

TOWN OF SCHODACK
265 Schuurman Rd.
CASTLETON, NEW YORK 12033
SCHODACK BUILDING DEPARTMENT

SITE DEVELOPMENT PERMIT

DATE _____ PERMIT _____

This Permit Expires 6 Months From Date Of Issuance

Application is hereby made to the Building Department for the issuance of a site permit for alteration of existing land as herein described. The applicant or owner agrees to comply with all applicable laws ordinances, regulations and conditions expressed as part of this application as required. Applicant will allow all inspectors to enter the premises for the required inspections.

Applicant's Name: _____ Zoning District _____
Address _____

Phone _____

Owner Names: _____

Address _____

Phone _____

General Contractor _____

Property Location of Proposed Construction

Tax Map Number: _____

Existing Use _____

Intended Use _____

REASON FOR DENIAL:

THIS IS NOT A PERMIT TO CONSTRUCT: This is only a permit to prepare the site for inspections of items below, or on reverse side.

ANY SITE WORK DONE is to be done at the risk of the owner or contractor. Furthermore, the issuance of this permit does not guarantee the issuance of a Building Permit or Health Department approval. Pursuant to Federal Law, the Army Corp of

Engineers issues permits for construction and site work within wetlands that are greater than one-tenth of an acre. These permits are in addition to any issued by the Town of Schodack.

Before commencing construction or site development on your property, the Town of Schodack recommends that you contact the Army Corp of Engineers to determine whether a federal wetlands permit is required for you to conduct your planned building activities. For more information, please contact:

Maria M. Senick or Michelle Alexander
US Army Corps of Engineers
1 Bond Street, Troy New York 12180
Telephone: 273-1520; Fax: 273-3772

I have read the above disclosures and understand my responsibilities.

Date _____ Signature _____

Date _____ Building _____

Inspector _____

DOCUMENTS WHICH MAY BE NEEDED BEFORE ISSUANCE

Preliminary site plan submitted

Letter from Rensselaer County Health Department requesting a fill system be put in place or comment from them on this form.

Also Planning Board Approval in writing

Other: CHECK ITEMS TO BE DONE:

- Percolation test holes _____
- Clear and grub land _____ Number of acres _____
- Grading of site for drainage _____
- Installing fill system _____
- Removal of top soil _____ Cubic yards _____
- Material brought on site _____ Cubic yards _____
- Fill _____ Feet _____
- Material removed from site _____ Cubic yards _____
- Maximum cut _____ Feet _____
- Drilling of well _____
- Installing driveway and culvert _____
- Burning of brush _____ ** Call EnCon - Joe Hess at 686-5317 for Burning Permit

- Reclamation of area _____ Acres _____

PONDS

- Maximum depth _____ Feet
- Surface area _____ Acres
- Height of dam or embankment _____ Feet

UTILITIES

- Water Main _____ Electric _____
- Gas _____ Cable TV _____
- Telephone _____

PARKING AREA

- Base Square Feet _____ Surface Sq. Ft. _____