

**TOWN OF BLOOMING GROVE PLANNING BOARD**

**APPLICATION FOR SUBDIVISION, SITE PLAN - ARCHITECTURAL REVIEW  
OR CONDITIONAL USE PERMIT**

DATE: \_\_\_\_\_

FEE: \_\_\_\_\_

PLAN NAME: \_\_\_\_\_

PROPOSED USE: \_\_\_\_\_

TAX MAP # \_\_\_\_\_ ZONE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

ENGINEER OR SURVEYOR: \_\_\_\_\_

LICENSE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

I hereby depose and say that all the above statements and information and all statements and information contained in the supporting documents and drawings attached hereto are true:

Applicant's signature: \_\_\_\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

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

Applications for the Planning Board are due on the 1<sup>st</sup> of the month - a complete application contains 9 sets of plans, a completed application (3 pages) and the required fees (see fee schedule).

It is recommended that every applicant attend a technical work shop with the Planning Board Engineer on the first Wednesday of the each month. Call 845-496-7011 X726 to schedule an appointment.

**GENERAL MUNICIPAL LAW 809  
AFFIDAVIT**

STATE OF NEW YORK    )  
                                  ) SS:  
COUNTY OF ORANGE    )

I, \_\_\_\_\_, residing at \_\_\_\_\_

\_\_\_\_\_ do hereby swear and affirm the following to be true under penalties of perjury:

1. For the purpose of this affidavit, I acknowledge and affirm that an officer or employee of the Town shall be deemed to have an interest in the application when she or he, his or her spouse, or their brothers, sisters, children, grandchildren or the spouse of any of them:
  - A. is the applicant, or
  - B. is an officer, director, partner or employee of the applicant, or
  - C. legally or beneficially owns or controls stock of a corporate applicant or is a member of a partnership or association applicant, or
  - D. is a party to an agreement with such an applicant, express or implied, whereby he may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of this application.
  
2. The name and residence address of all officers or employees of the Town of Blooming Grove known by me to have any interest in the applicant on this application to the Planning Board of the Town of Blooming Grove are as follows:

<u>NAME</u> (If none, state None)	<u>ADDRESS</u>	<u>NATURE OF INTEREST</u>
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Sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_

Signed: \_\_\_\_\_

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

***OWNERS ENDORSEMENT***

County of Orange)

ss:

State of New York)

\_\_\_\_\_ being duly sworn, deposes

and says that he/she resides at: \_\_\_\_\_

in the County of \_\_\_\_\_ State of \_\_\_\_\_

and that he/she is the owner in fee ( \_\_\_\_\_ ) of the

\_\_\_\_\_ Corporation that is the owner in

fee of the property described in the foregoing application and that he/she has authorized:

\_\_\_\_\_ to make the application for subdivision

plat approval as described herein.

Sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_

Signed: \_\_\_\_\_

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