



Town of Van Buren  
Planning Board  
7575 Van Buren Rd.  
Baldwinsville, NY 13027  
Ph. 315-635-3604  
Fax 315-635-8247

Email: [codes@townofvanburen.com](mailto:codes@townofvanburen.com)  
Website: [www.townofvanburen.com](http://www.townofvanburen.com)

For Town Use: Date Pd: _____ Rec. #: _____ Application #: _____
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Site Plan Application

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**SUBMISSION REQUIREMENTS:**

- 11 sets of :    ( ) Completed and signed application form;  
                          ( ) Narrative summary of the project;  
                          ( ) Site plan depicting existing conditions and proposed changes; and  
                          ( ) Other related materials as appropriate.
  
- Payment of fee (\$250 – payable to “Town of Van Buren” plus Legal/Engineering Fee – See Table)

Application deadline is 2 weeks prior to the regular meeting of the Planning Board (usually the 1<sup>st</sup> Monday of the month). Applicants will receive a notice confirming that their plans are on the upcoming Planning Board agenda.

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- TYPE OF APPLICATION:**  Minor addition/alteration to approved land development or site plan
- Change of Use     Rezoning     Changes in parking or traffic flow     Changes to landscaping
- New             Other \_\_\_\_\_
- 

**APPLICANT INFORMATION:**

Name and address of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

Will the Applicant be the point of contact for Town correspondence about this plan? \_\_\_ Yes \_\_\_ No

If no, provide name and contact information for the point of contact:



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Applicant's interest in the property in question, (e.g. owner, lessee, etc.) or relationship to property owner (attorney, engineer, etc):

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CERTIFICATION: I hereby certify that the statements made in this Application are true and correct.

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Name (printed)

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Signature

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Date

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**PROPERTY INFORMATION:**

Name and address of property owner (if different from Applicant's):

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Address of property involved in the Application (if different from Applicant's):

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Tax Parcel Number(s):

Zoning District:

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Existing use of property: \_\_\_\_\_



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Proposed use of property (elaborate in the narrative): \_\_\_\_\_

Proposed use permitted by:

right       special use       other: \_\_\_\_\_

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Existing and proposed total gross floor area (square feet) of buildings, including storage areas, basements and/ or attics: existing \_\_\_\_\_ proposed \_\_\_\_\_

Total acreage of lot (if more than one lot, specify acreage for each lot): \_\_\_\_\_

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Existing Impervious Coverage (%):	Proposed:	Required:
_____	_____	_____

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Existing # of Parking Spaces:	Proposed:	Required:
_____	_____	_____

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Easements required with adjacent property owners?  Yes       No  
If yes, agreements in place?       Yes       No

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Landscaping changes proposed?  Yes       No (If yes, describe in narrative.)

# of trees to be removed: \_\_\_\_\_ # of shrubs: \_\_\_\_\_ # of trees to be added: \_\_\_\_\_ # of shrubs added

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Water supply:       Public       Other (specify) \_\_\_\_\_

Sewage disposal:       Public       Other (specify) \_\_\_\_\_

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**PROJECT INFORMATION:**

Submit a brief narrative summary of the project. The narrative must address:

1. The proposed use of the site and, if appropriate, how it will differ from the existing use;
2. The type and extent of the proposed changes to the site as depicted in the plans; and
3. The purpose for the changes.
4. Use the Town’s site plan requirements for site plan map Article XII.

Plans included with the submission (check all that apply):

- Site plan     Landscaping     Lighting     Stormwater     Other: \_\_\_\_\_

If not included on the plans, list the profession, name and address of the professionals who prepared the plans:

Profession		
Name		
Company		
Phone		
Address		
Fax		
Email		

Please note: Additional Town review may include, but is not limited to: Town Board, Zoning Board of Appeals, Department of Environmental Conservation, County Planning and Department of Transportation. Members of the reviewing bodies may visit the site while the application is pending before them.



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