TOWN OF SCRIBA

SOLAR ENERGY SYSTEMS APPLICATION

(Please submit responses on additional paper, if necessary)

1. Property Owner's Name:_____
2. Property Owner's Address:_____
3. Property Owner's Telephone Numbers: Day:_____ Evening:_____
4. Property Owner's Email Address:

5. Applicant's Name:_____
6. Applicant's Address:_____
7. Applicant's Phone Numbers: Day:_____ Evening:_____
8. Applicant's Email Address:_____

9. Precise location (Street address and road intersections, prominent landmarks). Please provide map, current survey and deed. _____
_____
_____

10. Tax Parcel Number:_____
11. Proposed action is: _____ New _____ Expansion _____ Modification/Alteration

12. Provide a description of the proposed use, impact on traffic during installation, hazardous materials to be used or stored on site and impact on noise.
13. Does the proposed development cover applicants entire property: ___ Yes ___ No
If no, explain what portion of the existing property will remain undeveloped, and whether the applicant intends to develop the property in the future.

Amount of land affected: Initially: _____ acres Ultimately _____ acres

5/2024

14. Existing Use of Property:_____

_____

_____

15. Is the Property Improved by: ____Water _____Sewer _____Lighting
_____Gas/Electric _____Other (Explain)_____

16. Identify any and all existing streets, highways, roads, easement or rights-of-ways that abut the proposed development:_____

_____

_____

17. Are there any other existing restrictions on the use of the land including easements, deed restrictions or covenants that may impede or prohibit you're application? _____Yes _____ No If yes, briefly explain_____

_____

_____

18. Name, Address and Phone Number of your Professional Advisors:

Attorney:_____

_____

Engineer:_____

_____

Architect:_____

_____

Surveyor:_____

19. What is the estimated cost of the proposed development and length of time within which it will be completed?

Cost_____ Length of Time_____

20. Provide any other relevant information concerning the use of the property including future development plans._____

_____

_____

_____

Certification: With the following signature, I certify that this application provides a complete description of the proposed development and is a complete application. I understand that the application fee, as established by the Town of Scriba, must be paid at the time I submit this application for consideration by the Town of Scriba Planning Board.

_____ _____

Applicant Signature Date

_____ _____

Property Owner Signature Date

FOR OFFICIAL USE ONLY **APPLICATION NO.** _____

Date received: _____

Application Fee Received ☐ Yes ☐ No

239 Review Required ☐ Yes ☐ No

SEQRA – EAF Type ☐ Short ☐ Long

SEQRA Agencies Involved:

- ☐ NYS DOT
- ☐ NYS DEC
- ☐ County of Oswego
- ☐ US Army Corps of Engineers
- ☐ Other: _____

Permits Required

- ☐ Highway Permit
- ☐ Driveway Permit
- ☐ Building Permit
- ☐ SPDES

Pre-Approval Site Inspection

- ☐ Wetlands, Wooded Areas, Public Lands/Facilities Other Significant Physical Features
- ☐ Distance from Road or Property Boundary