TOWN OF SMITHTOWN

BOARD OF SITE PLAN REVIEW

APPLICATION CHECKLIST

BSPR

Office Use Only:

Applicant: _____

Location: _____

Zoning District: _____

SCTM #800- _____-_____-_____ Property Size_____sq.ft._____acres

Project Description:

_____

_____

REQUIRED ITEMS – INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!

SITE PLAN FEE

*(Acreage must be rounded up to nearest full acre)

_____Acres* x $1,000 = $_____

+_____sq.ft. x $0.50 = $_____

+_____units x $150 = $_____

Total = $_____

☐ **Site Plan Fee** (Check made payable to Town of Smithtown)
New = $1,000/acre + $0.50 per sq.ft. of gross floor area
Revised = $1,000/acre to be modified + $0.50 per sq.ft. of gross floor area
Non-Profit Org. = $400 + $0.50 per sq.ft. of gross floor area
Multi-Family Development = $150 per living quarter unit
[Garden Apartment, Townhouse, Hotel, Assisted Living, etc.]
Telecommunication application = $3,000

***Structure built prior to receiving Site Plan Approval = 50% additional fee to above**

☐ **Erosion and sediment control fee** (Separate check payable to Town of Smithtown)
$290
Additional fees to be specified by Engineering Department during review of application.

☐ **Four (4) copies of the Site Plan Application**, completed and notarized.

☐ **Samples of all Exterior Building materials** (brick, block, shingle, glass, etc.)

☐ **Plans - 13 copies** of the following: (collated, stapled, and folded into a 9" x 12" format) ***Do not use cover sheets!***
1) Site plan, **2)** Landscaping plan, **3)** Floor plans, **4)** Site detail drawings (drainage, paving, plantings, wall and pole lighting, curbs, retaining walls, dumpster enclosures etc.), 5) Building elevation drawings: front, rear and side views. Submit plans that are applicable to project. *Number of pages should be kept to a minimum.

☐ **Color rendering / elevations** required for all new construction, additions and façade renovations.
Submit photographs if no changes.

☐ **Electronic Copy of Plans (optional)** can be submitted in addition to paper plans.

***Questions about this section contact D.E.W. at (631) 360-7514**

☐ **Environmental Assessment Fee** (Separate check payable to Town of Smithtown)

Modifications < 1,000 sq. ft. to existing facilities	=	$1,775
Applications involving up to less than 1 acre	=	$1,775
Applications involving 1 to less than 2 acres	=	$2,450
Applications involving 2 to less than 5 acres	=	$3,000
Applications involving 5 to less than 10 acres	=	$4,650
Applications involving 10 to less than 25 acres	=	$6,625
Applications involving more than 25 acres	=	$11,000

☐ Five (5) Environmental Assessment Forms (EAF- Long Form), completed and notarized with copies of approved Board of Zoning Appeals variances and/or special exceptions.

☐ Five (5) Tree Preservation and Land Clearing plans.

ALL OF THE ABOVE ITEMS AND ANY REVISIONS ARE TO BE SUBMITTED TO THE PLANNING DEPT.

Related Planning Matters:

Did this application require approval from the Board of Zoning Appeals? YES NO Case#_____

Is the subject property within the Town's Local Waterfront Revitalization Program? YES NO Case#_____

ADDITIONAL REVIEW AGENCIES

☐Village of the Branch
☐Village of Head of the Harbor
☐Village of Lake Grove
☐Village of Nissequogue
☐Smithtown Historical Advisory Board
☐Town of Brookhaven
☐Town of Huntington
☐Town of Islip
☐NYS Dept. of Transportation
☐NYS DEC
☐NYS Parks Commission
☐Suffolk Co. Planning Commission
☐Suffolk Co. Dept. of Public Works

FOR FURTHER INFORMATION:
TOWN OF SMITHTOWN
PLANNING DEPARTMENT
99 W. MAIN ST.
SMITHTOWN, NY 11787

PHONE: (631) 360-7540
FAX: (631) 360-7546
EMAIL: smithtownplanning@smithtownny.gov

TOWN OF SMITHTOWN
BOARD OF SITE PLAN REVIEW
APPLICATION

BSPR

For office use only:

Application accepted by:_____ Date Filed:_____

Type of Application:	**Reason for Application:**	
☐ New (No previous plan on file)	☐ New Structure	☐ Alteration of structure or site
☐ Revision (of an approved site plan)	☐ Expansion of structure or Use	☐ Change of Use

