Application Number _____

Date Received_____

Tax Parcel Number_____

Fee

Village of Hammondsport

80 Shethar Street/PO Box 425
Hammondsport, New York 14840
Clerk (607) 569-3700

Concept Review Application

Applicant	Property Owner
Name_____	Name_____
Mailing Address_____	Mailing Address_____
City_____	City_____
State/Zip_____	State/Zip_____
Phone_____	Phone_____

Project Street Address:_____

Intended Use: Residential Business Industrial Other: _____

A concept review conference shall be held between the Planning Board and the applicant prior to the preparation and submission of a formal site plan. The intent of such a conference is to enable the applicant to inform the Planning Board of a proposal prior to the preparation of a detailed site plan; and for the Planning Board to review the basic site design concept, advise the applicant as to potential problems and concerns and to generally determine the information to be required on the site plan. In order to accomplish these objectives, the applicant shall provide the following:

I. A detailed sketch map showing the locations and dimensions of existing and proposed principal and accessory structures, parking areas, signs, named streets or roads, and where applicable, include existing and proposed vegetation, and other planned features: anticipated changes in existing topography and natural features; and, where applicable, measures and features to comply with watershed and flood hazard regulations.

2. A reasonably specific written statement as to the proposed scope and extent of any proposed expansion or enlargement or of increase in the intensity of use of any building or structure, land, or buildings/structures and land area adjacent thereto.

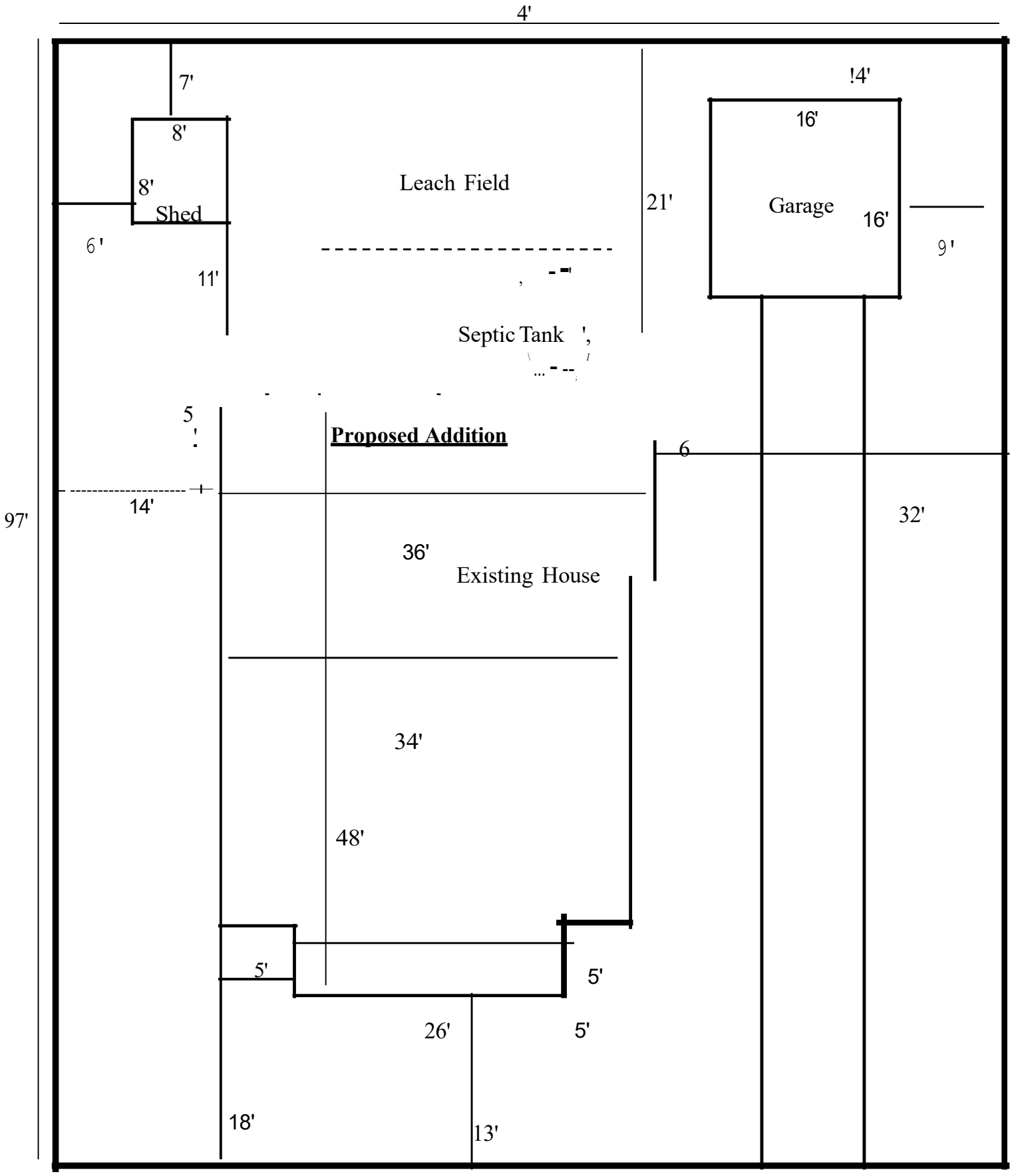
Submit 6 copies of your completed application as well any required fee to:

