

TOWN OF CHILI

3333 Chili Avenue, Rochester, NY 14624

Tel: 889-6143 Fax: 889-8710

www.townofchili.org

Email: krogers@townofchili.org

PLANNING BOARD APPLICATION

Hearing Date: _____

A licensed State of New York Engineer, Architect, or Surveyor MUST prepare all plans. ALL applicable items MUST be shown on said drawing. The required number of copies of all maps, drawings and plans must be FOLDED to approximately 8.5" x 11" with project name shown and be accompanied by the appropriate number of copies of this application. Any exception to these requirements must receive prior approval from the building inspector.

Project Name	Project Location
Tax Account #	Present Zoning
Engineer Name / Address / ZIP	
Phone	Email

Owner Name	Applicant Name
Street Address	Street Address
City / State / ZIP	City / State / ZIP
Phone/ Email	Phone/ Email

Reason for Appearing:	# of Proposed Lots	Copies Req'd	Additional Submissions:	
<input type="checkbox"/> Subdivision Sketch Plan	_____	16	<input type="checkbox"/> Environmental Assessment Form (same quantity as application/plans)	
<input type="checkbox"/> Subdivision Preliminary	_____	22	<input type="checkbox"/> Subdivision Drainage Review Checklist (4 copies)	
<input type="checkbox"/> Subdivision Final <small>(fee to be paid at preliminary stage if requesting final to be waived)</small>	_____	16	<input type="checkbox"/> Plans in electronic DWG/PDF format (1 Flash Drive/USB – Required)	
<input type="checkbox"/> Resubdivision	_____	22	<input type="checkbox"/> Misc. _____	
<input type="checkbox"/> Preliminary Site Plan	_____	22	Additional Information:	
<input type="checkbox"/> Final Site Plan <small>(fee to be paid at preliminary stage if requesting final to be waived)</small>	_____	16	Have stamped landscaping plans been submitted? <small>(stamped by Licensed Landscape Architect)</small>	YES NO <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Special Use Permit <input type="checkbox"/> Special Use Permit Renewal	_____	16	Is the property located in a flood plain or wetland?	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Rezoning From _____ to _____	_____	22	If "YES" the limits are defined by whom? () USA Corps of Eng. () NYSDEC () Both	
<input type="checkbox"/> Informal Discussion	_____	16	Is the property in an Agriculture District?	<input type="checkbox"/> <input type="checkbox"/>
(A letter of intent is required with each application with copies as indicated.)			Size of parcel acreage _____	

Interest Disclosure: Does any officer or employee of this State, County, or Town have any interest in this application pursuant to the provisions of Section 809 of the General Municipal Law? If "YES", on a separate sheet of paper indicate the Name(s), Address and the nature and extent of the interest in the application. YES NO

Ownership Intentions: What is the intent of the applicant with this property's application?
 OWN LEASE

Notarized Signature of Property Owner(s) If Not Applicant:

Signature: _____ Date: _____

Sworn to before me this _____ day of _____.

Notary Public

Signature of Applicant:

Signature: _____ Date: _____

Print Name

FOR OFFICE USE ONLY: Fees Paid: Preliminary: _____ Date _____ Amount _____ Final: _____ Date _____ Amount _____