



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

Instructions to applicant:

Please submit the following:

- a) A completed application form (signed/dated)
- b) SEQRA/EAF short form (attached and/or available at www.dec.ny.gov/permits/6191.html)
Complete Applicant section only – sign and date
- c) **Five (5) 11x17 copies and One (1) 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
- d) A complete copy of the current deed (or purchase agreement if purchase is contingent upon successful procurement of the special use permit)
- e) **Application Fee due at time of filing** (*Please refer to current Planning Board Fee Schedule available at Town Hall*)
- f) **Site plan Review Check Off List**

Town Office Use Only:	
Application No:	_____
Date Received:	_____

The above materials, along with the application fee, must be submitted to the Planning Board Clerk by the first of the 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:

Name/Address of Owner:
(If other than applicant)

Subject property Tax Parcel # (from tax bill) _____

Zoning District: Agricultural/Residential (); Commercial C-1 () / C-2 (); Lake District ()
() Saratoga county AG District #2; or on a State or County Highway; or within 500' of municipal boundry.

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: _____

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

