

MINOR SUBDIVISION FINAL PLAT

Prior to filing any application for SUBDIVISION approval, the applicant shall request in writing that the zoning administrator schedule a pre-submission conference.

**APPLICATION TO THE PLANNING BOARD
TOWN OF HYDE PARK, NEW YORK**

4383 Albany Post Road
Hyde Park, N.Y. 12538
Phone (845) 229-5111 X 2
Fax (845) 229-0349

To be completed by the Town

Project Name. _____ Date Stamp: _____

Name of Primary Contact Person: _____

Phone # _____ Email: _____

Date Planning Board Accepted for Sketch: _____ (must apply with 60 days)

Received by: _____ Application Fee: _____

Escrow Deposit: _____ EAF: _____

Number of copies (13+): _____ 15 days prior to next workshop: _____

Plat conforms to Sketch plus other Planning Board Requirements: _____ Review Date _____

Referral to DC Department of Planning and Development under 239-m.: _____

Referral to DCDPW re: access: _____

Referral to Regional DOT re: access: _____

Incomplete and additional information required, check list sent: _____

Complete and official submittal date is: _____

To be completed by the applicant

Part I – Information

I. PROPERTY ADDRESS: _____

TAX GRID NO.: _____

ZONING DISTRICT: _____

NAME OF PRIOR SUBDIVISION (if any) _____

RECORDING DATE OF PREVIOUSLY FILED MAP: _____

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II. PROPERTY OWNERSHIP:

NAME OF OWNER(S) _____

ADDRESS: _____

NAME OF CONTACT PERSON: _____

PHONE NUMBER: _____ EMAIL: _____

III. APPLICANT INFORMATION:

APPLICANT NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

VI SIGNATURE AND VERIFICATION

Please be advised that no application can be deemed complete unless signed below.

I hereby certify that the information enclosed herewith and on the application is accurate and factual:

Signature of Applicant: _____ Date: _____

I the record owner do hereby authorize _____ to represent me before the Planning Board during the Subdivision Approval process:

Signature of Owner: _____ Date: _____

PLEASE NOTE:

For all applications that are deemed withdrawn/closed/expired, payment of new fees are required if the applications are resubmitted

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CHECK LIST FOR SUBDIVISION FINAL PLAT

Attachment A

96.19 Documents to be submitted must include:

Information on the Plat Map

- Prepared by Licensed PE, Registered Architect, or qualified Licensed Surveyor.
- Information on Sketch 96.18(A)

- Identification of the buildable portion of each lot
- Actual field survey by a licensed land surveyor
- Bearings and Distances
- Corners of tract located on the ground and marked by monuments (as approved by TE)
- Monuments shown on plat.
- On site sanitation and water supply meets DCDOH specs. Note on Plat by PE.
- Proposed S/D name w/ the words "Town of Hyde Park, Dutchess County, New York."
- Date, True North Point, Map Scale (include graphic scale)
- Name and address of record owner and subdivider
- Drainage and Erosion Control Plan or SWPPP

Accompanying Information

- A copy of comments or deed restriction as are intended to cover all or part of the tract.
- Letter or approval from DCDPW or NYSDOT relative to access.

96.13 Review by others (Additional copies may be required to send to the below listed entities).

- Subdivision is w/I 500 feet of county or state road – PB forward to:
 - DC DPW
 - NYSDOT Regional Office
- Subdivision w/I 500 ft County or State Rd, Drainage Easement, Institution or Park, Town Boundary - PB Forward to :
 - DC Planning and Development
- Subdivision lies w/I 500 ft of the Town Boundary PB Forwards to:
 - Adjacent Municipality

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ESCROW PROCEDURES ATTACHMENT B

Upon initial application to the Planning Board, an applicant or his/her agent is responsible to deposit with the Town an escrow or combination escrow amount as established by the Town Board or by the Chair or his/her designee in advance of the review of the application.

Upon receipt of your escrow, an account will be set up specifically for your project. The funds will be placed in a non-interest bearing account maintained by the Town of Hyde Park and will be used by the Planning Board for consultation with professional review services provided by engineers, lawyers, architects, landscape designers, surveyors, appraisers, planners and related professionals. Professional review expenses are billed at an hourly rate and you will be responsible for these bills as it pertains to your project. For instance, as the Town receives bills for work performed on your project from its consultants (i.e., Attorney, Engineer, Planner, etc.), your escrow will be used to pay these bills. The Chair or his/her designee prior to approval verifies bills by the Town Board for payment. At any time, you may request **copies of the bills processed against your escrow directly from project Consultants. Please contact the ZBA or Planning Board Secretaries for the email address for the project consultant.**

Before receiving the final decision by the Planning Board regarding your application, any bills submitted by the consultants used by the Planning Board will be fully paid by your escrow.

If at anytime there are insufficient funds in your account to cover the bills, there will be a delay in your application being placed on the agenda, review of your project, and delay in your project being considered for final decision. In the event that you fail to deposit the requested review fees into an escrow account, any application review, approval, permit or certificates of occupancy shall be withheld or suspended by the reviewing board, officer or employee of the Town until such monies are deposited. In addition, no application to the Town Board, Planning Board or Zoning Board of Appeals shall be accepted, nor shall any building permit or Certificate of Occupancy be issued, if said applicant has outstanding any fees due the Town from any previous applications.

The Town may invoke any and all legal remedies provided to it under applicable laws including Article 36 of the Hyde Park Zoning Code, including charging such sums against the real property subject to the permit application and adding that charge to and making it a part of the next real property tax bill associated with the subject property.

After all bills are paid in full, the Board will authorize release of any escrow balances to you or your designee.

Please sign below as agreement to the terms of the escrow procedures.

Signature of Primary Applicant

Date

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Kindly print the name of the person whom any refund check will be made payable to upon completion of your application. This person will receive any escrow balance remaining, if any, upon approval of the Town Board

Name: _____

Mailing Address: _____

Telephone: _____