



**INCORPORATED VILLAGE OF PORT JEFFERSON
PLANNING BOARD**

88 North Country Road, Port Jefferson, NY 11777
Telephone: (631) 473-4744 Fax: (631) 473-2049
www.portieff.com

PRESUBMISSION CONFERENCE APPLICATION §250-52 (c) 1

GENERAL SUBMISSION REQUIREMENTS

- Ten (10) copies of application (complete & notarized)
- Ten (10) copies of Full or Short Environmental Assessment Form (completely filled out).
- Ten (10) copies of site plan signed and sealed (Include Suffolk County tax map parcel numbers).
- Ten (10) copies of Survey Certificate of Occupancy or Certificate of Existing Use (if applicable)
- Aerial Photograph of Site and Adjacent Properties
- Electronic copy of all surveys and plans

PLEASE TYPE OR PRINT CLEARLY

| | | |
|---|---|-------------------|
| NAME OF SITE PLAN / PROJECT: | AREA OF SITE (Sq. Ft.. or Acre) | |
| PROJECT ADDRESS: / LOCATION | | DATE: |
| ZONING DISTRICT | SUFFOLK COUNTY TAX MAP NUMBER(S) (Section, Block Lot): | |
| CONTACT PERSON (Name, Address and Email) | | |
| | | |
| PROJECT DESCRIPTION (Attach additional sheets if necessary) | | |
| | | |
| | | |
| (a) | Application is hereby made to the Incorporated Village of Port Jefferson Planning Board for a hearing on the site plan described herein: | |
| | APPLICANT'S NAME: | |
| | ADDRESS: | TELEPHONE NUMBER: |
| (b) | If applicant is a corporation, give the name and title of responsible officer | |
| | NAME: | TITLE: |
| | LAND OWNER: | ADDRESS: |
| | | |
| (c) | Are there any covenants or restrictions affecting the premises for which site plan approval is sought? _____ | |
| | | |

I HEREBY DEPOSE AND STATE THAT ALL THE ABOVE STATEMENTS AND INFORMATION ARE TRUE

PRINT NAME _____

Sworn to me this _____ day of _____ 20 _____

Signature of Legally Responsible Person

Notary Public

PRESUBMISSION CONFERENCE APPLICATION §250-52 (c) 1 (Continued)

| | | |
|------------|--|-------------------|
| (d) | Engineer, Architect, or Land Surveyor (Licensed) | |
| | NAME: | LICENSE NUMBER: |
| | ADDRESS: | TELEPHONE NUMBER: |
| (e) | Are there any covenants or restrictions affecting the premises for which site plan approval is sought? _____ If so, state date and case number: _____ | |
| (f) | Has applicant secured a Special Permit and/or Variance from the Zoning Board of Appeals? _____ If so state date and case number _____ Attach a copy of Board of Appeals decision letter. | |



| | |
|---|--------|
| INFORMATION OF BUILDING / PROPERTY OWNER (IF DIFFERENT FROM APPLICAAANT) | |
| NAME: | TITLE: |
| ADDRESS: | |
| | |

| | |
|---|--|
| I HEREBY DEPOSE AND STATE THAT ALL THE ABOVE STATEMENTS AND INFORMATION ARE TRUE | |
| PRINT NAME _____ | |
| Sworn to me this _____ day of _____ 20 ____ | _____ |
| _____ | <i>Signature of Legally Responsible Person</i> |
| <i>Notary Public</i> | |