

Town of Mamaroneck
Building Department
740 West Boston Post Road, Room 208
Mamaroneck, New York 10543
(914) 381-7830

APPLICATION FOR APPEARANCE BEFORE THE PLANNING BOARD

THIS APPLICATION IS TO BE SUBMITTED WITH ALL THE APPLICABLE MATERIALS REFERENCED ON THE APPLICABLE CHECKLIST(S) AND WITH ALL OTHER MATERIALS, IF ANY, REQUIRED BY ALL APPLICABLE STATUTES.

SEE THE APPLICABLE CHECKLIST(S) FOR THE NUMBER OF SETS OF COMPLETE AND ACCURATE PLANS AND MATERIALS THAT MUST ACCOMPANY THIS APPLICATION.

AN APPLICANT THAT HAS AN APPLICATION ON THE PLANNING BOARD’S AGENDA, OR AN AGENT OF THE APPLICANT NAMED ON PAGE 2, ON THE APPLICANT’S BEHALF, MUST PERSONALLY APPEAR AT EACH PLANNING BOARD MEETING AT WHICH THIS APPLICATION IS TO BE CONSIDERED, AND AT EACH PUBLIC HEARING HELD BY THE PLANNING BOARD RELATING TO THIS APPLICATION. FAILURE TO APPEAR FOR THREE OR MORE CONSECUTIVE PLANNING BOARD MEETINGS MAY RESULT IN THIS APPLICATION BEING STRICKEN FROM THE PLANNING BOARD’S AGENDA, WHEREUPON THE APPLICANT, IF THE APPLICANT WANTS TO PROCEED, WILL HAVE TO SUBMIT A COMPLETE NEW APPLICATION, INCLUDING ALL REQUIRED DOCUMENTS, AND A NEW APPLICATION FEE.

PAGES 1 – 5 ARE TO BE COMPLETED BY THE APPLICANT. PAGES 6 – 9 ARE TO BE COMPLETED BY THE OWNER.

ACTUAL SIGNATURES ARE REQUIRED. DIGITAL SIGNATURES ARE NOT ACCEPTABLE.

<u>FOR OFFICE USE ONLY:</u>	
Type of Application: _____	
Case No.: _____	Fees Paid: _____
Date(s) of Staff Meeting(s) and/or Pre-submission Conference(s): _____	
Date(s) of Hearing(s): _____	
Action Taken: _____	Date of Action: _____

The undersigned (collectively, the “Applicant”) hereby applies for a _____ for the development, use or continued use of property (the “Property”) in the Unincorporated Section of the Town of Mamaroneck, as shown on this application and on the attached documents:

Property information:

Street Address: _____

Closest Cross Streets: _____

Zoning Designation: _____ Block: _____ Lot: _____

Present use of Property: _____

Proposed use of Property: _____

Information about every Applicant:

Name(s): _____

Mailing Address(es): _____

Email(s): _____

Phone Number(s): _____

Information as to the Applicant's agent(s), if any (collectively, "Agent") who is/are authorized to represent the Applicant before the Planning Board as to this Application:

Name(s): _____

Mailing Address(es): _____

Email(s): _____

Phone Number(s): _____

If there is an Agent, every Applicant must complete and sign the Authorization on Page 3.

Information as to the Applicant's consultants (complete as applicable):

Architect:

Name: _____

Mailing Address: _____

Email: _____

Phone Number: _____

Engineer:

Name: _____

Mailing Address: _____

Email: _____

Phone Number: _____

Surveyor:

Name: _____

Mailing Address: _____

Email: _____

Phone Number: _____

Attorney:

Name: _____

Mailing Address: _____

Email: _____

Phone Number: _____

Reasons for Application:

This Application is submitted for the following reason(s): _____

AUTHORIZATION OF AGENT(S) BY EACH APPLICANT (REQUIRED ONLY IF ANY AGENT WILL APPEAR FOR ANY APPLICANT):

RE: Property located at : _____
Town of Mamaroneck, New York
Application for _____

_____, being every Applicant, hereby authorize(s) _____ (collectively, the "Agent"), with offices at _____, to appear on behalf of the Applicant before the Planning Board of the Town of Mamaroneck, New York in connection with this Application. Each Applicant acknowledges that conditions regarding the use of the Property may be imposed by the Planning Board if this Application is approved, and that such conditions may impact the Property. Each Applicant hereby authorizes each Agent to agree to such conditions, as the duly authorized agent of the Applicant, and to thereby bind the Applicant.

SIGNATURE OF EVERY APPLICANT – IF INDIVIDUAL(S):

Signature

Print Name: _____

Signature

Print Name: _____

AUTHORIZED SIGNATURE OF EVERY APPLICANT – IF AN ENTITY/ENTITIES:

Print name of entity

By: _____
Signature

Print name

Title: _____
Print

Print name of entity

By: _____
Signature

Print name

Title: _____
Print

Name each Town official, employee or member of the Planning or Zoning Board, if any, with a financial interest in the Property and/or in this Application: _____

CERTIFICATION BY EACH APPLICANT (REQUIRED)

If the Applicant is one or more individuals:

Under penalty of perjury, each of the undersigned hereby represents and warrants that he/she/they is/are all of the Applicants with respect to of this Application, and that all of the information on and submitted with this Application is complete and accurate.

