

PLANNING DEPARTMENT
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TOWN OF PATTERSON
PLANNING & ZONING OFFICE

ZONING BOARD OF APPEALS

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Stephanie Fox, Vice Chair
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**Chapter 133: Stormwater, Soil Erosion,
and Sediment Control Application**

Application #: _____

Date Received: _____

Tax Map #: _____

1. APPLICANT INFORMATION

Name: _____

Mailing Address: _____

Telephone #: _____

E-mail: _____

2. OWNER INFORMATION

Name: _____

Mailing Address: _____

Telephone #: _____

E-mail: _____

3. ENGINEER INFORMATION

Name: _____

Mailing Address: _____

Telephone #: _____

E-mail: _____

4. SURVEYOR INFORMATION

Name: _____

Mailing Address: _____

Telephone #: _____

E-mail: _____

5. Existing Zoning: _____
6. Property address or name of road abutting site: _____
7. Relationship of Applicant to the property in question:
 Owner Contract Vendee Lessee Other (Specify): _____
8. Total area of existing lot: _____ (acres)
9. Total area of disturbance: _____ (acres)
10. Required filing fee: \$ _____
 Cash Check #: _____
11. Environmental Assessment form (EAF) submitted with application? Yes No
12. Are there restrictions that apply to, or easements that exist over the tract? Yes No
- If “yes”, a complete description is necessary and copies of legal documents must be provided.



The undersigned Applicant hereby certifies that the above statements are true to my knowledge and belief and hereby request approval of this application.

Applicant’s Signature: _____ Date: _____

In addition to four (4) paper copies of all forms/documents (including the application form, Environmental Assessment Form, and plans), all submissions MUST include electronic versions of ALL plans.



Authorization for Filing Application

This section must be executed if anyone other than the owner is making this application.

_____ is hereby authorized to make the within application.

By: _____
Property Owner

Dated: _____



Site Inspection Authorization Form

I hereby give permission for the Town of Patterson Municipal Agencies and their agents to come upon and inspect these premises with respect to this application for:

On: Map: _____ Block: _____ Lot: _____

Applicant's Signature: _____ Date: _____

Town of Patterson
Disclosure of Interests

Application Title:
Case #:

Part I: Owner Information

Property Tax Map #: _____ Owner's Name: _____

Street Address: _____

Nature of Application, Petition, or Request: _____

Part II: Nature & Extent of Interest

List the Name, residence or address, nature and extent of interest, as defined by General Municipal Law §809, of any State Officer or employee, Putnam County Officer or employee, or Town of Patterson Officer or employee, or of any municipality of which the Town of Patterson is a part has any interest in the property identified above, or is a part of has any interest in the person or firm/partnership or association making the above application, petition or request. If there is no conflict of interest, answer "None".

Part III: Certification

The Undersigned Applicant, Petitioner or Person (Firm), submitting an Application as identified above certifies by signature on this Disclosure Statement that, in accordance with the provisions of General Municipal Law §809, except as stated in Part II above, no State Officer or employee, County Officer or Town of Patterson Officer or employee, or of any municipality of which the Town of Patterson is a part has any interest, financial or otherwise, in the property identified above, or is a part of has any interest in the person or firm (partnership or association making the above application, petition or request.

Signed: _____
(Applicant, Petitioner or Person (Firm) Making Request)

By: _____
(Print Name and Title)

Dated: _____

Town of Patterson
Professional Plan Review and Inspection Agreement

The Undersigned Applicant agrees that if a professional review or site inspection by the Town Engineer is necessary for the evaluation of the application and proposed project, the applicant acknowledges and agrees that they will be responsible for any fees incurred and must make payment accordingly upon request.

Applicant's Name

Applicant's Signature

Street Address

City, State, Zip