

Tax Parcel Number: Section: _____ Block: _____ Lot: _____ <div style="text-align: right;">Log No.: _____</div>

TOWN OF _____ SITE PLAN REVIEW/SPECIAL USE REVIEW CHECKLIST

Applicant:	Owner of land to be developed:
Name: _____	Name: _____
Address: _____	Address: _____
Phone No.: _____	Phone No.: _____

Date of Action

Resolution to accept preliminary application. <i>(see technical checklist)</i>	_____
Type of SEQR action determined to be:	_____
<input type="checkbox"/> type I <input type="checkbox"/> unlisted <input type="checkbox"/> other	_____
EAF form filed.	_____
Resolution of environmental significance determined by:	_____
<input type="checkbox"/> positive declaration <input type="checkbox"/> negative declaration <input type="checkbox"/> conditional negative declaration <i>(Note: positive declaration will initiate steps not on this checklist)</i>	_____
Type I action filed with ENB. <i>(if applicable)</i>	_____
Application accepted as complete.	_____
Project description mailed pursuant to ag data statement.	_____
Referral to zoning board of appeals for area variance. <i>(if applicable)</i>	_____
Application submitted to county planning agency.	_____
County planning agency response received.	_____
Motion to hold or waive public hearing. <i>(Waiver may be used only for site plan review procedure)</i>	_____
Notice of public hearing given to adjacent municipalities. <i>(if applicable)</i>	_____
Notice of hearing mailed to applicant.	_____
Notice of hearing published in paper.	_____
Public hearing held.	_____
Resolution to close public hearing.	_____
Decision resolution to:	_____
<input type="checkbox"/> approve <input type="checkbox"/> approve with modifications <input type="checkbox"/> disapprove	_____
Resolution addressing county planning agency review.	_____
Decision filed with municipal clerk.	_____
Decision mailed to applicant.	_____
Report filed with county planning agency.	_____
Zoning permit issued.	_____
Certificate of occupancy issued.	_____