) 24x36** of a sketch plan or surveyed plot plan showing location and sizes of all buildings (existing and proposed) on the property, precise distances to property lines, and any proposed improvements or additions to the site
- A complete copy of the current deed (or purchase agreement if purchase is contingent upon successful procurement of the special use permit)
- Application Fee due at time of filing** (*Please refer to current Planning Board Fee Schedule available at Town Hall*)
- Site plan Review Check Off List**

The above materials, along with the application fee, must be submitted to the Planning Board Clerk by the 20th of the prior month to be placed on the agenda for that month. The Planning Board meets on the fourth Tuesday of each month.

Applicant Information:

Name: _____

Mailing Address: _____

Telephone: _____ EMAIL: _____

The location [street address] of the property for which the special use permit is being requested:

Subject property Tax Parcel # (from tax bill) _____

Zoning District: Agricultural/Residential () ; Commercial C-1 () / C-2 () ; Lake District ()

Is this property in the Saratoga county AG District #2; OR on a State or County Highway; OR within 500' of municipal boundary _____ Yes _____ No

Briefly describe the proposal:

I, _____, hereby known as the applicant for this action, do affirm that all the information provided in this application is correct and accurate. I understand that furnishing information that is not correct, or fraudulent, may negate any findings and/or approvals granted by the Town of Galway Planning Board in regard to this application.

Signed: _____ Date: _____

OPTIONAL AUTHORIZATION FOR THIRD PARTY REPRESENTATION

I, _____, the applicant for this action, hereby appoint _____ to act as my agent at all proceedings before the Town of Galway Planning Board relative to my application for a site plan review/special use permit.

Signed: _____ Date: _____

Notary Public: _____ Date: _____

ESCROW: As per section 115-64 A of the Town of Galway code any application may be required to establish an escrow account based on the estimated cost of the Town for professional review of the proposal. Professional review services include but are not limited to Engineers, Attorneys, Architects, Landscape designers, Surveyors, Appraisers, and Planners. For additional information refer to Section 115-64 A-G.

Initials _____

All driveways shall be in conformance with the Zoning Section 115-25 of the Galway Town Code. For all driveways over 100feet long a preliminary driveway plan must be submitted to the Town Code Enforcement Officer to ensure adequate fire and emergency vehicle access prior to the issuance of a building permit.

Initials _____

Town Use Only
Planning Board Action

Submission of Site Plan: _____ [] Accepted [] Rejected

SEQR Form Submitted: _____ () Negative Declaration- Date: _____
() Positive Declaration – Date: _____

Referred to County _____ () Negative Declaration – Date: _____
() Positive Declaration – Date: _____

Date of Public Hearing _____

Approval Date _____

Special Conditions for Approval: [] Yes [] No
