



SKETCH PLAN CHECKLIST FOR SUBDIVISIONS SHELTER ISLAND PLANNING BOARD

P.O. Box 970
Shelter Island, NY 11964-0970
631-749-0758 FAX 631-749-0728
jmontgomery@shelterislandtown.gov

Please complete the application by typing or clearly printing information here as indicated. Provide ten copies of all application documents unless otherwise indicated. Please submit copies of this checklist with the application.

Name of Project: _____

Suffolk County Tax Map Number(s): 0700 - _____

0700 - _____

0700 - _____

MAJOR SUBDIVISION (5 building lots or more) _____ MINOR SUBDIVISION (4 building lots or less) _____

Standard Subdivision _____ Planned Residential Development _____

Sketch Plan based on: Tax Map info _____ Survey _____ Scale (not less

than 1" = 200') Are sections shown? Yes___ If so, how many?_ No___ N/A _____

If sections are shown, is proposed sequence (numbering) shown in relation to existing streets? _____

Are the following PROPERTY features shown on the Sketch Plan map (and within 200 feet of property lines)?

YES **NO**

EXISTING BUILDINGS

EXISTING STRUCTURES (pools, sheds, tennis courts, fences, driveways, patios, retaining walls, wells, sanitary systems, drywells, cisterns, fuel tanks, etc.)

Wooded Areas

Fresh Water and/or Tidal Wetlands

Other Features (list):

Name of Landowner(s) indicated

Name of Applicant/Subdivider indicated

Adjacent property lines

Names of all adjacent property owners

Tax Map Parcel Numbers (for subject property)

Source for determination of wetland boundary

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- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Contours (topographic information - 2' interval referencing NAVD 88) |
| <input type="checkbox"/> | <input type="checkbox"/> | Source of topographic information indicated |
| <input type="checkbox"/> | <input type="checkbox"/> | Available utilities (PSEG-LI, Cablevision, water authority, sewer district, etc.) shown on map |
| <input type="checkbox"/> | <input type="checkbox"/> | Existing streets |
| <input type="checkbox"/> | <input type="checkbox"/> | Distance to nearest cross road on same side of street |
| <input type="checkbox"/> | <input type="checkbox"/> | Width and jurisdiction of existing streets |
| <input type="checkbox"/> | <input type="checkbox"/> | Nearest fire protection device within 1,000 feet |

Are the following PROPOSED features shown on the Sketch Plan map (full dimensions and areas of proposed lots)?

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Pattern of lots |
| <input type="checkbox"/> | <input type="checkbox"/> | Proposed streets |
| <input type="checkbox"/> | <input type="checkbox"/> | Recreational areas |
| <input type="checkbox"/> | <input type="checkbox"/> | Water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | Method of sewage system(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | Method of stormwater drainage |
| <input type="checkbox"/> | <input type="checkbox"/> | All appropriate dimensions from existing buildings and structures to proposed lot lines |
| <input type="checkbox"/> | <input type="checkbox"/> | Required Fresh Water and/or Tidal Wetland setbacks |

Are any EXISTING RESTRICTIONS shown?

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Easements |
| <input type="checkbox"/> | <input type="checkbox"/> | Covenants |
| <input type="checkbox"/> | <input type="checkbox"/> | Zoning District(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | Zoning District Line(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | Private Road(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | Private right-of-way(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | Flood Zone(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | Town/Village Boundary(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | Near Shore Overlay District |
| <input type="checkbox"/> | <input type="checkbox"/> | Is Parkland, satisfying the requirements of the Town Subdivision Regulations, shown? |

Are the following listed areas EXCLUDED from consideration as areas contributing to total lot yield?

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Existing water surfaces |
| <input type="checkbox"/> | <input type="checkbox"/> | Fresh Water and/or Tidal Wetlands |
| <input type="checkbox"/> | <input type="checkbox"/> | Horizontal areas of escarpments, bluffs, or the seaward faces of primary dunes |
| <input type="checkbox"/> | <input type="checkbox"/> | Areas required for park dedication pursuant to the Planning Board's Subdivision Regulations |
| <input type="checkbox"/> | <input type="checkbox"/> | Areas required for recharge basins or for natural recharge |
| <input type="checkbox"/> | <input type="checkbox"/> | Areas required for streets |

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Are the following listed areas EXCLUDED from consideration as areas contributing to total lot yield?

YES NO

 Beaches below mean high water, as defined by the United State Coast & Geodetic Survey or the latest Tidal Wetlands survey base maps, and any beach lying between this line and the unbuildable areas outlined above

 Areas required for utilities or public facilities, except that minor utility easements of direct service to the subdivision may be included

Is the following INCLUDED with the application?

YES NO

 Application Fee and Engineering Deposit (if applicable).

 Certification Form (ten copies)

 Owner's Endorsement (ten copies if applicable)

 Short Environmental Assessment Form filled out properly using the DEC's EAF Mapper application. Major Subdivision require the Full form (FEAF).

 An electronic (PDF) copy of all submissions which are full scale/size reproducible.

Due to the processing backlogs for subdivision applications at the Suffolk County Department of Health Services, the applicant is advised to submit an application to that agency as soon as possible after the completion of Sketch Plan Review.

