



Town of Esopus Planning Board

Mailing Address: P.O. Box 700, Port Ewen, NY 12466

Physical Address: 284 Broadway, Ulster Park, NY 12487

Phone Number: 845-339-1811, Ext. 126

Email: planning-zoning@esopus.com

Town of Esopus Presubmission Conference Form/Checklist

Introduction: As per Section 123-37.C(1) of the Zoning Chapter, Site Plan Approval. In coordination with a site plan submission, an Applicant or its authorized representative can participate in a Presubmission Conference in order to determine which of the site plan submission elements listed in § 123-47D must be submitted to the Planning Board. Any such discussion is advisory in nature, and other submissions may be required by the Planning Board as it conducts its review. There may be other required submissions to satisfy the SEQOR and other permitting processes.

A presubmission conference is intended for pending land use applications being filed simultaneously with a site plan/special use permit or being submitted imminently. It will require participation of the Property Owner, or consent of the Property Owner.

IMPORTANT: Presubmission conferences are **not** intended for speculative discussions about options for land development with a potential Applicant who may or may not submit an application. This is to ensure that the Presubmission Conference is dedicated to actual (bona fide) application submissions. Presubmission conferences also anticipate that the Applicant and/or its designated representative has reviewed the Town of Esopus zoning and/or subdivision regulations and have some understanding of what is required.

This Checklist is not in lieu of a site plan or subdivision application.



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Date: _____

Type of Application:
(check)

Site Plan

Special Use Permit

Lot Line Adjustment

Minor Subdivision

Major Subdivision

Name of Project: _____

Proposed Use (*refer to the Zoning Schedule of Uses*): _____

Applicant Information: Name: _____

Address: _____

Telephone: _____ Email: _____

Owner Information: Name: _____

Address: _____

Telephone: _____

Property Location (Address and General Description): _____

Tax Parcel Identification No. (Section/Block/Lot): _____

Zoning District (including overlays): _____

Acreage: _____ (Size of Parcel)

Anticipated Utilities - Check all that Apply:

Existing

Well

Public Water

Proposed

Septic

Public Sewer



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General Project Narrative:

Designated Representative: (print) _____

Signature - Applicant: _____

Name (print) _____

Signature – Property Owner: _____

Name (print): _____

PRESUBMISSION CHECKLIST

- Four (4) copies of a sketch plan or survey with the following
 - Owner Name
 - Applicant Name
 - Engineer or architectural scale
 - Zoning District
 - Proposed Use
 - (<https://ecode360.com/attachment/ES0782/ES0782-123a%20Schedule%20of%20Permitted%20Uses.pdf>)
- Dimensional Standards (<https://ecode360.com/38703369#38703369>)
 - This includes the required dimensions, and how the development meets the standards (provided column)
- Tax Lot Number and Property Address



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- Presubmission Form
- Presubmission Fee (per Fee Schedule, if applicable)
- Copy of Recorded Deed(s) for Owner of Record for Property
- Written Narrative Providing Scope of Project, Planned Uses