

**VILLAGE OF SCARSDALE
ENGINEERING & BUILDING DEPARTMENT
COORDINATING OFFICE
VILLAGE HALL
1001 POST ROAD
SCARSDALE, NEW YORK 10583
(914) 722-1131
FAX(914) 722-1103**

OFFICE USE ONLY

APPL. # _____

DATE: _____

FEES

PLANNING BOARD _____

PLANNING BOARD APPLICATION

PART I: (TYPE OF PLANNING BOARD APPLICATION)

- | | |
|------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> PRELIMINARY REVIEW | <input type="checkbox"/> NON-RESIDENTIAL SPECIAL USE PERMITS |
| <input type="checkbox"/> SUBDIVISION OF PROPERTY WITHOUT STREETS | <input type="checkbox"/> APPEAL DECISION OF VILLAGE ENGINEER |
| <input type="checkbox"/> SUBDIVISION OF PROPERTY WITH STREETS | <input type="checkbox"/> CURB CUT |
| <input type="checkbox"/> WETLANDS APPLICATION | <input type="checkbox"/> WETLANDS PERMIT |
| <input type="checkbox"/> PROPERTY LINE CHANGES | <input type="checkbox"/> FLOOD PLAIN |
- SITE PLAN**
- LOTS AT A DISTANCE FROM THE STREET
- NON-RESIDENTIAL BUILDINGS
- CLUSTER SUBDIVISION

OTHER _____

Description of work:

It is agreed that all provisions of the Village Code shall be complied with whether or not detailed information regarding any one of such provisions is given in this application.

NAME: _____ ADDRESS: _____

PHONE: _____ EMAIL: _____

(Signature of Applicant)

PART II: (PROPERTY, OWNER, ARCHITECT & INFORMATION)

STREET ADDRESS OF PROJECT: _____ SEC. _____ BLK. _____ LOT _____

ZONING DISTRICT: _____ WETLANDS CONTROLLED AREA (check one): YES NO FLOOD

ZONE: _____ (check one): YES NO

PROPERTY OWNER: _____ ADDRESS: _____ PHONE#: _____

(If different from above)

EMAIL: _____

ARCHITECT: _____ ADDRESS: _____ PHONE#: _____

EMAIL: _____

CONTACT PERSON: _____ ADDRESS: _____ PHONE#: _____

(Person responsible for supplying information)

EMAIL: _____

PART III: (PRESENT USE OF PROPERTY-AREA OF NEW WORK)

PRESENT USE OF PROPERTY WHERE CONSTRUCTION WILL BE DONE: (Please check one)

SINGLE FAMILY MULTI-FAMILY COMMERCIAL OTHER

ADDITIONS & NEW CONSTRUCTION ONLY, PROVIDE SQUARE FOOTAGE (AREA) OF PROPOSED AREAS ONLY

BASEMENT/CELLAR _____ 1st FLOOR _____ 2nd FLOOR _____
CRAWL SPACE _____ DECK _____ SHED _____

PART IV: LOT COVERAGE (To be completed only if property is located in Res. A District)

LOT COVERAGE * PRINCIPAL BUILDING ACTUAL SF _____ PERMITTED SF _____
 * OVERALL ACTUAL SF _____ PERMITTED SF _____

*Note: these figures may be obtained by completing the Lot Coverage Ratio Form.

PART V: FLOOR AREA RATIO (FAR) :

LOT AREA _____
ACTUAL FLOOR AREA SF _____ PERMITTED ACTUAL FLOOR AREA SF _____

*Note: these figures may be obtained by completing the Floor Area Ratio (FAR) Form.

PART VI:

STATE OF NEW YORK
COUNTY OF WESTCHESTER

I, _____ being duly sworn,
(**PRINT NAME**)
(agent, owner, corporate officer)

deposes and says: that

_____ is the owner in fee of the premises which this application applies; that the applicant is duly authorized to make this application; and that the statements obtained here are true to the best of the applicant's knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith, and in accordance with all applicable laws, ordinances and regulations.

Signature _____

Sworn to before me this _____ day of _____, 20____

Notary

OFFICE USE ONLY

APPLICANT REQUIRED TO SUBMIT DOCUMENTATION OF APPROVALS FROM THE FOLLOWING (Where applicable):

BOARD DATE DISPOSITION

B.A.R. _____

ZONING _____

P E R M I T S R E Q U I R E D

DATE
ISSUED # FEE

SWMECP _____

BUILDING (inc. demolition) _____

PLUMBING _____

OIL BURNER _____

ELECTRICAL _____

CERTIFICATE OF OCCUPANCY _____

COUNTY BOARD OF HEALTH _____

NOTE: A BUILDING PERMIT IS REQUIRED BEFORE STARTING ANY WORK.