Rockland County Drainage Agency

A Division of Highway Department

SUBDIVISION PLAT REVIEW APPLICATION CHECK LIST

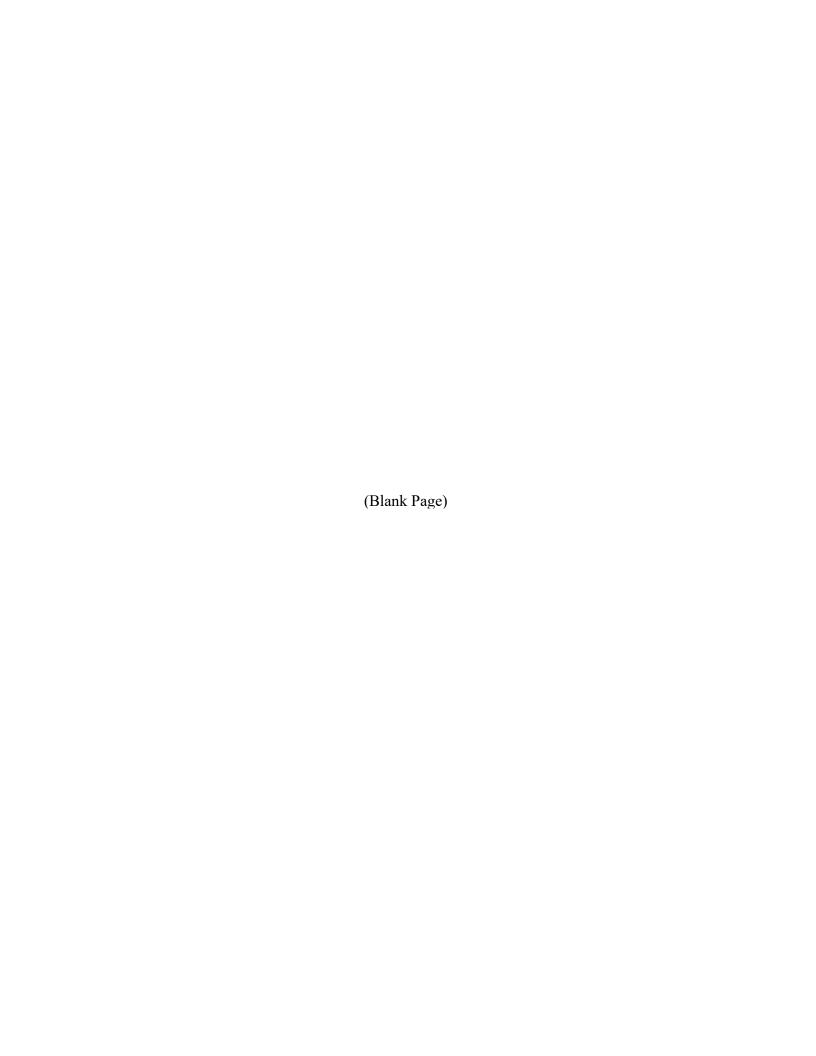
(TO BE SUBMITTED WITH THE APPLICATION)

YES N/A (Indicate check mark for all items included with the application package)

- 1. Provide a duly completed **Subdivision Plat Review Application**, signed and dated by the applicant/representative.
- 2. Provide <u>Subdivision Plat Review Application fee of \$50.00</u>, made payable to the Rockland County Commissioner of Finance.
- 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:
 - 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 report
 - c) 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

