



Town of Ramapo Planning Department

237 Route 59
Suffern New York 10901
(845) 357-5100
Fax: (845) 357-2936

To: Applicants and Consultants

From: Town of Ramapo Planning Department

Re: Special Permit Application Submissions

Enclosed please find the following information:

- Submission Deadline / Meeting Schedule
- Special Permit Application Review Submittal Checklist
- Special Permit Application Packet
- SEQR Memorandum

The Town's internet address for information on the CDRC is:

<http://www.ramapo.org/page/community-design-review-committee-cdrc-102.html>

Information available at the site includes, CDRC agendas and all forms in PDF format.

Important Notes:

1. Only COMPLETE applications will be accepted for placement on a CDRC agenda for discuss. Please ensure that all necessary forms and payment are included, forms are signs, etc. If you have questions regarding forms, fees, etc, please call the Planning Department to clarify PRIOR to the submission day.
2. All application forms and submittal materials are to be submitted in hard copy and digital form.
3. Any information handwritten shall be clear. Unreadable information will be returned, and the application will be deemed incomplete.
4. All Planning Fees and escrow payments must be current at the time of submittal as well as any new fees required at submittal. No Exceptions will be made.



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2025 Community Development Review Committee / Architectural Review Board Meeting Schedule

<u>Meeting Date</u>	<u>Submission Deadline (at 3:00 PM)</u>
Wednesday, January 8, 2025	Friday, December 20, 2024
Wednesday, January 22, 2025	Friday, January 3, 2025
Wednesday, February 5, 2025	Friday, January 17, 2025
Wednesday, February 19, 2025	Friday, January 31, 2025
Wednesday, March 5, 2025	Friday, February 14, 2025
Wednesday, March 19, 2025	Friday, February 28, 2025
Wednesday, April 2, 2025	Friday, March 21, 2025
Wednesday, April 23, 2025	Friday, April 4, 2025
Wednesday, May 7, 2025	Friday, April 11, 2025
Wednesday, May 21, 2025	Friday, May 2, 2025
Wednesday, June 4, 2025	Friday, May 16, 2025
Wednesday, June 18, 2025	Friday, May 30, 2025
Wednesday, July 2, 2025	Friday, June 13, 2025
Wednesday, July 16, 2025	Friday, June 27, 2025
Wednesday, August 6, 2025	Friday, July 18, 2025
Wednesday, August 20, 2025	Friday, August 1, 2025
Wednesday, September 3, 2025	Friday, August 15, 2025
Wednesday, September 17, 2025	Friday, August 29, 2025
Wednesday, October 22, 2025	Friday, October 3, 2025
Wednesday, November 5, 2025	Friday, October 17, 2025
Wednesday, November 19, 2025	Friday, October 31, 2025
Wednesday December 3, 2025	Friday, November 14, 2025
Wednesday December 17, 2025	Wednesday, November 26, 2025

***Reminder: a submission is not complete without hard copies, digitals and all fees paid.**



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2025 Planning Board Schedule

January 14, 2025

January 28, 2025

February 11, 2025

February 25, 2025

March 11, 2025

March 25, 2025

April 8, 2025

April 22, 2025

May 13, 2025

May 27, 2025

June 10, 2025

June 24, 2025

July 8, 2025

July 22, 2025

August 12, 2025

August 26, 2025

September 9, 2025

September 16, 2025

October 28, 2025

Monday, November 3, 2025

November 18, 2025

December 9, 2025

All meetings on **Tuesday at 7:30 PM** unless posted otherwise.



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SPECIAL PERMIT APPLICATION REVIEW SUBMITTAL CHECKLIST

[This Form MUST be Submitted with Application]

This application is for a Special Permit. In order to be placed on a CDRC agenda for consideration of a Special Permit, the following must be submitted to the Town Planning Department no later than two (2) weeks prior to the CDRC meeting.

- _____ Special Permit application
- _____ Special Permit application fee payable to the Town of Ramapo.

The items listed below shall only be provided if there is not also a site development permit and/or subdivision application is being provided simultaneously.

