

Town of Dover Planning Board

Town of Dover
126 East Duncan Hill Road
Dover Plains, NY 12522



(845) 832-6111 ext 100

SUBDIVISION APPLICATION COVER SHEET/FEE SCHEDULE

Attached is the application packet required for your project. Please provide **ALL** information requested.

Twelve (12) sets of ALL paperwork and maps are required. Please provide one original set and eleven (11) copies. The Planning Board will accept 3 full size copies with 9 copies in 11X17 as well as a **CD with all maps and documents** would be appreciated with submission -Each set should contain:

1. An application form. In order for the Board to keep track of any changes during the review process, including lot count, a separate application form is needed for each step of the process; Sketch Plan, Preliminary Plat and Final Plat. All forms are included in your packet.
2. A checklist. Each step of the application process has a checklist, Sketch Plan, Preliminary Plat and Final Plat. The appropriate checklist must be completely filled out and accompany your application for each phase of the review process. Any requests for waivers for items on the checklist and/or additional materials requested by the Board must be in writing.
3. An Environmental Assessment Form. Only Part 1 of the Short or Long Form should be filled out by the applicant. For a full explanation of the State Environmental Quality Review Act please refer to the following NYS DEC webpage: <http://www.dec.state.ny.us/website/dcs/seqr/index.html>.
4. The disclosure statement. This statement must be signed. The name, address and the nature and extent of the interest in this application of any state officer and any officer or employee of the Town of Dover and/or the County of Dutchess must be stated; if there is none, the word "none" should be inserted in the appropriate space when signing the document.
5. If you are authorizing someone else to represent you, include the Letter of Agent.
6. The set of map(s), each set put together in the order of these instructions (*do not copy this application cover/instruction sheet*). Please fold maps with the name of the project/applicant showing.

Please submit paperwork to the Planning Board Office. Applications with missing information will be returned for completion. Please be sure to provide a Primary contact phone number and address that is valid.

The Planning Board's regular monthly meeting is the 1st & 3rd Mondays of each month at 7PM in the Dover Town Hall. Please check with the Secretary for the schedule of deadlines and meetings **All submittals are required by NOON on the day of deadline. Any late submissions will be considered early for the next deadline date.**

Town of Dover Code is available on the Internet at www.generalcode.com. You may also contact the Town Clerk at (845) 832-6111 ext 112 to obtain a copy of the zoning laws for a fee. Tax grid numbers (on property tax bills) and zone districts can be obtained from the Town Assessor's office @ (845) 832-6111 ext 105.

For your convenience, you can contact the Planning Board by:

- 1) Leaving a message at (845) 832-6111 ext 100 or 2) Going to: PlanningARB@TownofDoverNY.us

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SUBDIVISION **FINAL PLAT PLAN APPLICATION**

Type of Application:

O Conventional Subdivision

O Lot Line Change

O Conservation Density Subdivision

O Flexible (Cluster) Subdivision

Grid Number: _____

Current Use(s): _____

Name of Subdivision: _____

Proposed Use(s): _____

Property Address: _____

Number of Lots Proposed: _____

Date of Preliminary Plat Approval: _____

Primary Contact Person:

The undersigned hereby makes application in accordance with all applicable laws and other requirements of the Town of Dover, Dutchess County, New York.

Address: _____

Telephone Number: _____

Email: _____

Signature of Applicant

Date: _____

TOWN OF DOVER

FINAL PLAT SUBMISSION CHECKLIST

TO BE SUBMITTED TO THE PLANNING BOARD WITHIN SIX MONTHS AFTER
TENTATIVE APPROVAL OF THE PRELIMINARY LAYOUT WAS GRANTED

Applicant/Subdivision Name _____

	Yes	Inc.*	NA/W**
HAVE YOU SUBMITTED:			
A Final Plat Application?			
Any outstanding escrow fees?			
If appropriate, the recreation fees?			
Per Chapter 125, does the plat contain the following?:			
The subdivision name or identifying title?			
The words, "Town of Dover, Dutchess County, New York"?			
The name and address of the record owner and/or subdivider?			
The parcel grid number?			
The name, address, signature, and seal of the licensed engineer or land surveyor?			
The dates of the original plat and the revision date(s)?			
Approximate true North point?			
A graphic scale?			
The location, bearings and distances of the tract boundary?			
Topography at a contour interval of not more than five feet?			
The names and addresses of all adjoining property owners?			
The Zoning District			
A Bulk Regulations table, showing the allowed dimensions and the proposed dimensions? (See §145-11)			
A density calculation (the allowable number of lots)			
If a flexible subdivision, the calculation for a minimum of 50% conservation land?			
If a flexible subdivision, the proposed holder of the conservation easement?			

