



TOWN OF JAY

Office of the Planning Board

Melinda Beuf
Planning Board Acting Chair
planning@townofjayny.gov

P.O. Box 730, 11 School Lane
Au Sable Forks, NY 12912
Telephone: (518) 647-2204
Fax: (518) 647-5692

Carol Greenley Hackel
Town Clerk
townclerk@townofjayny.gov

Application to the Planning Board

Instructions:

- All information requested must be provided except where not applicable.
- The application must be accompanied by a sketch plan (6 application copies and 6 sketch map copies) except when the application is accompanied by a Surveyors Preliminary Map of survey (2 copies).
- Application and sketch plan must be submitted to the Planning Board at least 10 days prior to a regular meeting of the Planning Board.
- The Procedures and Requirements for the sketch plan review are found in Article II A and IV A of the subdivision regulations. Please review the subdivision regulations.

Application For:

- ☐ Minor Division (boundary line adjustment)
- ☐ Minor Subdivision – Number of Lots _____
- ☐ Major Subdivision – Number of Lots _____

Applicant Information:

Name: _____ Phone #: _____

Mailing Address: _____

City/State/Zip: _____

Email Address: _____

Tax Map – Section _____ Block _____ Lot(s) _____

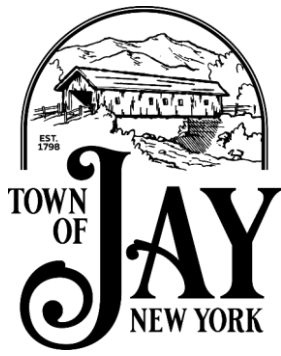
Current Property Owner (if different than applicant):

Name: _____ Phone #: _____

Mailing Address: _____

City/State/Zip: _____

Email Address: _____



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Representative for Board Meeting (applicant or representative **must** be present for Board to act):

☐ Applicant ☐ Other (requires owner signed and notarized authorization form)

Representative Name: _____

Mailing Address: _____

City/State/Zip: _____ Email Address: _____

Description of Project: _____

Additional Information:

Other governing agencies having jurisdiction, if any. If approvals from other governing agencies have already been obtained, please provide copies for Planning Board records.

Adirondack Park Agency:	Yes _____	No _____	Project No. _____
Dept. of Environmental Conservation:	Yes _____	No _____	
NYS Dept. of Transportation:	Yes _____	No _____	
NYS Dept. of Health:	Yes _____	No _____	
US Army Corp of Engineers:	Yes _____	No _____	
Town of Jay DPW Dept.:	Yes _____	No _____	
Essex County DPW Dept.:	Yes _____	No _____	
Local Fire Dept.:	Yes _____	No _____	

If a Minor or Major Subdivision – roadways to be dedicated: Yes _____ No _____

If a Minor or Major Subdivision – water lines to be dedicated: Yes _____ No _____

If a Minor or Major Subdivision – will this be completed in phases: Yes _____ No _____

Is the property to be gifted to family: Yes _____ No _____

Are deed restrictions or covenants to be imposed: Yes _____ No _____

Supporting Documentation:

- ☐ Copy of deed(s). If rental or lease: ☐ Copy of agreement showing contractual rights
- ☐ Signed/notarized letter(s) for Authorized Representation
- ☐ Articles of Association, if a business owned property to show who may act on application
- ☐ Copy of tax map (Essex County GIS screen print is sufficient)



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- ☐ Copy of survey map prepared by NYS Licensed Surveyor
- ☐ Health Dept. - Approval - Yes ____ No ____ Percolation test information: Yes ____ No ____
- ☐ APA approval date: _____ APA permit copy included: Yes ____ No ____
- ☐ List of property owners within 500' of overall parcel. This should be in an envelope addressing format for public notice
- ☐ List of municipalities within 500' of overall parcel

Name of NYS Licensed Surveyor: _____ Phone #: _____

Name of NYS Licensed Engineer: _____ Phone #: _____

Signature of Owner, Applicant or Authorized Agent:

Printed Name: _____ Title: _____

Signature: _____ Date: _____

****For Planning Board Use****

Submission Date: _____

Application Deemed: Complete _____ Incomplete _____

Public Hearing Date: _____ Time: _____ Place: _____

Planning Board Comments/Requirements/Conditions Made on Subdivision:

Comments Made at Public Hearing:



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Status of Compliance with SEQRA: Type of Action: ☐ Type 1 ☐ Type 2 ☐ Unlisted
☐ Negative Declaration ☐ Positive Declaration

Comments:

Application for approval of Preliminary plat of a minor or major subdivision is:

Approved: _____ Date: _____

Approved with modifications: _____ Date: _____

Disapproved: _____ Date: _____

NOTE: Reasons for decision of Planning Board must be made in writing.

Final Plat must be submitted by date: _____

Fee Paid:

Application #: _____ Date: _____

Amount: \$ _____ ☐ Cash ☐ Check

Date of Final Approval: _____

Signature of Chairperson: _____