



# Town of Ramapo Planning Department

237 Route 59  
Suffern New York 10901  
(845) 357-5100  
Fax: (845) 357-2936

To: Applicants and Consultants

From: Town of Ramapo Planning Department

**Re: Flex-Overlay Planned Unit Development Application Submissions**

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Flex-Overlay Planned Unit Developments (PUDs) are development proposals authorized under Section 376-24 of the Town of Ramapo Zoning Code. All Applicants are encouraged to review the applicable zoning text to fully understand the applicable criteria to make application to the Town Board for a PUD.

Enclosed please find the following information:

- Flex-Overlay Planned Unit Development Application Review Submittal Checklist
- Flex-Overlay Planned Unit Development Application Packet
- SEQR Memorandum

### **Important Notes:**

1. Only COMPLETE applications will be accepted for placement on a Town Board agenda for discuss. Please ensure that all necessary forms and payment are included, forms are signs, etc. If you have questions regarding forms, fees, etc, please call the Planning Department to clarify PRIOR to the submission day.
2. All application forms and submittal materials are to be submitted in hard copy and digital form.
3. Any information handwritten shall be clear. Unreadable information will be returned, and the application will be deemed incomplete.
4. All Planning Fees and escrow payments must be current at the time of submittal as well as any new fees required at submittal. No Exceptions will be made.



# Town of Ramapo Planning Department

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## FLEX-OVERLAY PLANNED UNIT DEVELOPMENT APPLICATION REVIEW SUBMITTAL CHECKLIST

**[This Form MUST be Submitted with Application]**

This application is for a Flex-Overlay Planned Unit Development (PUD) that is made to the Town Board. In order to be placed on a Town Board agenda for consideration of a PUD, the following must be submitted to the Town Clerk no later than two (2) weeks prior to a regularly scheduled Town Board meeting.

- \_\_\_\_\_ PUD application
- \_\_\_\_\_ Affidavit of Ownership
- \_\_\_\_\_ Owner's Consent Affidavit
- \_\_\_\_\_ 809 GML Affidavit
- \_\_\_\_\_ PUD application fee payable to the Town of Ramapo.
- \_\_\_\_\_ Payment of required escrows for reviews by Town consulting planners/engineers.
- \_\_\_\_\_ Billing Contact
- \_\_\_\_\_ List of Neighbors within 500 feet of project address (list obtained at Assessor's office)
- \_\_\_\_\_ Narrative description of the project setting forth the purpose, desirability, and impact on the area in which the project is proposed, as well as its projected effect on the Town in general, paying particular attention to schools, traffic, population, utilities, aesthetic, recreation, taxes, and compatibility with neighborhood character.
- \_\_\_\_\_ The text of the local law required to enact and place the proposed PUD zoning district over a subject property. This shall include a map and metes and bounds description of the proposed PUD District.
- \_\_\_\_\_ Information on the intended construction sequence for buildings, roads, parking areas and landscaping.
- \_\_\_\_\_ Subdivision plat, where applicable, indicating lots to be divided and related rights-of-way, easements and other agreements.
- \_\_\_\_\_ A Preliminary PUD Site Plans for development of the district, drawn approximately to scale, though it need not be to the precision of a finished engineering drawings. The plan shall show the items identified in Section 376-24.B.2.viii of the Town Zoning Code.
- \_\_\_\_\_ Vicinity map showing the proposed use in relation to existing zoning and land use within ¼ mile of the site.
- \_\_\_\_\_ Technical Reports (Drainage, Sewer, Water, Traffic, etc) as may be deemed necessary by the Town Board.
- \_\_\_\_\_ Short of Full Environmental Assessment Form

**\*Provide sixteen (16) hard copies and an electronic copy of all documents. A submission is not complete unless both hard copies and electronic copies are received on or before the submission deadline.**

**\*Additional copies may be requested by the Town for GML and/or SEQR coordination.**

**For Official Use only**

- Complete application - placed on a Town agenda for review.
- Incomplete application - applicant notified.

Application No.

\_\_\_\_\_ - \_\_\_\_\_



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**Planning Department**  
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## **FLEX-OVERLAY PLANNED UNIT DEVELOPMENT APPLICATION**

