



PLANNING BOARD APPLICATION & CHECKLIST

Planning Board Chairman, David Reilly
Village of Westhampton Beach, 165 Mill Road, Westhampton Beach, New York 11978
Phone (631) 288-2429 Fax (631) 288-4332 Email: secretary@westhamptonbeach.org

NOTICE: This checklist is presented as a guide for the preparation of a COMPLETE PLANNING BOARD APPLICATION. You must include ALL of the documents and items required. If an item is not applicable, you must indicate the same next to the line on the checklist and each line must be initialed by the applicant.

ALL Applications MUST BE submitted in COLLATED PACKETS in the order printed below on the checklist. Each packet must contain the required documentation. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

APPLICATION CHECKLIST

Name of Applicant _____

Property Address: _____, Westhampton Beach, New York 11978

Suffolk County Tax Map No.: 905- ____ - ____ - ____

_____ 12 Applications, inclusive of the Environmental Assessment Form (Pages 6 through 10). ONE (1) Application MUST BE an original, containing the owners Original signature, and Original Notary Stamp

_____ 12 ORIGINAL UPDATED SURVEYS. (Surveys must not exceed 11" x 17" and must be prepared within ONE (1) Year of the application date.) Each survey must contain the required information listed in Section 197-63(f) of the Village Code.

_____ 12 Site Plans prepared by a Professional Engineer, Licensed Surveyor, Architect or Landscape Architect, licensed by the State of New York, and shall bear his seal and signature. The Site Plan shall contain the required information contained in Section 197-63(g) of the Village Code. The survey may also constitute the Site Plan if all of the necessary information for both is included.

_____ 12 Copies of EVERY Certificate of Occupancy / Certificate of Compliance

_____ 12 Landscape Plan

_____ 12 Preliminary Subdivision Plan

_____ 12 Preliminary Floor Plans and Elevations of the proposed improvements. If this is not submitted at the time of application, it will be required prior to approval by the Planning Board

_____ 12 Board of Health Approval, if applicable. If this is not submitted at the time of application, it will be required prior to approval by the Planning Board

_____ 12 Copies of Board of Zoning Appeals determination, if applicable. If this is not submitted at the time of application, and the property requires a variance, it will be required prior to approval by the Planning Board

_____ 12 Deeds (if property has been purchased within ONE (1) year of the date of application

_____ Application Fee (See fee schedule on Page 2)

WHEN A HEARING DATE HAS BEEN SCHEDULED, THE APPLICANT OR HIS/HER AGENT WILL BE RESPONSIBLE TO NOTIFY THE BOUNDERS OF THE DATE, TIME AND PLACE OF HEARING, IN ACCORDANCE WITH THE VILLAGE LAW. AT THAT TIME, THE PLANNING BOARD SECRETARY WILL MAIL A COPY OF THE PUBLIC NOTICE TO THE APPLICANT OR HIS/HER AGENT WITH DETAILED INSTRUCTIONS FOR NOTIFYING THE BOUNDERS. FAILURE TO PROPERLY NOTIFY THE BOUNDERS, AS INSTRUCTED, WILL RESULT IN THE INABILITY OF THE BOARD TO HEAR THE APPLICATION.

Signature of Applicant (Person Filling out the form and submitting the same)

Date: _____



PLANNING BOARD APPLICATION INSTRUCTIONS & FEE SCHEDULE



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To assist the Planning Board in reviewing and processing this application, it is necessary that certain information be provided to the Planning Board. This information is found to be the minimum information necessary to deem the application complete and allow the application to be scheduled for a Public Hearing. At the time of the hearing, the Planning Board reserves the right to request additional information as may be needed to make an informed decision.

The application is instructed to review the Zoning Ordinance of the Incorporated Village of Westhampton Beach and become familiar with the requirements contained therein. Of particular importance are the submission requirements contained in Section 197-63 of the Village Code.

Upon completion of any application, the application is reviewed and if all of the necessary information is provided, the application will be scheduled for a Public Hearing. If additional information is required, all applicants will be notified.

