

Jeffery Schmitt, Planning Board Chairperson  
Michael Harris, Vice Chairperson  
Chris Parslow, Town Planner  
Coryn VanDeusen, Clerk  
Teresa Bakner, Board Attorney



Elizabeth Novak, Board Member  
Joshua Houghton, Board Member  
Matthew Hoffman, Board Member  
Michael Walpole, Board Member

**TOWN OF DUANESBURG**

**SCHENECTADY COUNTY**

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**INSTRUCTIONS FOR APPLICATIONS TO THE PLANNING BOARD**

- The Planning Board meets the **Third Thursday** of each month at **7:00PM** on the basement floor in the boardroom.
- Each application shall consist of nine (9) copies of the requested information including the maps and the application with the Environmental Assessment Form. Please make sure all sides of the copies are made.
- All applications shall be accompanied with the required fee (fees are non-refundable). Without the appropriate fee the application **WILL NOT** be reviewed by the Planning and Zoning Department.
- **COMPLETE** applications must be reviewed and submitted at least **TEN DAYS** prior to the next meeting in the Planning and Zoning Office (the applications must be submitted no later than 3pm). **Note:** To be placed on the agenda the Planning and Zoning Department must have reviewed all materials and agreed the application is ready to be heard, if for any reason the agenda is full for that month, the Board reserves the right to postpone your application until the following month.
- The Applicant must appear in person or by duly designated representative at the hearing or the matter will not be considered. If for any reason you or your representative cannot attend the meeting scheduled, please contact the Planning and Zoning Office prior to the meeting.

**Failure to submit required information may result in the delay of your application being considered.**

*Coryn VanDeusen*  
Planning and Zoning Clerk  
Town of Duanesburg  
5853 Western Turnpike  
Duanesburg NY 12056  
P# 518-895-2040

APPLICATION FOR THE PLANNING BOARD  
TOWN OF DUANESBURG

Revised 04/12/2017

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

CHECKLIST OF REQUIRED INFORMATION:

- ☒ Title of drawing.
- ☒ Tax Map ID #
- ☒ Zoning district
- ☒ Current Original Deed
- ☒ NYS Survey (L.S. & P.E.)
- ☒ North Arrow, scale (1"=100'),
- ☒ Boundaries of the property plotted and labeled to scale.
- ☒ School District/Fire District
- ☒ Green area/ landscaping
- ☒ Existing watercourses, wetlands, etc.
- ☒ Contour Lines (increments of 10ft.)
- ☒ Easements & Right of ways
- ☒ Abutting Properties Wells/ Sewer Systems within 100ft.
- ☒ Well/ Water system

- ☒ Septic system: Soil investigation completed?
- ☒ Sewer System: Which district?
- ☐ Basic SWPPP (1≥ & <5)
- ☐ Full Storm Water Control Plan (5acres or more)
- ☐ Storm Water Control Plan
- ☒ Short or long EAF [www.dec.ny.gov/efmappet/](http://www.dec.ny.gov/efmappet/)
- ☐ Street pattern: Traffic study needed?
- ☐ All property Mergers REQUIRE both owners Signatures on the Application

Additional Requirements for Special Use Application:

- ☒ New or existing building
- ☒ Business Plan, Hours of operation, & number of employees, floor plan, uses, lighting plan/ landscaping/signage
- Parking, Handicap Spaces, & lighting plan

Date \_\_\_\_\_

Application type: ☐ Major Subdv ☐ Minor Subdv ☐ Special Use Permit ☐ Site/ Sketch Plan Review ☐ LotLine Adjust Proposal: \_\_\_\_\_

\_\_\_\_\_ Section \_\_\_\_\_ of \_\_\_\_\_ Ordinance.

Present Owner: \_\_\_\_\_ (AS APPEARS ON DEED!!)

Address: \_\_\_\_\_ Zip code : \_\_\_\_\_

Phone # (required) \_\_\_\_\_

Applicants Name (if different): \_\_\_\_\_ Phone# (required) \_\_\_\_\_

Location of Property (if different from owners) \_\_\_\_\_

Tax Map # \_\_\_\_\_ Zoning District \_\_\_\_\_

Signature of Owner (S) if different from Applicant (AS APPEARS ON DEED!!)

LANDS CONVEYED TO (REQUIRED FOR MERGERS) \_\_\_\_\_

Signature of receiving Property Owner \_\_\_\_\_ (AS APPEARS ON DEED!!)

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. The Applicant hereby certifies that he/she is the owner of the above property or has duly authorized, in writing, by the owner of record to make this application. Further, by signing this application, the owner gives permission for a representative (s) of the Town of Duanesburg to walk the property for the purposes of conducting a site review.

\_\_\_\_\_  
Signature of Owner(S) and/or Applicant(S) Date \_\_\_\_\_

ALL APPLICATION FEES ARE NON-REFUNDABLE!

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(For office use only)

Application fee paid: \_\_\_\_\_ Check# \_\_\_\_\_ Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

☐ Approved ☐ Disapproved ☐ Refer to Code Enforcement Section \_\_\_\_\_ of \_\_\_\_\_ Ordinance

Planning Commission Comments: \_\_\_\_\_

\_\_\_\_\_  
Planning Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_  
Code Enforcement

\_\_\_\_\_  
Date

Agricultural Data Statement

Date: \_\_\_\_\_

Instructions: Per § 305-a of the New York State Agriculture and Markets Law, any application for a special use permit, site plan approval, use variance or a subdivision approval requiring municipal review and approval would occur on property within a New York State Certified Agricultural District containing a farm operation or property with boundaries within 500 feet of a farm operation located in an Agricultural District shall include an Agricultural Data Statement.

Applicant	Owner if Different from Applicant
Name: _____	Name: _____
Address: _____	_____
_____	_____

1. Type of Application: Special Use Permit; Site Plan Approval; Use Variance; Area Variance; Subdivision Approval (circle one or more)
2. Description of proposed project:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Location of project: Address: \_\_\_\_\_  
Tax Map Number (TMP) \_\_\_\_\_
4. Is this parcel within an Agricultural District? YES NO (Check with your local
5. If YES, Agricultural District Number \_\_\_\_\_ assessor if you do not know.)
6. Is this parcel actively farmed? YES NO
7. List all farm operations within 500 feet of your parcel. Attach additional sheet if necessary.

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
Is this parcel actively farmed? YES NO	Is this parcel actively farmed? YES NO
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
Is this parcel actively farmed? YES NO	Is this parcel actively farmed? YES NO

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Signature of Owner (if other than applicant)

Reviewed by: \_\_\_\_\_

Dale R. Warner

\_\_\_\_\_  
Date

Revised 4/4/17

**FARM NOTE**

Prospective residents should be aware that farm operations may generate dust, odor, smoke, noise, vibration and other conditions that may be objectionable to nearby properties. Local governments shall not unreasonably restrict or regulate farm operations within State Certified Agricultural Districts unless it can be shown that the public health or safety is threatened.

**NOTE TO REFERRAL AGENCY:** County Planning Board review is required. A copy of the Agricultural Data Statement must be submitted along with the referral to the County Planning Department.