



Town Supervisor
David B. Harris

SITE DEVELOPMENT PERMIT APPLICATION

Town of Schodack
Building Department
Town Hall 3rd Floor, 265 Schuurman Rd.
Castleton, NY 12033

Phone (518) 477-7940
Fax (518) 477-7983
www.schodack.org

Permit No. _____

APPLICATION IS HEREBY MADE to the Building Department for the issuance of a Site Development Permit for alteration of existing land, as herein described. The applicant or owner agrees to comply with all applicable laws, ordinances, regulations and all conditions expressed on this application which are part of these requirements, and also will allow inspectors to enter the premises for the required inspections.

APPROVED / DENIED

OFFICE USE ONLY

ADDRESS OF SUBJECT PROPERTY

Number Street City State Zip

Tax Map No. (Required - This can be found on your Tax Bill) _____

Zoning District _____ Lot Size _____ Occupancy Classification _____ Commercial ☐ Residential ☐

Specify Work
To Be Done _____

Existing Use _____ Intended Use _____

Applicants
Name _____ E-Mail _____

Address
Number Street City State Zip

Phone (Home) _____ (Cell) _____ (Fax) _____

Property Owner(s) Name _____ E-Mail _____

Address
Number Street City State Zip

Phone (Home) _____ (Cell) _____ (Fax) _____

General Contractor _____ E-Mail _____

Address
Number Street City State Zip

Phone (Work) _____ (Cell) _____ (Fax) _____

THE GENERAL CONTRACTORS CURRENT CERTIFICATE OF WORKERS COMPENSATION (form C-105.2, U26.3 or CE-200) AND GENERAL LIABILITY INSURANCE (ACCORD Form) ARE REQUIRED TO BE ON FILE (Town of Schodack must be certificate holder) WITH THIS OFFICE PRIOR TO ISSUANCE OF A BUILDING PERMIT

IF WORK IS DONE BY THE HOME OWNER, THIS OFFICE REQUIRES A COPY OF THE DECLARATION PAGE FROM THE HOME OWNERS INSURANCE POLICY

OFFICE USE ONLY

Fee Amount \$ _____ Date Paid / Check Number _____

Application of _____ Dated _____

Is hereby Approved ☐ Denied ☐

Reason for DENIAL of permit _____

Proposed Use _____

Date _____

Code Enforcement Official _____

THIS PERMIT EXPIRES (6) SIX MONTHS FROM DATE ISSUED

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 AND CONTRACTOR. Furthermore, the issuance of this permit does not guarantee the issuance of a Building Permit or Health Department Approval.

INSTRUCTIONS

1. This application must be completed legibly in ink and submitted to the Town of Schodack Building Department.
2. This application must be accompanied by:
 - Two (2) sets of Plot plans showing location of lot, relationship to adjoining premises or public streets or areas, setbacks, septic, well, driveway, fences, access, building(s) as well as proposed location of the new site development, including basic erosion & sediment control measures shown.
 - (NOI) Notice of Intent (if applicable).
 - (SWPPP) Storm Water Pollution Prevention Plan and Storm Water Permit coverage with the Town's Storm Water Facility Maintenance Agreement fully executed and filed with the Rensselaer County Clerk (if applicable).
 - A (NYSDEC) New York State Department of Environmental Conservation (SPDES) State Pollutant Discharge Elimination System Permit (if applicable).
 - Culvert Permit (if applicable).
 - Certificate of Liability Insurance as well as Proof of Workers Compensation
3. The work covered by this application SHALL NOT commence before the issuance of a Site Development Permit.
4. Upon approval of this application, the Building Department will issue a Site Development Permit to the applicant, together with an approved set of plans and specifications. Such permit and approved plans and specifications shall be kept on the premises and be available for inspection throughout the progress of the work.
5. Any deviation from the approved plans must be authorized by the approval of revised plans subject to the same procedure established for the examination of the original plans. An additional permit fee may be predicated on the extent of the variation from the original plans.

Indicate Work to be Performed:

_____ Percolation Test Holes	_____ Number of Acres
_____ Clear and Grub Land	
_____ Grading of Site for Drainage	
_____ Installing Septic Fill System	
_____ Removal of Top Soil	_____ Cubic Yards
_____ Material Brought on Site	_____ Cubic Yards
_____ Fill of Land	_____ Cubic Yards _____ Feet
_____ Material Removed from Site	_____ Cubic Yards
_____ Maximum Cut	_____ Cubic Yards _____ Feet
_____ Drilling of Well	
_____ Installing Driveway or Culvert	
_____ Reclamation of Area	_____ Number of Acres
_____ Blasting for Rock Excavation	_____ Cubic Yards

Ponds (Creating or Filling) - Note: If filling in a Pond, a height greater than 9.9', a volume less than 3.06 Acre-Ft, or a Tributary less than 1 Sq. Mile requires a NYS DEC Permit.

_____ Water Storage Volume (Acre-Feet)
_____ Depth in Feet
_____ Tributary Area (Sq. Miles)

INSPECTION SCHEDULE

All Inspections Require 24 Hours Notice

You must call the Town of Schodack Building Department (518) 477-7940 for the following required inspections. Any work covered or concealed before inspection and approval shall be exposed for inspection at the applicants expense.

1. When all work is completed, a **Final Inspection** of the site, building and all utilities as well as Rensselaer County Department of Health Certificate of Compliance is required.

TO WHOM IT MAY CONCERN:

Please be informed that in reviewing the plans, all information is taken from the plans. Any changes, after the plans have been accepted, must be reviewed by the Code Enforcement Official. This Department shall expect, upon completion, to find the site as the plans show.

Date _____ (Owner) _____ (Applicant)

In addition, under Town Code 90-4 (J), the Building Inspector has the right to revoke the permit if construction is not prosecuted in accordance with the application and applicable law.