

Rockland County Drainage Agency

A Division of Highway Department

SUBDIVISION PLAT REVIEW APPLICATION CHECK LIST

(TO BE SUBMITTED WITH THE APPLICATION)

- | <u>YES</u> | <u>N/A</u> | <u>(Indicate check mark for all items included with the application package)</u> |
|-------------------|-------------------|---|
| | | 1. Provide a duly completed <u>Subdivision Plat Review Application</u> , signed and dated by the applicant/representative. |
| | | 2. Provide <u>Subdivision Plat Review Application fee of \$50.00</u> , made payable to the <u>Rockland County Commissioner of Finance</u> . |
| | | 3. Provide the original FINAL Approved Subdivision MYLAR . |
| | | 4. Provide a Certified copy of planning board decision granting final subdivision approval. |
| | | 5. Provide proof for all easements and deed restrictions . |
| | | 6. Provide a duly COMPLETED County Planning Information Certification form signed and dated by the applicant with following documentation, as per the specific section A, B, C, D, or E selected/checked on the form: <ul style="list-style-type: none">a) A copy of the Rockland County Commissioner of Planning GML report.b) A copy of the minutes of the local board adopting the Commissioner's report or failing to override the Commissioner's reportc) A certified copy of the minutes of the local board overriding the report of the County Commissioner of Planning, in whole or in part.d) A certified written copy of the local board's reasons for the override, as required by GML § 239-m and/or 239-n. |

***** Allow 7-10 BUSINESS DAYS from receipt of a COMPLETED application for Rockland County Drainage Agency review.**

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ROCKLAND COUNTY DRAINAGE AGENCY

A Division of Highway Department

26 Scotland Hill Road

Chestnut Ridge, New York 10977

Tel: (845) 638-5060; Fax: (845) 638-5037

APPLICATION FOR SUBDIVISION PLAT REVIEW

DATE: _____ Email Address: _____

Property Owner: _____ Phone No: _____

Mailing Address: _____

Applicant/Representative: _____ Phone No: _____
(If different than Property Owner)

Mailing Address: _____

Name of Subdivision: _____ Parcel ID(s): _____

Town/Village: _____

Date of Planning Board Approval: _____

Name of Surveyor and license number: _____

Please list all easements, conservation easements, covenants, deed restrictions or any other filing requirements of the approving municipal board as part of subdivision approval: _____

Pursuant to the Rockland County Stream Control Act, Chapter 846, “No subdivision map shall be filed by the Rockland County Clerk without first being signed by the Chairman of the Rockland County Drainage Agency to ensure that the subdivision map is in compliance with [Chapter 846] and any local law, rules or regulations adopted pursuant thereto and to ensure that no existing violations of [Chapter 846] or any other local law rules or regulations adopted pursuant thereto or of a permit issued pursuant thereto remains uncured.....”

Please provide **final approved subdivision mylar(s)** together with a **certified copy of the planning board decision** granting final subdivision approval and the **application fee of \$50.00**. Proof that all easements, deed restrictions together with all other planning board requirements granting final subdivision approval has been complied with must be submitted. No application will be considered complete without submission of requisite proof that all easements and deed restrictions have been received in acceptable form; and all other planning board requirements have been satisfied.

PLEASE ALLOW 7-10 BUSINESS DAYS FROM RECEIPT OF A COMPLETED APPLICATION FOR ROCKLAND COUNTY DRAINAGE AGENCY REVIEW. THE ROCKLAND COUNTY DRAINAGE AGENCY WILL CONTACT THE APPLICANT ABOVE LISTED WHEN SUBDIVISION PLATS ARE READY FOR PICK UP OR IF ADDITIONAL INFORMATION IS REQUIRED TO COMPLETE THE APPLICATION.

Applicant’s/ Representative’s signature: _____

PLEASE DO NOT WRITE BELOW THIS LINE /AGENCY USE ONLY

APPLICATION NO./COMPLETE/DATE _____

_____/_____/____/

REVIEW: _____

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COUNTY PLANNING INFORMATION CERTIFICATION

Pursuant to Rockland County Executive Order No. 1 of 2017 applicants for County approvals for property development reviewed by the County’s Commissioner of Planning, must make certain information and documents available to the County before the County will give its approval.

In the case of the present application before the Department of Highways / Drainage Agency for:

Road Work Permit

Stream Control Act Permit

Subdivision Plat Review

Name (Project/ Subdivision): _____

Property Parcel ID(s): _____
(Section, Block & Lot)

Check A, B, C, D or E. If B, C, D or E is selected, please ensure the proper documentation accompanies the Certification.

- A. The matter was NOT the subject of review by the Rockland County Commissioner of Planning
B. The Rockland County Commissioner of Planning ‘APPROVED’ the proposal a copy of the Commissioner’s report is attached to this Certification
C. The Rockland County Commissioner of Planning ‘MODIFIED’ or ‘DISAPPROVED’ the proposal and the Commissioner’s report was NOT OVERRIDDEN by the local board
a. a copy of the Commissioner of Planning’s report is attached to this Certification
b. a copy of the minutes of the local board adopting the Commissioner’s report or failing to override the Commissioner’s report are attached
D. The Rockland County Commissioner of Planning ‘MODIFIED’ or ‘DISAPPROVED’ the proposal and the Commissioner’s report was OVERRIDDEN by the local board
a. a copy of the Commissioner of Planning’s report is attached to this Certification
b. a certified copy of the minutes of the local board overriding the report of the County Commissioner of Planning, in whole or in part, are attached
c. a certified written copy of the local board’s reasons for the override, as required by GML § 239-m and/or 239-n are attached to this certification.
E. I request that the requirement of this Certification be waived because:
a. The issues raised by the Commissioner of Planning are not relevant to the application sought. I have provided a copy of the Commissioner of Planning’s review with this request; or
b. Other _____

[Dept use only: granted; denied]

I, certify under the penalties for perjury, that I have reviewed this Certification, and that the information stated is true, correct and complete.

Name of Applicant: _____
(If applicant is a corporation/company, please state the full corporation/company name)

(If corporation/company, Official Title)

Signature of Applicant: _____

Date: _____

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