SITE INFORMATION

Name of Business or Site: _____

Location of Site:_____
Side of St. Street Tie Distance Street Hamlet

Suffolk County Tax Map Number(s) (Section, Block, Lot): 800-_____-_____-_____

APPLICANT

Name of Applicant:_____

Address:_____ Phone: ( )_____

Email Address:_____

Applicant's interest in site: Owner ☐ Contract Vendee ☐ Lessee ☐ Contract Lessee ☐

OWNER

Owner of Fee Title to Land:_____

Address:_____ Phone: ( )_____

Site Plan prepared by:_____ License No.: _____

Address:_____ Phone: ( )_____

Email Address:_____

CONTACT

Contact Person:_____ Phone: ( )_____

Address:_____

Email Address:_____

PROJECT INFORMATION	Existing	Proposed Addition	Total
Land Use (from Zoning Ordinance table)	_____	_____	_____
Site Area Zoned in _____ District	_____ sq.ft	_____ sq.ft	_____ sq.ft
Site Area Zoned in_____District	_____ sq.ft	_____ sq.ft	_____ sq.ft
Total Site Area	_____ sq.ft	_____ sq.ft	_____ sq.ft
Gross Building Coverage	_____ sq.ft	_____ sq.ft	_____ sq.ft
Gross Floor Area	_____ sq.ft	_____ sq.ft	_____ sq.ft
Gross Landscape Area	_____ sq.ft	_____ sq.ft	_____ sq.ft
Percent of Lot Building Coverage	_____ %	_____ %	_____ %
Percent of Lot for Floor Area	_____ %	_____ %	_____ %
Percent of Lot for Landscaping	_____ %	_____ %	_____ %
Percent of Occupancy of Required Rear Yard	_____ %	_____ %	_____ %
Front Yard(s) Depth	_____ ft. _____ ft.	_____ ft. _____ ft.	_____ ft. _____ ft.
Width of Lot at Building Setback Line(s)	_____ ft. _____ ft.	_____ ft. _____ ft.	_____ ft. _____ ft.
Rear Yard Depth	_____ ft. _____ ft.	_____ ft. _____ ft.	_____ ft. _____ ft.
Side Yard(s) Depth	_____ ft. _____ ft.	_____ ft. _____ ft.	_____ ft. _____ ft.
Setback of Accessory Structure from Lot Lines	_____ ft. _____ ft.	_____ ft. _____ ft.	_____ ft. _____ ft.
Total Building Height	_____ ft.	_____ ft.	_____ ft.
Total Height of Accessory Structure(s)	_____ ft.	_____ ft.	_____ ft.
Number of Parking Spaces	_____	_____	_____
Number of Truckloading Spaces	_____	_____	_____

Has this proposal been the subject of previous applications:

	Case Number	Decision Date
Town Board	_____	_____
Planning Board	_____	_____
Board of Zoning Appeals	_____	_____
Board of Site Plan Review	_____	_____
Other (specify)	_____	_____

NO ACTION MAY BE TAKEN BY APPLICANT UNTIL APPROVAL OF SITE PLAN BY THE BOARD OF SITE PLAN REVIEW

OWNER'S ENDORSEMENT

COUNTY OF SUFFOLK }
} SS:
STATE OF NEW YORK }

_____ being duly sworn, deposes and says that they reside
(Owner's Name)
at_____ in the County of_____

and State of_____and that they are (the owner in fee)_____of
(Official Title)
the Corporation which is the owner in fee of the premises described in the foregoing application and that they have

authorized_____to make the foregoing application as described herein.

(Corporate Seal)

Sworn before me this

_____day of_____ , 20_____ _____

Owner's Signature

_____
Notary Public

APPLICANT'S AFFIDAVIT }
} SS:
STATE OF NEW YORK }

_____ being duly sworn, deposes and says that they reside

at_____

in the State of New York, and that they are the owner of the above property, or that they are the

_____ of the_____

(Title) (Specify whether Partnership or Corporation)

which is hereby making application; that the foregoing answers are true, that the owner of their heirs, successors or assigns will, at their own expense, install the required site improvements in accordance with §322-87 of the Code of the Town of Smithtown for the area stated herein; that there are no existing structures or improvements on the land which are not shown on the Site Plan; that title to the entire parcel, including all rights-of-way, have been clearly established and are shown on said Plan; that no part of the Plan infringes upon any duly filed plat which has not been abandoned both as to lots and as to roads; that they have examined all rules and regulations adopted by the Board of Site Plan Review for the filing of Site Plans and will comply with same; that the plans submitted, as approved, will not be altered or changed in any manner without the approval of the Board of Site Plan Review; and that the actual physical improvements will be installed in strict accordance with the plans submitted.

(Corporate Seal)

Sworn to before me this

_____day of_____ , 20_____

_____
Notary Public

Signed_____
(Owner)

Signed_____
(Partner or Corporate Officer & Title)