The Planning Board meets the second Thursday of each month. To be scheduled for a Public Hearing all applications must be submitted in accordance with the Application Deadlines and must be complete. Thereafter, any new information required by the Planning Board must be submitted to the Planning Board within 14 days of the hearing date. If no new information or reason for adjournment is requested by the applicant in writing prior to the hearing date, the application shall be denied without prejudice. The applicant or his/her representative must be present at the Public Hearing or the application will not be heard.

APPLICATION FEE SCHEDULE

Site Plan: \$500.00 Plus, Engineering Review Fee for Site Plans

Engineering Review Fee for Site Plans: Ten Cents (.10) per Square Foot Of Proposed Area of Site Improvements, including all areas required to be graded, landscaped, paved or otherwise altered, but not including the building footprint of any existing or proposed buildings. This fee is to be paid at the time said application is made.

Modification of Site Plan: \$250.00

When an Application is made for a PERMITTED CHANGE OF USE and NO CHANGES to the Site Plan are proposed, Items (F), (G), and (H) will not be required.

Waiver of Site Plan: \$150.00

Items (A), (B), (C), (D), and (E) are required. The survey may be greater than one (1) year old, if the waiver is not for an improvement external to a building, but it must show all of the current features. The applicant must also provide a sketch and/or scale drawing depicting the building alteration. Applications necessitating a Change of Use or an expansion of the floor area are not eligible for a Waiver of Site Plan.

Major Subdivisions: \$150.00 Preliminary Fee, plus \$150.00 Per Lot, plus Engineering Review Fee \$150.00 Final Fee, and \$150.00 per lot.

Minor Subdivisions: \$150.00 Fee, plus \$150.00 Per Lot.

Engineering Review Fee for Subdivisions: Five Percent (5%) of the Final Estimated Cost of Capital Improvements, excluding water mains and underground electric lines shall be paid before the final plat is signed. An initial fee of \$500.00 Per Lot shall be paid at the time of preliminary plat submission. This initial fee shall be subtracted from the total Engineering Review Fee. The remainder shall be paid before signing the Final Plat.

Special Exception Review: All items required except that for a change of use where no changes to the Site Plan are proposed, items (F), (G), and (H) will not be required. This fee is to be paid to the Trustees of the Village of Westhampton Beach upon initial application to the Trustees. A separate application is required.

UPON APPROVAL FROM THE PLANNING BOARD, A PERMIT FROM THE BUILDING DEPARTMENT WILL BE REQUIRED, AND WILL NECESSITATE A SEPARATE APPLICATION FEE.

Applicant Signature

Date: _____



PLANNING BOARD APPLICATION

Planning Board Chairman, David Reilly

Village of Westhampton Beach, 165 Mill Road, Westhampton Beach, New York 11978

Phone (631) 288-2429 Fax (631) 288-4332 Email: secretary@westhamptonbeach.org

Application is hereby made for:

- | | | |
|---|--|--|
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Waiver of Site Plan | <input type="checkbox"/> Modification of Site Plan |
| <input type="checkbox"/> Subdivision | <input type="checkbox"/> Waiver of Subdivision | <input type="checkbox"/> Modification of Subdivision |
| <input type="checkbox"/> Special Exception Review | <input type="checkbox"/> Other _____ | |

PART I: Owner Information

Property Location: _____, Westhampton Beach, New York 11978

Owner(s) of Record [FULL NAME]: _____

Telephone No.: _____ Cell Phone No.: _____

Email Address: _____

Mailing Address: _____

City, State, Zip Code: _____

PART II: Agent Information (If not applicable, please indicate the same)

If application is being made by someone other than the property owner, the Owners Authorization must be signed, Notarized, and Annexed.

Agent Name: _____

Telephone No.: _____ Email Address: _____

Mailing Address: _____

City, State, Zip Code: _____

PART III: Attorney Information (If not applicable, please indicate the same)

If application is being made by someone other than the property owner, the Owners Authorization must be signed, Notarized, and Annexed.

