



# 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: Subdivision Application Submissions**

---

Enclosed please find the following information:

- Submission Deadline / Meeting Schedule
- Subdivision Application Review Submittal Checklist
- Subdivision 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.
5. There are instances where subdivision applications also require a Site Development Permit Application. Generally, this applies to subdivisions proposing more than a single family or two-family home on an individual lot. Check with the Planning Department prior to making application.



**Town of Ramapo  
Planning Department**

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

**2022 Community Development Review Committee /  
Architectural Review Board Meeting Schedule**

<u>Meeting Date</u>	<u>Submission Deadline (at 3:00 PM)</u>
Wednesday January 12, 2022	Wednesday, December 29, 2021
Wednesday, January 26, 2022	Wednesday, January 12, 2022
Wednesday, February 2, 2022	Wednesday, January 26, 2022
Wednesday, February 16, 2022	Wednesday, February 2, 2022
Wednesday, March 2, 2022	Wednesday February 16, 2022
Tuesday, March 15, 2022	Wednesday, March 2, 2022
Wednesday, March 30, 2022	Tuesday, March 15, 2022
Wednesday, April 13, 2022	Wednesday, March 30, 2022
Wednesday, April 27, 2022	Wednesday, April 13, 2022
Wednesday, May 11, 2022	Wednesday, April 27, 2022
Wednesday, May 25, 2022	Wednesday, May 11, 2022
Wednesday, June 8, 2022	Wednesday, May 22, 2022
Wednesday, June 22, 2022	Wednesday, June 8, 2022
Wednesday, July 6, 2022	Wednesday, June 22, 2022
Wednesday, July 20, 2022	Wednesday, July 6, 2022
Wednesday, August 3, 2022	Wednesday, July 20, 2022
Wednesday August 17, 2022	Wednesday, August 3, 2022
Wednesday, August 31, 2022	Wednesday, August 17, 2022
Wednesday, September 14, 2022	Wednesday, August 3, 2022
Wednesday, September 28, 2022	Wednesday, September 14, 2022
Wednesday, October 26, 2022	Wednesday, September 28, 2022
Wednesday, November 9, 2022	Wednesday, October 26, 2022
Wednesday, November 30, 2022	Wednesday, November 9, 2022
Wednesday December 14, 2022	Wednesday November 30, 2022



# **Town of Ramapo Planning Department**

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

## **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



# Town of Ramapo Planning Department

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

## SUBDIVISION APPLICATION REVIEW SUBMITTAL CHECKLIST

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

This application is for a Subdivision. In order to be placed on a CDRC agenda for consideration of a Subdivision Application, the following must be submitted to the Town Planning Department no later than two (2) weeks prior to the CDRC meeting.

- \_\_\_\_\_ Subdivision application
- \_\_\_\_\_ Subdivision 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
- \_\_\_\_\_ Subdivision Plat / 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.**

**For Official Use only**

- Complete application - placed on the CDRC agenda for review.
- Incomplete application - applicant notified.

Application No.

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



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

## SUBDIVISION APPLICATION

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

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

**Notes:**

Whenever any subdivision of land is proposed, before any contract is made for the sale of any part thereof, and before any permit for the erection of a structure in such proposed subdivision shall be granted, the subdividing owner, or his authorized agent, shall apply for and secure approval of such proposed subdivision in accordance with the following procedures, which includes basically two (2) steps for a minor subdivision and three (3) steps for a major subdivision:

- A. Minor Subdivision
  - 1) Sketch plat
  - 2) Subdivision plat
- B. Major Subdivision
  - 1) Sketch plat
  - 2) Preliminary plat
  - 3) Subdivision plat

SUBDIVISION, MINOR: Means any subdivision containing not more than three (3) lots fronting on an existing street, not involving any new street or road or the extension of municipal facilities, or the creation of any public improvements and not adversely affecting the development of the remainder of the parcel or adjoining property and not in conflict with any provision or portion of the Master Plan, Official Map or Zoning Ordinance, if such exists, or this ordinance.

SUBDIVISION, MAJOR: Means all subdivisions not classified as minor subdivision, including but not limited to subdivision of four (4) or more lots, or any size subdivision required any new street or extension of municipal facilities, or the creation of any public improvements.



**Town of Ramapo  
Planning Department**

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

**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.



**Town of Ramapo  
Planning Department**

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

**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



# 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: \_\_\_\_\_



# 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: 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.