SIGNATURE OF EVERY APPLICANT – IF INDIVIDUAL(S):

Signature

Signature

Print name: _____

Print name: _____

OR

If the Applicant is one or more entities:

Under penalty of perjury, each of the undersigned hereby represents and warrants that he/she is duly authorized to make this Application on behalf of all of the [**CIRCLE ONE**] members/officers/directors/partners/trustees of _____, a [**CIRCLE ONE**] partnership/limited partnership/limited liability company/corporation/trust formed and in good standing in accordance with the law of the State of _____, that said entity is/such entities are the sole Applicant with respect to this Application, and that all of the information on and submitted with this Application is complete and accurate.

AUTHORIZED SIGNATURE OF EVERY APPLICANT – IF AN ENTITY/ENTITIES:

Print name of entity

Print name of entity

By: _____
Signature

By: _____
Signature

Print name

Print name

Title: _____
Print

Title: _____
Print

ACKNOWLEDGEMENT BY EACH APPLICANT (REQUIRED)

STATE OF _____)
 _____) ss.
 COUNTY OF _____)

On the _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for said state, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the foregoing Certification, and acknowledged to me that he/she/they executed the same in his/her/their capacity, that, by his/her/their signature(s) on the foregoing Certification, he/she/they executed the Certification, and that he/she/they executed the Certification in the City of _____, County of _____ and State of _____.

 Notary Public

Print Name: _____

Commission Expires: _____

Information about every owner (collectively, the "Owner") shown on the most recent deed to the Property:

Name(s): _____

Mailing Address(es): _____

Email(s): _____

Phone Number(s): _____

GRANT OF PERMISSION BY EACH OWNER TO ENTER THE PROPERTY (REQUIRED)

The Owner hereby grants the members of the Planning Board and the employees of and consultants to the Town of Mamaroneck permission to enter upon and inspect the Property during daylight hours (or, if the Property is an operating business, during business hours).

If the subject of this Application is residential property:

1. Is the Property (___) inhabited or (___) uninhabited? [CHECK ONE]
2. For residential, inhabited Property, any inspection(s) involving access to the Property shall be at times reasonably acceptable to an Owner, to an Applicant or to an Agent of the Applicant. To arrange for such inspection, contact _____ at [phone] _____ or at [email] _____

SIGNATURE OF EVERY OWNER – IF INDIVIDUAL(S):

Signature

Signature

Print name: _____

Print name: _____

AUTHORIZED SIGNATURE OF EVERY OWNER – IF AN ENTITY/ENTITIES:

Print name of entity

Print name of entity

By: _____
Signature

By: _____
Signature

Print name

Print name

Title: _____
Print

Title: _____
Print

AUTHORIZATION OF EACH APPLICANT BY EACH OWNER (REQUIRED ONLY IF EVERY OWNER IS NOT EVERY APPLICANT):

RE: Property located at : _____
Town of Mamaroneck, New York
Application for _____

_____, being every Owner of the above-described Property, hereby authorize(s) _____ (collectively, the "Applicant"), with offices at _____, to appear before the Planning Board of the Town of Mamaroneck, New York in connection with this Application. Each Owner acknowledges that conditions regarding the use of the Property may be imposed by the Planning Board if this Application is approved, and that such conditions may impact the Property.

SIGNATURE OF EVERY OWNER – IF INDIVIDUAL(S):

Signature

Signature

Print Name: _____

Print Name: _____

AUTHORIZED SIGNATURE OF EVERY OWNER – IF AN ENTITY/ENTITIES:

Print name of entity

Print name of entity

By: _____
Signature

By: _____
Signature

Print name

Print name

Title: _____
Print

Title: _____
Print

CERTIFICATION BY EACH OWNER (REQUIRED)

If the Owner is one or more individuals:

Under penalty of perjury, each of the undersigned hereby represents and warrants that he/she/they is/are all of the Owners of the Property which is the subject of this Application.

SIGNATURE OF EVERY OWNER – IF INDIVIDUAL(S):

Signature

Signature

Print name: _____

Print name: _____

OR

If the Owner is one or more entities:

Under penalty of perjury, each of the undersigned hereby represents and warrants that he/she is duly authorized to sign this Certification on behalf of all of the [**CIRCLE ONE**] members/officers/directors/partners/trustees of _____, a [**CIRCLE ONE**] partnership/limited partnership/limited liability company/corporation/trust formed and in good standing in accordance with the law of the State of _____, and that said entity is/such entities are all of the Owners of the property which is the subject of this Application.

AUTHORIZED SIGNATURE OF EVERY OWNER – IF AN ENTITY/ENTITIES:

Print name of entity

Print name of entity

By: _____
Signature

By: _____
Signature

Print name

Print name

Title: _____
Print

Title: _____
Print

ACKNOWLEDGEMENT BY EACH OWNER (REQUIRED)

STATE OF _____)
) ss.
COUNTY OF _____)

On the _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for said state, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the foregoing Certification, and acknowledged to me that he/she/they executed the same in his/her/their capacity, that, by his/her/their signature(s) on the foregoing Certification, he/she/they executed the Certification, and that he/she/they executed the Certification in the City of _____, County of _____ and State of _____.

Notary Public

Print Name: _____

Commission Expires: _____