



**INCORPORATED VILLAGE OF PORT JEFFERSON
PLANNING BOARD**

88 North Country Road, Port Jefferson, NY 11777
Telephone: (631) 473-4744 Fax: (631) 473-2049
www.portieff.com

PRESUBMISSION CONFERENCE APPLICATION §250-52 (c) 1

GENERAL SUBMISSION REQUIREMENTS

- Ten (10) copies of application (complete & notarized)
- Ten (10) copies of Full or Short Environmental Assessment Form (completely filled out).
- Ten (10) copies of site plan signed and sealed (Include Suffolk County tax map parcel numbers).
- Ten (10) copies of Survey Certificate of Occupancy or Certificate of Existing Use (if applicable)
- Aerial Photograph of Site and Adjacent Properties
- Electronic copy of all surveys and plans

PLEASE TYPE OR PRINT CLEARLY

NAME OF SITE PLAN / PROJECT:		AREA OF SITE (Sq. Ft.. or Acre)	
PROJECT ADDRESS: / LOCATION			DATE:
ZONING DISTRICT		SUFFOLK COUNTY TAX MAP NUMBER(S) (Section, Block Lot):	
CONTACT PERSON (Name, Address and Email)			
PROJECT DESCRIPTION (Attach additional sheets if necessary)			
(a)	Application is hereby made to the Incorporated Village of Port Jefferson Planning Board for a hearing on the site plan described herein:		
	APPLICANT'S NAME:		
	ADDRESS:		TELEPHONE NUMBER:
(b)	If applicant is a corporation, give the name and title of responsible officer		
	NAME:		TITLE:
	LAND OWNER:		ADDRESS:
(c)	Are there any covenants or restrictions affecting the premises for which site plan approval is sought? _____		

I HEREBY DEPOSE AND STATE THAT ALL THE ABOVE STATEMENTS AND INFORMATION ARE TRUE

PRINT NAME _____

Sworn to me this _____ day of _____ 20 _____

Signature of Legally Responsible Person

Notary Public

PRESUBMISSION CONFERENCE APPLICATION §250-52 (c) 1 (Continued)

(d)	Engineer, Architect, or Land Surveyor (Licensed)	
	NAME:	LICENSE NUMBER:
	ADDRESS:	TELEPHONE NUMBER:
(e)	Are there any covenants or restrictions affecting the premises for which site plan approval is sought? _____ If so, state date and case number: _____	
(f)	Has applicant secured a Special Permit and/or Variance from the Zoning Board of Appeals? _____ If so state date and case number _____ Attach a copy of Board of Appeals decision letter.	



INFORMATION OF BUILDING / PROPERTY OWNER (IF DIFFERENT FROM APPLICANT)	
NAME:	TITLE:
ADDRESS:	

I HEREBY DEPOSE AND STATE THAT ALL THE ABOVE STATEMENTS AND INFORMATION ARE TRUE	
PRINT NAME _____	
Sworn to me this _____ day of _____ 20 ____	_____
_____	<i>Signature of Legally Responsible Person</i>
<i>Notary Public</i>	