



Town of Halfmoon
 2 Halfmoon Town Plaza
 Halfmoon, NY 12065
 371-7410 ext. 2601
 Fax: 371-0304
 Planning Department

**Planned Development District
 Recommendation
 Application**

(Must first be referred by the Town Board)

Application Fee:
 New PDD: \$500.00
 Amendment: \$250.00

Project #: _____

I. PROJECT INFORMATION:

Business/Project Name & Address: _____

Applicant Name: _____ **DOB:** _____

Mailing Address: _____

Telephone #: _____ Fax #: _____ Email: _____

Property Owner (If different than Applicant AND the Owner does not sign below, please submit an original, notarized "Owner Authorization" form - attached):

Property Owner Name: _____ **DOB:** _____

If a corporation, please name a responsible party/designated officer: _____

Mailing Address: _____

Telephone #: _____ Fax #: _____ Email: _____

Business Representative Name/Company (if different from above): _____

Address: _____ **DOB:** _____

Telephone #: _____ Fax #: _____ Email: _____

II. PLANNED DEVELOPMENT DISTRICT INFORMATION:

New PDD Amendment If an amendment, PDD name: _____

Date of Referral to the Planning Board by the Town Board: _____

Parcel Identification Number (SBL#) of existing lots included: _____

Current underlying Zoning District(s): _____

Size of existing lot(s): _____ acres (If multiple lots, please indicate acreage of each lot)

Proposed Use: Single Family Two-Family (Duplex) Multi-Family Commercial Other: _____

Proposed water service: ___ public ___ private (well) ___ n/a Is this existing? Yes No

Proposed sanitary sewer: ___ public ___ private (septic) ___ n/a Is this existing? Yes No

Date property acquired by applicant: _____

Describe any easements or other restrictions on this property: _____

Applicant/Owner Signature: _____ **Date:** _____

(For Department Use Only)

Planning Board Recommendation: Positive Negative Reason for Negative Recommendation: _____

Signature: _____ Date: _____



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OWNER AUTHORIZATION FOR A PLANNED DEVELOPMENT DISTRICT (PDD)

The undersigned, who is the owner of the premises known as
....., identified as Tax Map #.....hereby authorizes
.....to bring a Planned Development District
Recommendation application before the Planning Board of the Town of Halfmoon for review and
recommendation to the Town Board. The undersigned further permits the Town or its authorized representative
access to the property to review existing site conditions during the review process.

STATE OF NEW YORK)
COUNTY OF SARATOGA)SS.

On thisday of,Two Thousand and, before me,
the subscriber, personally appeared to me
personally known and known to me to be the same person described in and who executed
the within Instrument, andhe.....acknowledged to me thathe.....executed the same.

Owner

Notary Public



Planned Development District Recommendation APPLICATION

Instructions & Checklist (Submit with application)

Pre-Application Meeting:

A Pre-Application meeting with the Planning Department staff is strongly recommended to review the application. A concept plan and/or map will be needed at this time to allow discussion of plan requirements. Since you will need a plan prepared by a licensed professional for review and/or approval of the Planned Development District by the Town Board, you may wish to retain such services to assist you at this stage. **Failure to conduct a Pre-Application meeting may delay consideration of the application by the Planning Board.**

- Date of Pre-Application Meeting: _____

Planned Development District Recommendation Requirements:

For Planning Board review of a proposed PDD, the PDD must first be referred to the Planning Board by the Halfmoon Town Board. Also, the following items must be included as part of the submittal to the Planning Board: **(Please check)**

- _____ Completed Planning Board "Planned Development District Recommendation" Application
- _____ Application Fee with check made payable to: "Town of Halfmoon"
- _____ Owner Authorization form (attached), if necessary (at least one must be an original, signed copy). This form must be submitted if the Applicant is not the Owner AND the Application is not signed by the Owner.
- _____ Ten (10) full sets of the PDD application package and plans submitted to the Town Board
- _____ 11" x 17" copies of the conceptual plan (if not part of the Town Board submittal) (10 copies)

Agency Review: The Planning Department may circulate one (1) full packet to the following agencies for review and comment, as necessary. Applicants are encouraged to contact these departments directly:

Town: Halfmoon Water Dept., Halfmoon Highway Dept., Halfmoon Building Dept.

County: Saratoga County Planning Dept., Saratoga County Sewer District #1, Saratoga County Highway Dept.

Fire: Hillcrest Fire Dist., Clifton Park/Halfmoon Fire Dist., Waterford/Halfmoon Fire Dist., West Crescent Fire Dist.

State & Federal: You may be required to contact state and federal agencies directly

Town Engineer Review: PDD Recommendations may require review by the Town Engineer. An escrow account will be required to defray the costs of this review. An estimate of the costs will be provided to the applicant and a check must be received prior to further consideration by the Planning Board.

Public Informational Meeting: Prior to a recommendation by the Planning Board, a public information meeting will be held. The applicant is responsible for all associated public notice and postage fees.

Incomplete applications will not be accepted for review: Applications submitted by the deadline will be placed on the agenda at the discretion of the Planning Board. Once a determination has been made that an application is complete, the Planning Board will continue its review until either a positive or negative recommendation is made or the applicant withdraws the application upon written notification to the Planning Department. The Planning Board normally convenes the second and fourth Monday of the month at 7 p.m.; please verify the upcoming meeting dates.

I have read the above instructions and checklist and fully understand and accept the requirements of the Town of Halfmoon.

Signature of Applicant: _____ Date: _____