The Village of Hammondsport Clerk
PO Box 425
80 Shethar Street
Hammondsport, NY 14840

Upon receipt of a completed application the Planning Board will schedule a Concept Review Conference and notify you regarding the time and date of this meeting.

Sample Concept Review Sketch Map

Note: A copy of a tax map or survey is often used as a base for a sketch map.
Identify all existing and proposed structures and alterations.
Show all dimensions of each feature. Missing information will result in delays.



Curb or edge of street

Village of Hammondsport

80 Shethar Street/PO Box 425
Hammondsport, New York 14840
(607) 569-3700

Applicant Sketch Map: Please provide a diagram of your project. Use addition pages where necessary.

Village of Hammondsport

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Hammondsport, New York 14840
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Applicant Narrative: Please provide an overview of your project. Use addition pages where necessary.

Please be advised that no application can be deemed complete unless signed below.

I **hereby certify that the information enclosed herewith and on the application is accurate and factual:**

Signature of Applicant: _____ Date: _____

I the property owner, do hereby authorize _____ to represent me on matters pertaining to this process.

Signature of Property Owner: _____ Date: _____

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

This form cannot be used to waive the workers' compensation rights or obligations of any party*

Under penalty of perjury, I certify that I am the owner of the I, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

☐ I am performing all the work for which the building permit was issued.

☐ I am not hiring, paying or compensating in any way, the individual(s)that is(are) performing all the work for which the building permit was issued or helping me perform such work.

☐ I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; OR

- have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

_____ _____

(Signature of Homeowner) (Date Signed)

_____ Home Telephone Number _____

(Homeowner's Name Printed)

Property Address that requires the building permit:

_____

_____

_____

_____

Sworn to before ,ne tltis ____ _ day of

_____ _____

(County Clerk or Notary Public) _____

Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.

Village of Hammondsport
80 Shethar Street/P.O. Box 425
Hammondsport, NY 14840
(607) 569-3700
(607) 569-3404 fax
clerk@hammondsport.us

CONCEPT REVIEW

Notice of the Planning Board to waive further review:

Date: _____ Application No. _____

Applicant Name: _____

Property Owner Name: _____

Name of Proposed Project/Land Use Change: _____

Tax Map#: _____

Date of Concept Review: _____

Application is complete: _____
Zoning Officer has signed Master Application: _____
Zoning Officer's Decision attached: _____

PLANNING BOARD ACTION

Pursuant to the provisions of96-14 of the Village of Hammondsport Site Plan Review Law, it is the Decision of the Planning Board, based upon the aforementioned Findings of Fact, to waive any further review in this matter.

Roll Call Vote:

_____	Yea	Nay
_____	Yea	Nay
_____	Yea	Nay
_____	Yea	Nay
_____	Yea	Nay

_____ _____

Planning Board Chairman Signature *Date*

Date Filed with Village Clerk: .....