



TOWN OF HARRISON SITE PLAN APPLICATION



SITE IDENTIFICATION INFORMATION

Application Name:	Application #	Date Submitted:
Site Address: No. Street: Hamlet:		
Property Location: (Identify landmarks, distance from intersections, etc.)		
Town of Harrison Tax Map Designation: Section Block Lot(s)	Zoning Designation of Site:	

APPLICANT/OWNER INFORMATION

Property Owner:	Phone #: Fax#:	Email:
Owners Address: No. Street: Town: State: Zip:		
Applicant (If different than owner):	Phone #: Fax#:	Email:
Applicant Address (If different than owner): No. Street: Town: State: Zip:		
Individual/ Firm Responsible for Preparing Site Plan:	Phone #: Fax#:	Email:
Address: No. Street: Town: State: Zip:		
Other Representatives:	Phone #: Fax#:	Email:
Owners Address: No. Street: Town: State: Zip:		

PROJECT DESCRIPTION

Describe the project, proposed use and operation thereof:

PROJECT INFORMATION

Lot size: Acres: Square Feet:	Square footage of all existing structures (by floor):		
# of existing parking spaces:	# of proposed parking spaces:		
# of existing dwelling units:	# of proposed dwelling units		
What is the predominant soil type(s) on the site?	What is the approximate depth to water table?		
Site slope categories:	15-25% %	25-35% %	>35% %
Estimated quantity of excavation:	Cut (C.Y.)	Fill (C.Y.)	
Is the site located in a designated Critical Environmental Area?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Does a curb cut exist on the site? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Are new curb cuts proposed? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Is the site located within 500' of:			
▪ The boundary of an adjoining city, town or village		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
▪ The boundary of a state or county park, recreation area or road right-of-way		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
▪ A county drainage channel line.		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
▪ The boundary of state or county owned land on which a building is located		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

Is the site listed on the State or Federal Register of Historic Place (or substantially contiguous) Yes: <input type="checkbox"/> No: <input type="checkbox"/>															
Is the site located in a designated floodplain? Yes: <input type="checkbox"/> No: <input type="checkbox"/>															
Is the project funded, partially or in total, by grants or loans from a public source? Yes: <input type="checkbox"/> No: <input type="checkbox"/>															
Will municipal or private solid waste disposal be utilized? Public: <input type="checkbox"/> Private: <input type="checkbox"/>															
Is the site burdened by any existing easements, covenants or restrictions? If so, attach a copy			Yes: <input type="checkbox"/> No: <input type="checkbox"/>												
What is the estimated time of construction for the project?															
Is the site served by the following public utility infrastructure: <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">▪ Sanitary Sewer</td> <td>Yes: <input type="checkbox"/> No: <input type="checkbox"/></td> </tr> <tr> <td>▪ Water Supply</td> <td>Yes: <input type="checkbox"/> No: <input type="checkbox"/></td> </tr> <tr> <td>▪ Storm Sewer</td> <td>Yes: <input type="checkbox"/> No: <input type="checkbox"/></td> </tr> <tr> <td>▪ Electric Service</td> <td>Yes: <input type="checkbox"/> No: <input type="checkbox"/></td> </tr> <tr> <td>▪ Gas Service</td> <td>Yes: <input type="checkbox"/> No: <input type="checkbox"/></td> </tr> <tr> <td>▪ Telephone/Cable Lines</td> <td>Yes: <input type="checkbox"/> No: <input type="checkbox"/></td> </tr> </table>				▪ Sanitary Sewer	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	▪ Water Supply	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	▪ Storm Sewer	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	▪ Electric Service	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	▪ Gas Service	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	▪ Telephone/Cable Lines	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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ZONING COMPLIANCE INFORMATION															
Zoning Provision	Required	Existing	Proposed												
Lot Area															
Lot Coverage															
Lot Width															
Front Yard															
Side Yard (Adjoining a Residence District)															
Side Yard (Adjoining a Business District)															
Rear Yard															
Habitable Floor Area															
Buffer Strip (Front Yard–Residence District)															
Buffer Strip (Front Yard–Business District)															
Buffer Strip (Side/Rear–Residence District)															
Buffer Strip (Side/Rear–Business District)															
Height															
Floor Area Ratio															
Usable Open Space															
PROPOSED BUILDING MATERIALS															
Foundation															
Structural System															
Roof															
Exterior Walls															
APPLICANTS ACKNOWLEDGEMENT															
I hereby depose and certify that all the above statements and information, and all statements and information contained in the supporting documents and drawings attached hereto are true and correct.															
_____ Applicants Name		_____ Applicants Signature													
Sworn before me this _____ day of _____ 20__															
_____ Notary Public															