- _____ Payment of required escrows for reviews by Town consulting planners/engineers.
- _____ Affidavit of Ownership
- _____ Owner's Consent Affidavit
- _____ 809 GML Affidavit
- _____ Billing Contact
- _____ List of Neighbors within 500 feet of project address (list obtained at Assessor's office)
- _____ Narrative that described the proposed project. The Narrative should include but is not limited to the parcel size, the zoning district, existing and planned use of the property, project program utilities services, parking and access provided and any potential waivers or variances that may be requested.
- _____ Response to CDRC/agency comments, as applicable
- _____ Site Plans
- _____ Technical Reports (Drainage, Sewer, Water, Traffic, etc)
- _____ Short of Full Environmental Assessment Form

***Provide eight (8) hard copies and an electronic copy of all documents. A submission is not complete unless both hard copies and electronic copies are received on or before the submission deadline.**

***Additional copies may be requested by the Town for GML and/or SEQR coordination.**

For Official Use only	
<input type="checkbox"/> Complete application - placed on the CDRC agenda for review.	Application No.
<input type="checkbox"/> Incomplete application - applicant notified.	_____ - _____



**Town of Ramapo
Planning Department**

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Special Use Submitted to:

- Town Board
 Planning Board

SPECIAL PERMIT APPLICATION

Date: _____

1. Name of Project _____
2. Address of Project _____
3. Location: On the _____ side of _____
(Street Name)
_____ Feet _____ of _____
(Direction) (Street Name of Intersection)
4. Total Acreage _____ Zoning District _____
5. Tax Map Designation (Section, Block & Lot): _____
6. Current Parcel(s) Use: _____ Proposed Parcel(s) Use: _____
7. Has the Zoning Board of Appeals granted any variances or special permit concerning this property? _____
If so, list case no. and name _____
8. List all contiguous holdings in the same ownership (as defined in the Ramapo Zoning Ordinance).
Tax Map Designation (Section, Block & Lot): _____
9. Applicant Information:
Name _____
Address _____
(Street Name and No.) (Town/City) (State) (Zip Code)
Phone No. _____ Email _____
10. Owner of Record Information (if different than applicant):
Name _____
Address _____
(Street Name and No.) (Town/City) (State) (Zip Code)
Phone No. _____ Email _____
11. Design Professional Information Preparing Plan:
Name _____
Address _____
(Street Name and No.) (Town/City) (State) (Zip Code)
Phone No. _____ Email _____
12. Legal Counsel Information
Name _____
Address _____
(Street Name and No.) (Town/City) (State) (Zip Code)
Phone No. _____ Email _____
13. Project Contact Information (all project notifications will be sent to this individual)
Name _____
Address _____
(Street Name and No.) (Town/City) (State) (Zip Code)
Phone No. _____ Email _____

14. Standards for Special Permits pursuant to §376-120 of Town Zoning: Before granting approval to any special use, the Planning Board shall determine whether the proposed special use will, among other things, satisfy the general conditions and standards outlined in §376-120 of Town Zoning. Provide responses to each of the criteria listed below either in the space provided or as part of the narrative submitted.

a. That the proposed use shall be of such location, size and character that it will be in harmony with the appropriate and orderly development of the district in which it is proposed to be situated and not be detrimental to the site or adjacent properties in accordance with the zoning classification of such properties. _____

b. That the location and size of such use, the nature and intensity of operations involved in or conducted in connection therewith, its site layout and its relation to access streets shall be such that both pedestrian and vehicular traffic to and from the use and the assembly of persons in connection therewith will not be hazardous. _____

c. That the location and height of buildings, the location, nature and height of walls and fences and the nature and extent of landscaping on the site shall be such that the use will not hinder or discourage the development and use of adjacent land and buildings. _____

d. That the proposed use will not require such additional public facilities or services or create such fiscal burdens upon the Town greater than those which characterize uses permitted by right. _____

Attached hereto is a narrative summary prepared by the applicant's design professional stating the nature of the use; compliance with the Zoning Law compliance with Site Development Rules and Regulations; any requested waivers or modifications.

