



Town of Halfmoon
 2 Halfmoon Town Plaza
 Halfmoon, NY 12065
 371-7410 ext. 2267
 Fax: 371-0304
 Planning Department

Mobile Home Park Recommendation Application

New Mobile Home Park
 Expansion or Amendment

Project #: _____

I. PROJECT INFORMATION:

Business/Project Name: _____

Business/Project Address: _____

Applicant Name: _____ Date of Birth: _____

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: _____ Date of Birth: _____

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

Mailing Address: _____

Telephone #: _____ Fax #: _____ Email: _____

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

Address: _____

Telephone #: _____ Fax #: _____ Email: _____

II. MOBILE HOME PARK INFORMATION:

New Park Expansion/Amendment If an expansion or amendment, Park name: _____

Parcel Identification Number (SBL#) of lots: _____

Size of proposed Park (if new): _____ acres If an expansion, size of expansion: _____ acres

Proposed # of mobile home park lots (if new): _____ If an expansion, # of new lots proposed: _____

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 - MOBILE HOME PARK

The undersigned, who is the owner of the premises known as
, identified as Tax Map #.....hereby authorizes
to bring the attached Mobile Home Park
 application before the Town of Halfmoon for consideration. 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



Mobile Home Park Recommendation APPLICATION

Instructions & Checklist (Must Submit with application)

Pre-Application Meeting:

A Pre-Application meeting with the Planning Department is strongly recommended. A concept plan and/or map will be needed at this time to allow discussion of plan requirements. **Failure to conduct a Pre-Application meeting may delay consideration of the application by the Planning Board.**

- Date of Pre-Application Meeting: _____

Mobile Home Park Recommendation Requirements:

For Planning Board review of a proposed Mobile Home Park or the expansion or amendment of an existing Mobile Home Park, the project must first be referred to the Planning Board by the Halfmoon Town Clerk. Therefore, all applications for recommendation by the Planning Board **must be preceded** by application directly to the Town Board. Separate applications must be made to each board. The Town Board application may be found on the Planning Department website or a copy may be obtained from the Town Clerk.

For Planning Board review, the following items must be included as part of this application: **(Please check and note the number of copies required)**

- _____ Completed Planning Board "Mobile Home Park Recommendation" Application **(1 copy)**
- _____ 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. **(1 copy with original signature)**
- _____ Narrative describing the request. **(15 copies)**
- _____ Preliminary/Conceptual plan **folded** at a scale of one inch equals 50' or a scale less to the inch of the entire site prepared and signed/stamped by a licensed design professional (engineer, architect or surveyor) **prepared within the last five (5) years. (5 copies)**
- _____ 11" x 17" copies of the conceptual plan. **(15 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.

Ambulance: Clifton Park/Halfmoon Emergency Corps.

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

Town Engineer Review: Planning Board 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.

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.

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

Signature of Applicant: _____ Date: _____