The Applicant is advised to check with the Building Department for open permit(s) which may affect the Suffolk County Department of Health Services application and future property development.

Name of person completing this application: _____

Signature: _____

Date completed: _____



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1. Please complete the application by typing or clearly printing information where indicated.
2. A completed Checklist is to be included as part of this application.
3. Provide ten (10) copies of all documents, unless otherwise noted, in accordance with the Subdivision Checklist.

Name of Project: _____

Suffolk County Tax Map Number(s): 0700 - _____

0700 - _____

0700 - _____

MAJOR SUBDIVISION (5 building lots or more) _____ MINOR SUBDIVISION (4 building lots or less) _____
Standard Subdivision _____ Planned Residential Development _____

Land Owner:

Name: _____

Address: _____

Home or Office Phone #: _____ Extension if applicable: _____

Fax: _____

E-mail: _____

Is the applicant the landowner? Yes No

If the applicant is NOT the landowner, provide the Applicant's information:

Name: _____

Address: _____

Home or Office Phone #: _____ Extension if applicable: _____

Fax: _____

E-mail: _____

Owner or Applicant's Attorney, if any, for this project:

Name: _____

Address: _____

Home or Office Phone #: _____ Extension if applicable: _____

Fax: _____

E-mail: _____

**SKETCH PLAN APPLICATION FOR SUBDIVISIONS
SHELTER ISLAND PLANNING BOARD**

Owner or Applicant's Engineer or Surveyor for this project:

Name: _____
Address: _____
Home or Office Phone #: _____ Extension if applicable: _____
Fax: _____
E-mail: _____

Name of contact person for questions relating to this project:

Name: _____
Address: _____
Home or Office Phone #: _____ Extension if applicable: _____
Fax: _____
E-mail: _____

Does this application cover all contiguous property of the owner(s)? Yes No

If not, indicate other ownership and tax map parcel designation: _____

Number of Residential Lots proposed: _____

Total number of Lots (including park, open space and recharge areas): _____

Zoning classification(s) of subject property (consult Town Zoning Map): _____

Near Shore and Peninsula Overlay District (consult Town Zoning Map): _____

Flood Zone(s) (consult FEMA Flood Insurance Rate Map): _____

Are any variances needed for this project that you are aware of? Yes No

If so, indicate what is needed: _____

Does the property have frontage on a public road? Yes No

If so, name of public road or highway: _____

Note: If subject property does NOT have frontage on a public road or highway, you must submit information on legal right-of-way or access to an existing private road.

Is a new road or street required? Yes No

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Does the property front on or have access to any body of water? Yes No

If so, indicate name of water body: _____

Are Fresh Water or Tidal Wetlands on the property? Yes No

Are Fresh Water or Tidal within 100 feet of the property? Yes No

Note: If there is any body of water or any wetlands within 100 feet of the subject property(s), they must be indicated on the proposed plans.

Name of person completing this application: _____

Signature: _____

Date completed: _____

OWNER'S ENDORSEMENT
To be Signed by Applicant(s)/Owner(s)

STATE OF NEW YORK)
COUNTY OF SUFFOLK) ss:

_____, being by me duly sworn, deposes and says:

I reside at _____, in the
County of _____ and the State of _____, and I am the
(owner in fee) (officer of the Corporation which is the owner in fee) of the premises described in the
foregoing and that I have authorized _____ to make
the foregoing application as described herein.

Signature(s): _____

Sworn to before me this _____

day of _____, 20____

Notary Public

Please print name (s): _____

CERTIFICATION

To be Signed by Applicant(s)/Owner(s)

STATE OF NEW YORK)
COUNTY OF SUFFOLK) ss:

_____, being by me duly sworn, deposes and says:

- 1. I am interested in an application for a Lot Line Modification/Minor Subdivision/Major Subdivision/Wetlands now pending before the Shelter Island Planning Board.
- 2. I reside at _____
- 3. The nature of my interest in the aforesaid application as follows (circle answer): I am the:
Owner Tenant Bank Other: _____
- 4. It is my understanding that the Shelter Island Planning Board has determined that public policy requires a full, frank and complete disclosure of all persons having an interest, direct or indirect, in all applications to the Shelter Island Planning Board or other agencies of Town Government, to ensure that no question of conflict of interest or favoritism may arise. The following Town of Shelter Island officer, employee, member of the Planning Board, or his/her spouse, brother, sister parent, child, grandchild or spouse of any of them have an interest in this application by virtue of being the actual applicant, being the owner of the actual property or have an interest in the corporation, partnership or association making such application: _____
- 5. To the best of my knowledge, information and belief, there are no other persons, firms or corporations interested in this application, except as hereafter set forth (If either corporation or company, etc., list all officers): _____
- 6. By signing this form, I authorize the Planning Board members and staff to inspect the property(s). Members and staff may enter the property without notice between 7:00am and 7:00pm, Monday – Friday. Inspection may occur without the owner, applicant or agent present. If the property is posted with “keep out” signs or fenced with an unlocked gate, members and staff may still enter the property. Members and staff may take measurements, analyze site physical characteristics, sketch and photograph the site. I understand that failure to give this consent may result in denial of the application.

Signature(s): _____

Sworn to before me this _____

day of _____, 20____ Please print name (s): _____

Notary Public