At the time of any additional submissions, a similar narrative summary shall be submitted indicating how the revised submission has been modified to comply with the Planning Board resolution and/or Community Design Review Committee Report, or the rationale for deviation from compliance.

Attached hereto is an affidavit of ownership indicating the dates the respective holdings of land were acquired, together with the liber and page of each conveyance into the present owner as recorded into the Rockland County clerk's office. This affidavit shall indicate the legal owner of the property and the date the contract of sale was executed.

IN THE EVENT OF CORPORATE OWNERSHIP: A list of all directors, officers and stockholders of each corporation owning more than five percent (5%) of any class of stock must be attached.

STATE OF NEW YORK)
COUNTY OF ROCKLAND) SS.: TOWN
TOWN OF RAMAPO

_____, hereby depose and say that all the above statements and the statements contained in the papers submitted herewith are true.

Mailing Address _____

Affirmed to before me this
_____ day of _____

Notary Public



**Town of Ramapo
Planning Department**

237 Route 59
Suffern New York 10901
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AFFIDAVIT OF OWNERSHIP

STATE OF NEW YORK)
COUNTY OF ROCKLAND) SS.:
TOWN OF RAMAPO)

I, _____, being duly sworn, hereby depose and say that I reside at:

_____ Street Address _____ City/Town _____ State

I am the (See note 1 & 2) _____ owner

in fee simple of premises located at:

_____ Street Address _____ City/Town _____ State

Described in a certain deed of said premises recorded in the Rockland County Clerk's Office in:

Liber _____ of conveyances Page _____

Said premises have been in my/its possession since _____. Said premises are also known and designated on the Town of Ramapo tax map as:

Section	Block	Lot
_____	- _____	- _____
_____	- _____	- _____
_____	- _____	- _____
_____	- _____	- _____

Sworn to before me this _____ day of _____

Notary Public

Notes:

1. If owner is a corporation, fill in the office held by deponent and name of corporation and provide a list of all directors, officers and stockholders owning more than 5% of any class of stock.
2. If corporate officer indicate position.



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OWNER'S CONSENT AFFIDAVIT

Project Name: _____

Project Address: _____
Street Address City/Town State Zip Code

Name of Fee Owner: _____

Phone No.: _____

Email: _____

Address: _____
Street Address City/Town State Zip Code

Name of Applicant: _____ (if different than owner)

Phone No.: _____

Email: _____

Address: _____
Street Address City/Town State Zip Code

STATE OF NEW YORK)
COUNTY OF ROCKLAND) SS.:
TOWN OF RAMAPO)

_____ being duly sworn, deposed and say that he/she resides at
Owner Name

_____ in the County of _____
Street Address County

In the State of _____ that he/she is the owner in fee of all that certain lot, piece of land
situated, lying and being in the Town of Ramapo aforesaid and designated as

Sworn to before me this
_____ day of _____

Notary Public
County of Rocklan

Owner _____

Mailing Address:

AFFIDAVIT PURSUANT TO SECTION 809 OF THE GENERAL MUNICIPAL LAW

Town of Ramapo
Ramapo Town Hall
237 Route 59
Suffern, New York 10901
(914) 357-5100

STATE OF NEW YORK)
COUNTY OF ROCKLAND) SS.:
TOWN OF RAMAPO)

I, _____, being duly sworn, hereby depose and say that all the following statements and the statements contained in the papers submitted herewith are true and that the nature and extent of any interest set forth are disclosed to the extent that they are known to the applicant.

1. Print or type full name and Post Office Address:

certifies that he/she is the owner or agent of all that certain lot, piece or parcel of land and/or building described in this application and it not the owner that he/she has been duly and properly authorized to make in connection with this application for the relief below set forth:

2. To the _____ of the Town of Ramapo:
(Board, Commission or Agency)

Application, petition or request is hereby submitted for:

- Variance or modification from the requirements of Section _____
- Special Permit per the requirements of Section _____
- Review and approval of proposed subdivision plat
- Exemption from a plat or official map
- An order to issue a Certificate, Permit or License
- An amendment to the Zoning Ordinance or Maps or change thereof
- Other (explain): _____
- to permit the construction, maintenance and use of (explain) _____

