

**SITE PLAN REVIEW****APPLICATION**

Return completed application, all required materials to, and the applicable fee to:  
Code Enforcement Office • Memorial City Hall • 24 South Street • Auburn, New York 13021

For assistance call the Office of Planning and Economic Development at (315) 255-4118.

**Submission Checklist**

Office Use	<input type="checkbox"/> <b>MINOR SITE PLAN REVIEW REQUIREMENTS:</b>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1) Fee: \$100.00 2) One (1) copy of the application 3) One (1) copy of the Environmental Assessment Form. Please utilize the NYS Dept. of Environmental Conservation EAF Mapper tool available at <a href="https://gisservices.dec.ny.gov/eafmapper/">https://gisservices.dec.ny.gov/eafmapper/</a> . 4) One (1) copy of an original Instrument Survey Map that show current site conditions. 5) Three (3) copies of a scaled site plan. 6) One (1) copy of scaled elevations of proposed structures, or façade renovation to existing structures, as applicable. 7) Digital versions of all documents in portable document format (PDF) files via email or file transfer.
Office Use	<input type="checkbox"/> <b>MAJOR SITE PLAN REVIEW REQUIREMENTS:</b>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>All of the above documents, 2-7, plus:</b> 1) Fee: \$250.00 2) One (1) copy of scaled floor plans for all proposed buildings. 3) Color renderings or other type of visual aids depicting the proposed development in its built condition. 4) Stormwater drainage report, including calculations, or Stormwater Pollution Prevention Plan, as applicable.
<p style="text-align: center;"><b><u>IMPORTANT</u></b></p> <p>All above materials must be submitted by the appropriate due date to be included on the Planning Board Agenda.            Certain plans may have to be stamped by a design professional licensed in the State of New York.            The City, as needed for review purposes, may require additional information regarding a project.</p>	

[For Office Use Only]

Address: \_\_\_\_\_ Project Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Fee: \_\_\_\_\_ Received By: \_\_\_\_\_

## SITE PLAN REVIEW

Project Information

(Please Type or Print)

1. Applicant: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Interest in Property: ☐ Owner ☐ Lessee ☐ Other, Explain \_\_\_\_\_
2. Project Name: \_\_\_\_\_
3. Project Address(es): \_\_\_\_\_
4. Tax Map Number(s): \_\_\_\_\_
5. Present Zoning District: \_\_\_\_\_
6. Property within Historic District: ☐ Yes ☐ No
7. Property within Flood Zone: ☐ X ☐ A ☐ AE ☐ Other, Explain \_\_\_\_\_
8. Detailed Project Description (Please attach separately):  
*A detailed project description shall include, but not be limited to, the following information: Project acreage; existing and proposed uses and their hours of operation; total square footage; square footage of individual project components; square footage of existing and proposed impervious surface; existing and proposed dwelling units; height of existing and proposed structure(s) in feet and stories; and the number of existing and proposed parking spaces; façade renovations; and identifying how the site is accessed.*
9. Anticipated Construction Period: \_\_\_\_\_ to \_\_\_\_\_

Consultant Contact Information

1. Plan Preparer\*: \_\_\_\_\_

\*A New York State Licensed Design Professional, i.e. Landscape Architect (RLA), Engineer (PE), and/or Architect (RA) must prepare all plans for Major Site Plan Review.

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Surveyor: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## SITE PLAN REVIEW



3. Attorney: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Other: \_\_\_\_\_ Role: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Certification / Authorization

APPLICANT: I certify that the information supplied on this application is complete and accurate, and that the project described, if approved, will be completed in accordance with the terms and conditions of said approval.

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

OWNER (if other than applicant): I have read and familiarized myself with the contents of this application and do hereby consent to its submission and processing.

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