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

1. Name of Project \_\_\_\_\_
2. Address of Project \_\_\_\_\_
3. Location: On the \_\_\_\_\_ side of \_\_\_\_\_  
(Street Name)  
\_\_\_\_\_ Feet \_\_\_\_\_ of \_\_\_\_\_  
(Direction) (Street Name of Intersection)
4. Total Acreage \_\_\_\_\_ Zoning District \_\_\_\_\_
5. Tax Map Designation (Section, Block & Lot): \_\_\_\_\_
6. Current Parcel(s) Use: \_\_\_\_\_ Proposed Parcel(s) Use: \_\_\_\_\_
7. Has the Zoning Board of Appeals granted any variances or special permit concerning this property? \_\_\_\_\_  
If so, list case no. and name \_\_\_\_\_
8. List all contiguous holdings in the same ownership (as defined in the Ramapo Zoning Ordinance).  
Tax Map Designation (Section, Block & Lot): \_\_\_\_\_
9. Applicant Information:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
(Street Name and No.) (Town/City) (State) (Zip Code)  
Phone No. \_\_\_\_\_ Email \_\_\_\_\_
10. Owner of Record Information (if different than applicant):  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
(Street Name and No.) (Town/City) (State) (Zip Code)  
Phone No. \_\_\_\_\_ Email \_\_\_\_\_
11. Design Professional Information Preparing Plan:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
(Street Name and No.) (Town/City) (State) (Zip Code)  
Phone No. \_\_\_\_\_ Email \_\_\_\_\_
12. Legal Counsel Information  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
(Street Name and No.) (Town/City) (State) (Zip Code)  
Phone No. \_\_\_\_\_ Email \_\_\_\_\_
13. Project Contact Information (all project notifications will be sent to this individual)  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
(Street Name and No.) (Town/City) (State) (Zip Code)  
Phone No. \_\_\_\_\_ Email \_\_\_\_\_

Attached hereto is a narrative summary prepared by the applicant's design professional stating the nature of the use; compliance with the Zoning Law, Site Development Rules and Regulations; and Subdivision Regulations.

Attached hereto is an affidavit of ownership indicating the dates the respective holdings of land were acquired, together with the liber and page of each conveyance into the present owner as recorded into the Rockland County clerk's office. This affidavit shall indicate the legal owner of the property and the date the contract of sale was executed.

IN THE EVENT OF CORPORATE OWNERSHIP: A list of all directors, officers and stockholders of each corporation owning more than five percent (5%) of any class of stock must be attached.

STATE OF NEW YORK            )  
COUNTY OF ROCKLAND       ) SS.: TOWN  
TOWN OF RAMAPO

\_\_\_\_\_, hereby depose and say that all the above statements and the statements contained in the papers submitted herewith are true.

\_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Affirmed to before me this  
\_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_  
*Notary Public*



**Town of Ramapo  
Planning Department**

237 Route 59  
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**AFFIDAVIT OF OWNERSHIP**

STATE OF NEW YORK )  
COUNTY OF ROCKLAND ) SS.:  
TOWN OF RAMAPO )

I, \_\_\_\_\_, being duly sworn, hereby depose and say that I reside at:

\_\_\_\_\_ Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State

I am the (See note 1 & 2) \_\_\_\_\_ owner

in fee simple of premises located at:

\_\_\_\_\_ Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State

Described in a certain deed of said premises recorded in the Rockland County Clerk's Office in:

Liber \_\_\_\_\_ of conveyances Page \_\_\_\_\_

Said premises have been in my/its possession since \_\_\_\_\_. Said premises are also known and designated on the Town of Ramapo tax map as:

Section	Block	Lot
_____	- _____	- _____
_____	- _____	- _____
_____	- _____	- _____
_____	- _____	- _____

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**Notes:**

1. If owner is a corporation, fill in the office held by deponent and name of corporation and provide a list of all directors, officers and stockholders owning more than 5% of any class of stock.
2. If corporate officer indicate position.



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**OWNER'S CONSENT AFFIDAVIT**

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_  
Street Address City/Town State Zip Code

Name of Fee Owner: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City/Town State Zip Code

Name of Applicant: \_\_\_\_\_ (if different than owner)

Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City/Town State Zip Code

STATE OF NEW YORK )  
COUNTY OF ROCKLAND ) SS.:  
TOWN OF RAMAPO )

\_\_\_\_\_ being duly sworn, deposed and say that he/she resides at  
Owner Name

\_\_\_\_\_ in the County of \_\_\_\_\_  
Street Address County

In the State of \_\_\_\_\_ that he/she is the owner in fee of all that certain lot, piece of land  
situated, lying and being in the Town of Ramapo aforesaid and designated as

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
County of Rocklan

Owner \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT PURSUANT TO SECTION 809 OF THE GENERAL MUNICIPAL LAW**

Town of Ramapo  
Ramapo Town Hall  
237 Route 59  
Suffern, New York 10901  
(914) 357-5100

STATE OF NEW YORK )  
COUNTY OF ROCKLAND ) SS.:  
TOWN OF RAMAPO )

I, \_\_\_\_\_, being duly sworn, hereby depose and say that all the following statements and the statements contained in the papers submitted herewith are true and that the nature and extent of any interest set forth are disclosed to the extent that they are known to the applicant.