Attorney Name: _____

Telephone No.: _____ Email Address: _____

Mailing Address: _____

City, State, Zip Code: _____

PART IV: Surveyor / Engineer

Surveyor or Engineer Name: _____

Telephone No.: _____ Email Address: _____

Mailing Address: _____

City, State, Zip Code: _____



PLANNING BOARD APPLICATION

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PART V: Existing Site Information

Property Address: _____, Westhampton Beach, New York 11978

Suffolk County Tax Map No.: 905- Section: _____ Block: _____ Lot: _____ Zoning District _____

Size of Property _____ Present Use of Property _____

Size of Present Structures _____

If Commercial, Existing Number of Parking Spaces: _____

PART VI: Proposed Project Information

Description of Proposed Project: _____

Proposed Building Size _____

Total Building Size _____ Existing _____ Proposed _____ Number of Uses or Tenants _____

Proposed Use(s) _____

Number of Proposed Parking Spaces _____ Number of Parking Spaces Required _____

Easements or Other Restrictions on Property _____

Number of Proposed Subdivided Lots _____

THE FOLLOWING QUESTION MUST BE FILLED OUT BY THE APPLICANT, AND CAN NOT BE LEFT BLANK, THIS IS USED FOR PURPOSES OF DETERMINING THE REQUIRED FEE AS PROVIDED FOR IN CHAPTER A200-1.A.(3) (b) OF THE VILLAGE CODE. If this is left blank, the application is deemed incomplete.

Total Proposed Area of Site Improvements _____ SQUARE FEET

PART VII: Subdivision Only

Other properties within 1,000 feet of the subdivision held in the name of the applicant in which owners or stockholders in the proposed subdivision have an interest (Attached a separate sheet if necessary) _____

Would the requested subdivision result in parcels (whether or not presently improved) which would comply with the Zoning Ordinance without a variance? _____ Yes _____ No If not, has an application been made to the Board of Zoning Appeals for a variance? _____ Yes _____ No And, if so, a copy of the application and / or determination of the variance must be annexed hereto.

Does the applicant (directly or indirectly, including but not limited to any stockholder of applicant, if a Corporation) or any predecessor in Title since March 6, 1970, own adjacent property? _____ Yes _____ No

If Yes, when did the parcel which is subject of this application first come in to separate ownership? _____

Was the subdivision resulting in such separate ownership approved by the Planning Board of the Village of Westhampton Beach _____ Yes _____ No

If yes, please indicate the date of approval _____ and a copy of said approval must be annexed hereto.



OWNER(S) AUTHORIZATION

Planning Board Chairman, David Reilly

Village of Westhampton Beach, 165 Mill Road, Westhampton Beach, New York 11978

Phone (631) 288-2429 Fax (631) 288-4332 Email: secretary@westhamptonbeach.org

State of _____)
) ::
County of _____)

_____ being duly sworn, deposes and says:
Owner Full Name

I reside at _____
Owner Legal Address, Inclusive of Street, City, State, and Zip Code

I am the owner, or an officer of the Corporation which is the owner of:
_____, Westhampton Beach, New York 11978.
Street Address

which is the premise described in this application, and I hereby authorize _____
Agent / Attorney Full Name

whose mailing address is _____
Agent / Attorney Mailing Address inclusive of City, State and Zip Code

to make the foregoing application and to appear on my behalf before the Planning Board of the Village of Westhampton Beach with reference to this application. I hereby agree to allow my agent, whose name and address appears above, to act on my behalf, and I further agree to abide by any requirements imposed by the Planning Board as a condition of its approval.

Owner Signature (REQUIRED)

If Owner is a Corporation, indicate the name of Corporation and Officer(s) Title

Name of Corporation

Title of Officer

Sworn to before me this _____
day of _____, 20____

Notary Public



ENVIRONMENTAL ASSESSMENT FORM

Planning Board Chairman, David Reilly

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PART I: To Be Completed By The Applicant

To be accompanied by a survey showing the location of a project or action, including elevations, if necessary. This form must be completed in its entirety. IF A QUESTION IS NOT APPLICABLE, PLEASE INDICATE SO.