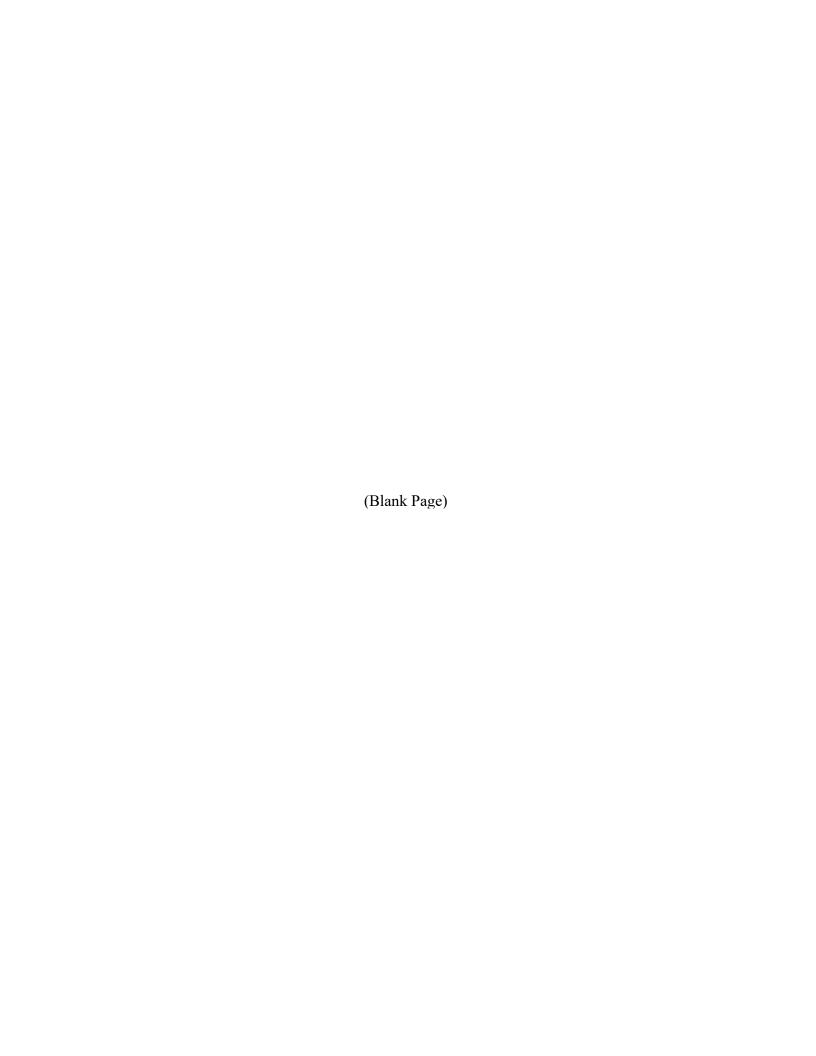
A Division of Highway Department 26 Scotland Hill Road Chestnut Ridge, New York 10977 Tel: (845) 638-5060; Fax: (845) 638-5037

APPLICATION FOR SUBDIVISION PLAT REVIEW

DATE:	Email Address:					
Property Owner:	Phone No:					
Mailing Address:						
Applicant/Representative:	Phone No: Phone No:					
	unicient dian Property Owner)					
Name of Subdivision:	Parcel ID(s):					
Town/Village:						
Date of Planning Board Approv	val:					
Name of Surveyor and license r	Name of Surveyor and license number:					
Please list all easements, conser	Please list all easements, conservation easements, covenants, deed restrictions or any other filing requirements					
of the approving municipal boar	of the approving municipal board as part of subdivision approval:					
Pursuant to the Rockland County S Rockland County Clerk without fire ensure that the subdivision map is it pursuant thereto and to ensure that regulations adopted pursuant there. Please provide final approved subdivision approval and the apporter planning board requirements gapplication will be considered complete been received in acceptable form; and PLEASE ALLOW 7-10 BUSINESS ICOUNTY DRAINAGE AGENCY R	Stream Control Act, Chapter 846, "No subdivision map shall be filed by the st being signed by the Chairman of the Rockland County Drainage Agency to an compliance with [Chapter 846] and any local law, rules or regulations adopted to existing violations of [Chapter 846] or any other local law rules or to or of a permit issued pursuant thereto remains uncured" Prision mylar(s) together with a certified copy of the planning board decision granting poplication fee of \$50.00. Proof that all easements, deed restrictions together with all granting final subdivision approval has been complied with must be submitted. No ete without submission of requisite proof that all easements and deed restrictions have all other planning board requirements have been satisfied. PAYS FROM RECEIPT OF A COMPLETED APPLICATION FOR ROCKLAND REVIEW. THE ROCKLAND COUNTY DRAINAGE AGENCY WILL CONTACT WHEN SUBDIVISION PLATS ARE READY FOR PICK UP OR IF ADDITIONAL COMPLETE THE APPLICATION.					
Applicant's/ Representative's signature	e:					
PLEASE DO NOT WRITE BELOW THIS LINE /AGE						
APPLICATION NO./COMPLETE/DATE						

(Rev. 12/2023)

REVIEW:_





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		Permit	Stream Control Act Permit	Subdivision Plat Review			
Name (Pro	oject/ Sub	division):					
Property P	Parcel ID(s):					
rroperty r	urcer 1D(5)	(Section, Block & Lot)				
		or E. If Bertification.	B, C, D or E is selected, please er	nsure the proper documentation			
A.	The n	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						
		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. a copy of the Commissioner of Planning's report is attached to this Certification					
	b.	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.		d written copy of the local board's reasons for the override, as required by GML § nd/or 239-n are attached to this certification.				
E.	I request that the requirement of this Certification be waived because:						
	 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]				
			for perjury, that I have reviewed to ect and complete.	this Certification, and that the			
Name of A	Applicant: a corporation	/company, please s	tate the full corporation/company name)	(If corporation/company, Official Title)			
Signature	of Applic	ant:		Date:			