3. Premises affected are in the _____ Zoning District and from the Ramapo Tax Map, the property is known as Section _____, Block _____ Lot _____

4. There is no state officer, Rockland County Officer or employee or Town of Ramapo officer or employee nor his or her spouse, brother, sister, parent, child or grandchild, or a spouse of any of these relatives who has an interest in the person, partnership or association making this application, petition or request, or is an officer, director, partner or employee of the applicant, or that such officer or employee, if this applicant is a corporation, legally or beneficially owns or controls any stock of the applicant in excess of 5% of the total of the corporation if its stock is listed on the New York or American Stock Exchanges; or is a member or partner of the applicant, if the applicant is an association or a partnership; nor that such Town officer or employee nor any member of his family in any of the foregoing classes is a party to an agreement with the applicant, express or implied, whereby such officer or employee may receive any payment or other benefit, whether or not for services rendered, which is dependent or contingent upon the favorable approval of this application, petition or request.

5. That to the extent that the same is known to your applicant, and the owner of the subject premises, there is disclosed herewith the interest of the following officer or employee of the State of New York or the County of Rockland or of the Town of Ramapo is the petition, request or application or in the property or subject matter to which it relates (if none, so state).

a. Name and Address of officer or employee _____

b. Nature of interest _____

c. If stockholder, number of shares _____

d. If officer or partner, nature of office and name of partnership _____

e. If a spouse or brother, sister, parent, child, grandchild or the spouse of any of these blood relatives of such, State County or Town of Ramapo officers or employee, state name and address of such relatives and nature of relationship to officer and employee and nature and extent of office, interest or participation in the ownership or any person, partnership or association having in interest in such ownership or in any business entity sharing in such ownership.

f. IN THE EVENT OF CORPORATION OWNERSHIP: A list of all directors, officers, and stockholders of each corporation owning more than five (5) percent of any class of stock, must be attached, if any of these are officers or employees of the State of New York, or of the County of Rockland, or of the Town of Ramapo.

Do hereby depose and say that all the above statements and statements contained in the papers submitted herewith are true, knowing that a person who knowingly and intentionally violates this section is guilty of a misdemeanor.

Sworn to before me this _____ day of _____

Notary Public



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Billing Contact Form

Please note it is the applicant's responsibility to keep the Billing Contact information up to date with the Planning Department. Complete only Part I with any new submittal package and make sure the address accurately reflects the proper mailing address. If you are revising the Billing Contact information, please complete both Part I and II.

Part I

I will be the Billing Contact for this project: _____
Project Name

Contact: _____
Printed Name

Signature of Billing Contact

Date

Organization: _____

Mailing Address: _____

Town: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Part II – Revised Billing Information (For changes to Billing Contacts ONLY)

I _____, by completing this Part II Section of the Billing Contact Form, allow for the project's original Billing Contact Form to be edited and updated to reflect the current information reflected in Part I and II of this form.

Signature of Billing Contact

Date

Organization: _____

Mailing Address: _____

Town: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____



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To: Applicants and Consultants

From: Town of Ramapo Planning Department

Re: 6 NYCRR Part 617 of the State Environmental Quality Review Act (SEQR)

The webpage below will provide helpful guidance information to applicants and their design professionals on completing an environmental assessment form (EAF) for both short and full forms:

<https://www.dec.ny.gov/permits/357.html>

The Town encourages the use of the EAF Mapper Application which is an Internet-based Geographic Information System (GIS) specifically designed to facilitate the NY State Environmental Quality Review (SEQR) process by answering geographic or place-based questions on the Short and Full Environmental Assessment Forms (EAFs). The EAF Mapper will provide its results by directly filling out many place-based questions in Part 1 of an electronically fillable SEAF or FEAF form and returning the partially completed form to the applicant or sponsor to finish. It may be found at the following web address and then clicking on “EAF Mapper Application.”

<https://www.dec.ny.gov/permits/6191.html>

The type of action will dictate whether a short or full environmental assessment form is to be submitted. All Type I Actions under SEQR must complete Part I Full EAF.