The purpose of this Environmental Assessment Form is to provide information, which will assist the Village in determining whether the action you propose, may have a significant impact or effect on the environment. Answers to these questions will be considered as part of the application for approval and may be subject to further verification and Public review. Please complete the entire form leaving no blanks. IF A QUESTION IS NOT APPLICABLE, PLEASE INDICATE SO.

IF SUFFICIENT SPACE DOES NOT EXIST TO GIVE APPROPRIATE ANSWERS TO ANY OF THE QUESTIONS ON THIS FORM, PLEASE ATTACH A RIDER GIVING SUCH ANSWERS PROPERLY REFERENCED TO THE QUESTION AND PAGE NUMBER.

VILLAGE REVIEWING AGENCY

Project Name _____

Project Address _____, Westhampton Beach, New York 11978

Suffolk County Tax Map No.: 905 - _____ - _____ - _____ Zoning District _____

Site Plan _____ Subdivision Waiver _____ Special Permit _____ Zoning Board of Appeals _____

OWNER INFORMATION

Owner(s) of Record [FULL NAME]: _____

Telephone No.: _____

Cell Phone No.: _____

Email Address: _____

Mailing Address: _____

City, State, Zip Code: _____

Attorney Information (If not applicable, please indicate the same)

Attorney Name: _____

Telephone No.: _____

Email Address: _____

Mailing Address: _____

City, State, Zip Code: _____

Surveyor / Engineer

Surveyor or Engineer Name: _____

Telephone No.: _____

Email Address: _____

Mailing Address: _____

City, State, Zip Code: _____



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DESCRIPTION OF PROJECT (Briefly describe type or project or action) _____

Site Description (Physical Setting of Overall Project, both developed and undeveloped areas)

General Character of the Land _____ Generally Uniform Slope _____ Generally Uneven and rolling or irregular

Present Land Use _____ Urban _____ Industrial _____ Commercial _____ Rural _____ Forest

_____ Agriculture _____ Suburban _____ Other (describe) _____

Approximate Percentage of Project Area

	Present	After Completion
Meadow or Brushland	_____ %	_____ %
Forested	_____ %	_____ %
Agricultural	_____ %	_____ %
Water Surface	_____ %	_____ %
Wetland	_____ %	_____ %
Unvegetated (Rock, Earth, or Fill)	_____ %	_____ %
Roads, Buildings, Other paved surfaces	_____ %	_____ %
Other (indicate type)	_____	_____

What is the predominant soil type(s) on site _____

Approximate percentage of presently undeveloped project area with slopes

_____ 15 % or greater _____ 10% - 15% or greater _____ 0% - 10% or greater

Is project located within a quarter mile of or contain:

A building or site listed on the National Register of Historic Places? _____ Yes _____ No

A building or site listed on the Statewide Inventory or Historic and Cultural Resources? _____ Yes _____ No

An Archeological Site or Fossil Bed? _____ Yes _____ No

What is the depth to the water table? _____ Feet

Do hunting or fishing opportunities presently exist in the project area? _____ Yes _____ No

Does project site contain any species of plant or animal life that is identified as Threatened or Endangered? _____ Yes _____ No



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Are there any unique or unusual landforms on this project site? (i.e. cliffs, dunes, other geological formations?) Yes No

If yes, describe: _____

Is the project site presently used by the Community or neighborhood as an open space or recreation area? Yes No

Does the present Site offer or include Scenic Views or Vistas known to the community? Yes No

Are there any streams within or contiguous to the project area? Yes No

Are there lakes, ponds or wetland areas within or contiguous to the project area? Yes No

If yes, Name _____ Size in Acres _____

What is the dominant Land Use and Zoning Classification within a 1/2 Mile radius of the project? (i.e. single family residential, R-2) and the scale of the development (i.e. two-story) _____

