

Town of Pawling  
160 Charles Colman Boulevard  
Pawling, N.Y. 12564  
Telephone #(845) 855-0959 Fax# (845) 855-0980

Application for Environmental Ordinance

- Chapter 111- Freshwater Wetlands and Watercourse Protection
- Chapter 171- Soil Erosion, Sediment Control and Steep Slope Protection
- Chapter 187- Timber Harvesting

**\*\*\* A copy of your contractors training certificate for soil and erosion control must accompany this application.**

**\*\*\* The issuance of this permit does not excuse or substitute for additional responsibilities that the applicant may have under any County, State or Federal regulations.**

Application Number: _____
Date Permit Issued: _____ Expiration Date: _____
Renewal Date: _____ Expiration Date: _____

**1. Title of Project, Site Plan or Subdivision:** \_\_\_\_\_

**2. Map Grid Number:** 134089- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ -0000

**3. Property Owner:** \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone # \_\_\_\_\_ Cell# \_\_\_\_\_  
Fax# \_\_\_\_\_

**4. Location of Project:** where permit is being applied for: \_\_\_\_\_

**5. Project Engineer/Architect:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone# \_\_\_\_\_ Fax# \_\_\_\_\_

**6. Contractor:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone# \_\_\_\_\_ Cell# \_\_\_\_\_

**7. PROJECT DESCRIPTION:** (Describe the proposed activity; Include purpose of alternation, extent of alternation and estimated quantities of fill or dredge material involved.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Lot Area:** \_\_\_\_\_ **Area that will be disturbed:** \_\_\_\_\_

**9. New York State DEC:** Permit be required:             YES  NO  NOT SURE

**10. ARMY CORP. of Engineers:** Permit be required:     YES  NO  NOT SURE

**11. New York City DEP:** Permit be required:            YES  NO  NOT SURE

**12. Proposed Start Date:** \_\_\_\_\_ **Proposed Completion Date:** \_\_\_\_\_

**13. Has a Stop Work Order Been Issued:**             Yes  NO

If yes, give details and show existing work on plans:

\_\_\_\_\_  
\_\_\_\_\_

**14. Adjacent Property Owners:**

North \_\_\_\_\_ East \_\_\_\_\_  
South \_\_\_\_\_ West \_\_\_\_\_

**15. Statement of Authority:**

If agent is representing an owner, a signature is required for the applicant to administer the work.

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved agent: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell# \_\_\_\_\_

**16. CERTIFICATION:**

I certify that the information provided in this application is true to the best of my knowledge:

Applicants Signature \_\_\_\_\_ Date: \_\_\_\_\_

Agreements:

The property owner/operator and/or the property owners/operator agent agree as follows:

1. All construction and development will be carried out pursuant to SWPPP as approved by the Stormwater Management Officer (SMO).
2. The owner/operator shall provide, and install as his/her expense, all stormwater management facility improvements in accordance with the approved SWPPP.
3. Approval in writing must be obtained from the Town of Pawling SMO prior to any modification to actual cost of reviews directly to the Town of Pawling.
4. Prior to commencement of construction, the owner/operator shall provide the Town of Pawling the appropriate stormwater construction compliance inspection fees as specified in the Town of Pawling Stormwater Inspection Fee Schedule.
5. The SMO or his/her designee may enter the development site for the purpose of inspections for compliance with the Town of Pawling Zoning.
6. Approval of the Application by the Town of Pawling does not relieve the owner/operator or developer of any obligation he/she may have to obtain County, State and/or Federal permits including NYSDEC coverage under SPDES General Permit for Stormwater Discharges from Construction Activity General Permit No. GP- 0-15-002.

_____	_____
Signature of Owner/Operator:	Date:
Signature of Applicant (If other than above) _____	
_____	_____
Signature of Plan Preparer:	Date:

THIS PAGE IS FOR OFFICE USE ONLY:

DEPARTMENTS REQUIRING SUBMITTALS:

- |  |  |
|--|--|
| <input type="checkbox"/> Code Enforcement Officer  | <input type="checkbox"/> Conservation Advisory Board |
| <input type="checkbox"/> Town Engineer             | <input type="checkbox"/> Planning Board              |
| <input type="checkbox"/> NYSDEC                    | <input type="checkbox"/> NYSDEP                      |
| <input type="checkbox"/> Superintendent of Highway | <input type="checkbox"/> Stormwater Manger Officer   |
| <input type="checkbox"/> Other                     |  |

Authorization is hereby granted to \_\_\_\_\_ located at (street address) \_\_\_\_\_ in the Town of Pawling and/or Holmes, Dutchess County New York in accordance with specifications contain in file.

The Map Grid Number is 134089 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ -0000.

If applicable,

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Reviewed by Stormwater Manager Officer/Code Enforcement Officer \_\_\_\_\_ Date \_\_\_\_\_

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Reviewed by Town Engineer and or Consultant: \_\_\_\_\_ Date \_\_\_\_\_

Received by: _____
Permit Fee _____ Date: _____
Technical Escrow Fee: _____ Date: _____

<u>Application Status</u>	
The application and maps were submitted to _____	Date: _____
Sent to _____	Date: _____
Sent to _____	Date: _____
<input type="checkbox"/> This application has been referred to the Planning Board:	Date: _____
The application has been placed on the PB agenda for _____	
NOTES: _____	
_____	