To: Applicants and Consultants

From: Town of Ramapo Planning Department

Re: Site Development Permit Application Submissions

Enclosed please find the following information:

- Submission Deadline / Meeting Schedule
- Site Development Permit Application Review Submittal Checklist
- Site Development Permit Application Packet
- SEQR Memorandum

The Town’s internet address for information on the CDRC is:
http://www.ramapo.org/page/community-design-review-committee-cdrc-102.html

Information available at the site includes, CDRC agendas and all forms in PDF format.

Important Notes:

1. Only COMPLETE applications will be accepted for placement on a CDRC 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.
## 2022 Community Development Review Committee / Architectural Review Board Meeting Schedule

<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Submission Deadline (at 3:00 PM)</th>
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<tr>
<td>Wednesday January 12, 2022</td>
<td>Wednesday, December 29, 2021</td>
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<td>Wednesday, January 26, 2022</td>
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<td>Wednesday December 14, 2022</td>
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2022 Planning Board Schedule

January 11, 2022
January 25, 2022
February 8, 2022
February 22, 2022
March 8, 2022
March 22, 2022
April 5, 2022
April 26, 2022
May 10, 2022
May 24, 2022
June 14, 2022
July 12, 2022
August 16, 2022
August 30, 2022
Wednesday, September 7, 2022
September 20, 2022
October 25, 2022
November 15, 2022
November 29, 2022
December 13, 2022

All Meetings start at 8:00 PM unless posted otherwise
This application is for a Site Development Permit. In order to be placed on a CDRC agenda for consideration of a Site Development Permit, the following must be submitted to the Town Planning Department no later than two (2) weeks prior to the CDRC meeting.

- Site Development Permit application
- Site Development Permit application fee payable to the Town of Ramapo.
- Payment of required escrows for reviews by Town consulting planners/engineers.
- Affidavit of Ownership
- Owner’s Consent Affidavit
- 809 GML Affidavit
- Billing Contact
- List of Neighbors within 500 feet of project address (list obtained at Assessor’s office)
- Narrative that described the proposed project. The Narrative should include but is not limited to the parcel size, the zoning district, existing and planned use of the property, project program utilities services, parking and access provided and any potential waivers or variances that may be requested.
- Response to CDRC/agency comments, as applicable
- Site Plans
- Technical Reports (Drainage, Sewer, Water, Traffic, etc)
- Short of Full Environmental Assessment Form

*Provide eight (8) 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.
SITE DEVELOPMENT PERMIT APPLICATION

Date: __________________________

1. Name of Project

2. Address of Project

3. Location: On the __________________ side of __________________ (Street Name)

   __________________ Feet (Direction) of __________________ (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 compliance with Site Development Rules and Regulations; any requested waivers or modifications.

At the time of any additional submissions, a similar narrative summary shall be submitted indicating how the revised submission has been modified to comply with the Planning Board resolution and/or Community Design Review Committee Report, or the rationale for deviation from compliance.

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
TOWN OF RAMAPO

____________________________________________________, hereby deose 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
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.
OWNER’S CONSENT AFFIDAVIT

Project Name: ____________________________________________________________

Project Address: __________________________________________________________

Street Address: ____________________________ City/Town: __________________ State: __ Zip Code: __

Name of Fee Owner: _______________________________________________________

Phone No.: ______________________________________________________________

Email: _________________________________________________________________

Address: ____________________________ City/Town: __________________ State: __ Zip Code: __

Name of Applicant: ________________________________________________________ (if different than owner)

Phone No.: ______________________________________________________________

Email: _________________________________________________________________

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 Rockland

Owner_______________________
Mailing Address:

________________________________________
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
Town of Ramapo  
Planning Department  
237 Route 59  
Suffern New York 10901  
(845) 357-5100  
Fax: (845) 357-2936

Billing Contact Form

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.

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:____________________

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:____________________
To: Applicants and Consultants

From: Town of Ramapo Planning Department

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

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.