



**Incorporated Village of Port Jefferson**  
**Building & Planning Department**  
**88 North Country Road, Port Jefferson, NY 11777**  
**Ph: (631) 473-4744 Fax: (631) 473-2049**  
[www.portjeff.com](http://www.portjeff.com)

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

**GENERAL SUBMISSION REQUIREMENTS**

- Two (2) copies of application (complete & notarized)
- Two (2) copies of site plan
- Two (2) copies of property survey dated within 2 years minimum of submission (signed & sealed)
- Certificate of Occupancy or Certificate of Existing Use for subject parcel
- Proof of ownership (deed)
- Covenants or restrictions affecting premises for which site plan approval is sought
- Special Permit and/or Variance from the Zoning Board of Appeals
- Aerial Photograph of Site and Adjacent Properties (i.e. Google Earth...)
- Electronic copy of submittal

**I. Application**

PLEASE TYPE OR PRINT CLEARLY

DATE:

NAME OF SITE PLAN / PROJECT	AREA OF SITE (Sq. Ft. or Acre)	ZONING DISTRICT
PROJECT ADDRESS / LOCATION	SUFFOLK COUNTY TAX MAP NUMBER (Section, Block, Lot)	
PROJECT DESCRIPTION (Attach additional sheets if necessary)		

**II. Applicant Information**

<b>(a)</b>	APPLICANT'S NAME:	EMAIL:
	ADDRESS:	PHONE:
<b>(b)</b>	<b>If applicant is a corporation complete section (b)</b>	
	RESPONSIBLE OFFICER NAME:	TITLE:
	LAND OWNER:	ADDRESS:
<b>(c)</b>	Are there any covenants or restrictions affecting the premises for which site plan approval is sought? _____ <i>If yes submit a copy of deed showing all C&amp;R</i>	
<b>(d)</b>	<b>If contact person is different than applicant complete section (d)</b>	
	CONTACT NAME:	TITLE:
	PHONE:	EMAIL:



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

**III. Notary**

**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*

<b>(d)</b>	<b>Engineer, Architect, or Land Surveyor (Licensed)</b>	
	NAME:	LICENSE NUMBER:
	ADDRESS:	TELEPHONE NUMBER:
<b>(e)</b>	Are there any covenants or restrictions affecting the premises for which site plan approval is sought? _____ If so, state date and case number: _____	
<b>(f)</b>	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 \_\_\_\_\_

\_\_\_\_\_  
*Signature of Legally Responsible Person*

\_\_\_\_\_  
*Notary Public*