

DEVELOPMENT COORDINATION COMMITTEE SUBMITTAL CHECKLIST

Project: _____

Address: _____

- 1. Approved or Denied Zoning Verification Form (optional)

- 2. A narrative description of the proposed project including the following:
(submit 11 copies)
 - a.) Address of site (street and number) _____
 - b.) Name of applicant with name and phone number of contact person _____
 - c.) Name of design professional with name and phone number of contact person _____
 - d.) Site zoning _____
 - e.) Site acreage _____
 - f.) Description of existing site and use _____
 - g.) Description of proposed project, including proposed use, number of lots, number of dwelling units, and/or building floor area as applicable _____
 - h.) Note if application of incentive zoning provisions, waiver of design standards, or parking waiver will be requested _____

- 3. Sketch plan to include the following features:
(submit 11 copies)
 - a.) Property boundary with approximate dimensions _____
 - b.) Existing zoning district, with district boundaries on or adjacent to the site _____
 - c.) Existing and proposed utilities and easements _____
 - d.) If project is a subdivision, proposed lot and street layout _____
 - e.) If project is a site plan, show general site layout of building, parking, access, and green space, including approximate building dimensions and setbacks and green space percentage _____
 - f.) Location of proposed storm water management facilities _____
 - g.) Identify State and Federal Wetlands, Town protected watercourse areas, steep slope areas, and Federal flood hazard areas. If site is in a Conservation Development Overlay District, identify lands proposed to be preserved _____

- 4. CD - Digital image file of plans – each in their own (PDF) _____

- 5. \$500 Review Fees. **CHECK #** _____ **CHECK AMT** _____

- 6. \$2,500 initial escrow deposit for Town Designated Engineer review services. **CHECK #** _____ **CHECK AMT** _____

Project Specific Notes (CityWorks):

- 6. DCC Meeting Date _____
- 7. GEIS Area ___ Boght ___ Airport ___ Lisha Kill
- 8. Roadway ___ Town ___ NYS DOT ___ Albany County
- 9. Project Description: _____

- 10. TDE: _____ Planner: _____