1. Print or type full name and Post Office Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

certifies that he/she is the owner or agent of all that certain lot, piece or parcel of land and/or building described in this application and it not the owner that he/she has been duly and properly authorized to make in connection with this application for the relief below set forth:

2. To the \_\_\_\_\_ of the Town of Ramapo:  
(Board, Commission or Agency)

Application, petition or request is hereby submitted for:

- Variance or modification from the requirements of Section \_\_\_\_\_
- Special Permit per the requirements of Section \_\_\_\_\_
- Review and approval of proposed subdivision plat
- Exemption from a plat or official map
- An order to issue a Certificate, Permit or License
- An amendment to the Zoning Ordinance or Maps or change thereof
- Other (explain): \_\_\_\_\_
- to permit the construction, maintenance and use of (explain) \_\_\_\_\_

3. Premises affected are in the \_\_\_\_\_ Zoning District and from the Ramapo Tax Map, the property is known as Section \_\_\_\_\_, Block \_\_\_\_\_ Lot \_\_\_\_\_

4. There is no state officer, Rockland County Officer or employee or Town of Ramapo officer or employee nor his or her spouse, brother, sister, parent, child or grandchild, or a spouse of any of these relatives who has an interest in the person, partnership or association making this application, petition or request, or is an officer, director, partner or employee of the applicant, or that such officer or employee, if this applicant is a corporation, legally or beneficially owns or controls any stock of the applicant in excess of 5% of the total of the corporation if its stock is listed on the New York or American Stock Exchanges; or is a member or partner of the applicant, if the applicant is an association or a partnership; nor that such Town officer or employee nor any member of his family in any of the foregoing classes is a party to an agreement with the applicant, express or implied, whereby such officer or employee may receive any payment or other benefit, whether or not for services rendered, which is dependent or contingent upon the favorable approval of this application, petition or request.

5. That to the extent that the same is known to your applicant, and the owner of the subject premises, there is disclosed herewith the interest of the following officer or employee of the State of New York or the County of Rockland or of the Town of Ramapo is the petition, request or application or in the property or subject matter to which it relates (if none, so state).

a. Name and Address of officer or employee \_\_\_\_\_

b. Nature of interest \_\_\_\_\_

c. If stockholder, number of shares \_\_\_\_\_

d. If officer or partner, nature of office and name of partnership \_\_\_\_\_  
\_\_\_\_\_

e. If a spouse or brother, sister, parent, child, grandchild or the spouse of any of these blood relatives of such, State County or Town of Ramapo officers or employee, state name and address of such relatives and nature of relationship to officer and employee and nature and extent of office, interest or participation in the ownership or any person, partnership or association having in interest in such ownership or in any business entity sharing in such ownership.

f. IN THE EVENT OF CORPORATION OWNERSHIP: A list of all directors, officers, and stockholders of each corporation owning more than five (5) percent of any class of stock, must be attached, if any of these are officers or employees of the State of New York, or of the County of Rockland, or of the Town of Ramapo.

\_\_\_\_\_

Do hereby depose and say that all the above statements and statements contained in the papers submitted herewith are true, knowing that a person who knowingly and intentionally violates this section is guilty of a misdemeanor.

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public





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## Billing Contact Form

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Please note it is the applicant's responsibility to keep the Billing Contact information up to date with the Planning Department. Complete only Part I with any new submittal package and make sure the address accurately reflects the proper mailing address. If you are revising the Billing Contact information, please complete both Part I and II.

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### Part I

I will be the Billing Contact for this project: \_\_\_\_\_  
*Project Name*

Contact: \_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Signature of Billing Contact*

\_\_\_\_\_  
*Date*

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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### Part II – Revised Billing Information (For changes to Billing Contacts ONLY)

I \_\_\_\_\_, by completing this Part II Section of the Billing Contact Form, allow for the project's original Billing Contact Form to be edited and updated to reflect the current information reflected in Part I and II of this form.

\_\_\_\_\_  
*Signature of Billing Contact*

\_\_\_\_\_  
*Date*

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



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**Re: 6 NYCRR Part 617 of the State Environmental Quality Review Act (SEQR)**

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The webpage below will provide helpful guidance information to applicants and their design professionals on completing an environmental assessment form (EAF) for both short and full forms:

<https://www.dec.ny.gov/permits/357.html>

The Town encourages the use of the EAF Mapper Application which is an Internet-based Geographic Information System (GIS) specifically designed to facilitate the NY State Environmental Quality Review (SEQR) process by answering geographic or place-based questions on the Short and Full Environmental Assessment Forms (EAFs). The EAF Mapper will provide its results by directly filling out many place-based questions in Part 1 of an electronically fillable SEAF or FEAF form and returning the partially completed form to the applicant or sponsor to finish. It may be found at the following web address and then clicking on “EAF Mapper Application.”

<https://www.dec.ny.gov/permits/6191.html>

The type of action will dictate whether a short or full environmental assessment form is to be submitted. All Type I Actions under SEQR must complete Part I Full EAF.