PROJECT DESCRIPTION

PHYSICAL DIMENSIONS AND SCALE OF PROJECT

Total contiguous acreage owned by the project sponsor _____ acres

Project area developed _____ Acres Initially _____ Acres Ultimately

Project acreage to remain undeveloped _____ Acres Length in miles _____ Miles

If project is an expansion of the existing structure(s), indicate the percent of expansion proposed

Building Square Footage _____ Developed Acreage _____

Number of off-street parking spaces existing _____ Number of off-street parking spaces proposed _____

Maximum Vehicular Trips Generated Per Hour _____ (Upon completion of the project)

If Residential, Number and Type of Housing Units

One-Family Two-Family Multi-Family Condominium

Initial _____

Ultimate _____

Orientation Neighborhood – Town Regional Estimated Employment

Commercial _____

Industrial _____

Total height of tallest proposed structure _____ Feet How many acres of land will be graded? _____ Acres



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How much natural material (i.e. rock, earth, etc.) will be removed from the site? ____ Tons ____ Cubic Yards

Approximate Percentage of developed project area with slopes ____ 15% or Greater ____ 10% - 15% ____ 0% - 10%

How many acres of vegetation (trees, shrubs, ground covers) will be removed from the site? _____ Acres

Will any mature forest (over 100 years old) or other locally important vegetation be removed by this project? ____Yes ____No

Are there any plans for vegetation to replace that removed during construction? ____Yes ____No

If single phase project: Anticipated date of commencement Month ____ Year ____

Approximate Completion date Month ____ Year ____

If multi-phased project: Total number of phases anticipated _____

Anticipated date of commencement Phase I (including demolition) Month ____ Year ____

Approximate completion date final phase Month ____ Year ____

Is Phase I financially dependent on subsequent Phases? ____Yes ____No

Number of jobs generated During Construction _____ After project completed _____

Number of jobs eliminated by this project _____

Will project require relocation of any projects or facilities ____Yes ____No If yes, explain: _____

Acreage of freshwater or tidal wetlands affected by the project _____ Acres

Is surface or subsurface liquid waste disposal involved? ____Yes ____No

If yes, indicate type of waste (sewage, industrial, etc.) _____

If surface disposal, name of stream into which effluent will be discharged _____

Will surface area of existing lakes, ponds, streams, bays or other surface waterways be increased or decreased by disposal?
____Yes ____No

Is the project or any portion of the project located within the 100 Year Flood Plain? ____Yes ____No

Does the project involve disposal of solid waste? ____Yes ____No

If yes, will an existing solid waste disposal facility be used? ____Yes ____No

If yes, give name _____ Location _____

Will any wastes not go in to sewage disposal system or in to a sanitary landfill? ____Yes ____No



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Will project use herbicides or pesticides? Yes No

Will project routinely produce odors (more than one hour per day?) Yes No

Will project cause a continuing increase in noise levels on completion? Yes No

Will project cause an increase in energy use? Yes No

If water supply is from wells, indicate pumping capacity _____ gallons per minute

Total anticipated water usage per day _____ gallons per day

Zoning: Current Specific Zoning Classification of Site : _____

Is proposed use consistent with present Zoning? Yes No

If no, indicate desired Zoning _____

Approvals: Is any Federal Permit required? Yes No

Does project involve State or Federal funding or financing? Yes No

Local and Regional Approvals

	Approval	Type of Approval Required	Submittal Date	Approval Date
Village Board of Trustees	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Village Planning Board	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Village Zoning Board	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Suffolk County Board of Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Other Suffolk County Agencies	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
State DEC	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Federal Agencies	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____

INFORMATION DETAILS: Attach any additional information as may be needed to clarify your project. If there are or may be any adverse impacts associated with the proposal, please discuss such impacts and the measures, which can be taken to mitigate or avoid them.

PREPARERS NAME: _____

REPRESENTING: _____

PREPARERS SIGNATURE: _____

TITLE: _____