*Incomplete information ** - Not Applicable, W - Waiver Requested in Writing

TOWN OF DOVER

FINAL PLAT SUBMISSION CHECKLIST

TO BE SUBMITTED TO THE PLANNING BOARD WITHIN SIX MONTHS AFTER
TENTATIVE APPROVAL OF THE PRELIMINARY LAYOUT WAS GRANTED

Applicant/Subdivision Name _____

	Yes	Inc.*	NA/W**
The location, name and dimensions of: existing streets, easements, property lines, buildings, parks and public properties?			
The location of existing sewers, water mains, culverts and storm drains?			
The pipe sizes, grades and flow of direction?			
The location of natural features such as: watercourses, wetlands, swamps, rock outcrops and single trees eight or more inches in diameter?			
The location, width and name of each proposed street and typical cross sections, showing street pavement and, where required, curbs, gutters and sidewalks?			
Lengths and deflection angles of all straight lines and radii, length, central angles, chords and tangent distances of all curves for each street proposed?			
Profiles showing existing and proposed elevations along the center lines of all proposed streets and the elevations of existing streets for a distance of 100 feet either side of their intersection with a proposed street?			
When required by the Board because of steep slopes, the present elevations of all proposed streets shown every 100 feet at five points on a line at right angles to the center line of the street, said elevation points being indicated at the center line of the street, each property line and points 30 feet inside each property line?			
Setback lines?			
The location, size and invert elevations of existing and proposed stormwater drains and sanitary sewers and the exact location of utilities and fire hydrants?			
The location of street trees, streetlighting standards and street signs?			
The area of all lots in hundredths of an acre; lot numbers as directed by the Town Assessor; and the location, material and size of all permanent monuments?			
The accurate location of all property to be offered for dedication for public use, with the purpose indicated thereon, and of all property to be reserved by deed covenant for the common use of the property owners of the subdivision?			
Sufficient data, acceptable to the Superintendent, to readily determine the location, bearing and length of all street, lot and boundary lines and to reproduce such lines upon the ground?			
Necessary agreements in connection with required easements or releases?			
Formal offers of cession of the Town of all streets and public parks?			
A key map showing the location of the subdivision?			

*Incomplete information ** - Not Applicable, W - Waiver Requested in Writing

Appendix C
State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
For UNLISTED ACTIONS Only

PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: _____ Date: _____ Signature: _____	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF. <input type="checkbox"/> Yes <input type="checkbox"/> No	
B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency. <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible) C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly: C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly: C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly: C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly: C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly: C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly: C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:	
D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	
E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	

PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

<input type="checkbox"/> Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.	
<input type="checkbox"/> Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide, on attachments as necessary, the reasons supporting this determination.	
_____	_____
Name of Lead Agency	Date
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (If different from responsible officer)

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DISCLOSURE OF INTEREST FORM

Section 809 of the General Municipal Law provides as follows:

1. Every application, petition, or request submitted for a variance, amendment, change of zoning, approval of a plat, exemption from a plat or official map, license, or permit, pursuant to the provisions of any ordinance, local law, rule, or regulation constituting the zoning and planning regulations of a municipality shall state the name, address, and the nature and extent of the interest of any state officer and any officer or employee of such municipality or of a municipality of which such municipality is a part, in the person, partnership, or association making such application, petition, or request (hereinafter called the applicant) to the extent known to such applicant.
2. For the purpose of this section, an officer or employee shall be deemed to have an interest in the applicant when he, his spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them.
 - (a) Is the applicant, or
 - (b) Is an officer, director, partner, or employee of the applicant, or
 - (c) Legally or beneficially owns or controls stock of a corporate applicant or is a member of a partnership or association applicant, or
 - (d) Is a party to an agreement with such an applicant, express or implied, whereby he may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of such application, petition, or request.
3. Ownership of less than five percent of the stock of a corporation whose stock is listed on the New York or American Stock Exchanges shall not constitute an interest for the purposes of this section.
4. A person who knowingly and intentionally violates this section shall be guilty of a misdemeanor.

In connection with said application, petition or request, the undersigned hereby states, pursuant to the provision of Section 809 of the General Municipal Law, the name, residence, and the nature and extent of the interest of any state officer or employee of the Town of Dover and/or the County of Dutchess, in the person, partnership, or association making the application, petition, or request (hereinafter called the "applicant"). If none, insert the word "none" _____.

Signature of Applicant

Date

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AGRICULTURAL DATA STATEMENT

If the property is in an agricultural district and contains a farm operation,
Or if the property is within 500 feet of a farm operation in an agricultural district

Please list names and addresses of owners of land which contain farm operations and which is located within an Agricultural District and within five hundred feet of the boundary line of the property upon which the project is proposed (*use additional sheet if more space is needed*):

(1) _____ _____ _____	(5) _____ _____ _____
(2) _____ _____ _____	(6) _____ _____ _____
(3) _____ _____ _____	(7) _____ _____ _____
(4) _____ _____ _____	(8) _____ _____ _____

Applicant must attach a tax map or other map showing the site of the proposed project in relation to the farming operations described above.

Signature of Applicant DATE

LETTER OF AGENT

I, _____, am the owner of the property

located at _____, Dover, New York,

identified as Grid Number _____.

I hereby authorize _____ to act as my

agent in an application to the Town of Dover Planning Board.

For _____
(*Name of Project*)

Print name _____

Signature _____

Date _____

