

Village of South Blooming Grove Planning Board - Standard Form Application

APPLICATION TYPE: CDRC Subdivision Site Plan Review Special Use

DEVELOPMENT STAGE: Conceptual/Sketch Preliminary Final

APPLICANT	AGENT	
Name: incredibuidinc	Name: JOSEF MEDIC	Name: 29 DALLES DEVELOPMENT LLC
Address: 343 broadway monticello ny 12701	Address:	Address: 5 royce ave monticello ny 12701
Phone: 8453881439 shlomo@incredibuildinc.com	Phone: 8456660155	Phone: 8455219888
E-Mail:	E-Mail:	E-Mail:

NAME OF PROJECT: 29 Dalles dr S/B/L: 221-6-23

PROPERTY ADDRESS: 29 Dalles dr monroe ny 10950

LIBER/PAGE: TOTAL ACRES: ZONING DISTRICT:

IS THE PROJECT CURRENTLY WITHIN THE VILLAGE SEWER DISTRICT? YES NO

IS THE PROJECT CURRENTLY WITHIN THE VILLAGE WATER DISTRICT? YES NO

PROJECT DESCRIPTION (Include plans for sewer and water, the number of lots and the potential number of dwelling units and/or square feet of non-residential development involved. Attach a scaled map or plat and other documentation meeting the requirements of Chapters 163 and 235 of the Village of South Blooming Code for submissions, including review criteria. Attach pages as necessary and be as detailed as possible.):

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CERTIFICATION OF LANDOWNER:

(Must be executed by each owner or beneficial owner with a 5% or more interest in the case of corporations, cooperatives or other entities jointly holding the properties involved.)

I, the undersigned owner of the property described in this application, consent to the filing of this application and declare that, to the best of my knowledge all information and assertions made in connection with this application are true and correct.

I also affirm I am familiar with the requirements of the Village of South Blooming Grove Code, specifically including § 240-3 of the Code. I further agree I am responsible for funding an escrow account sufficient to pay all professional fees incurred by the Village in processing my application and for paying such other fees as may be applicable, regardless of whatever arrangements I may have with the Applicant or the Agent identified herein. I guarantee all ordinary and professional fees due shall be paid and further agree to pay all parkland fees due under Chapter 120 of the Village of South Blooming Grove Code. I understand failure to do so will lead to denial of the application and levy on the property for any unpaid fees that arose prior to denial.

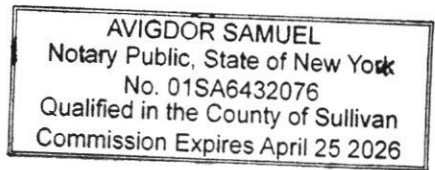
I consent to inspection by Village personnel, staff or consultants of the project site without prior notice, during daytime. By signing this authorization, I agree this authorization shall remain in effect as long as the application is pending, and is effective regardless of whether the landowner or agent are physically present at the time of the inspection. I also agree that, during an inspection in connection with this application, Village representatives may take measurements, soil samples and photographs and otherwise analyze physical characteristics of the site.

I affirm I am fully aware of the requirements in Section 809 of the New York State General Municipal Law ("Disclosure in Certain Applications") for stating "the name, residence and the nature and extent of the interest of any state officer or any officer or employee of" the Village of South Blooming or any municipality of which the Village is part, in "making such application, petition or request (hereinafter called the applicant) to the extent known to such applicant" and have fully complied with all requirements of such Section 809.

Signature: [Handwritten Signature]

Sworn before me this 16th day of January, 2025

[Handwritten Signature] Notary Public



CERTIFICATION OF APPLICANT(S):

I affirm I have read and am familiar with the requirements of the Village of South Blooming Grove Code pertaining to this application and, to the best of my knowledge this application complies with such requirements and that all information supplied herein is true and correct.

Signature: [Handwritten Signature] Date: 01/13/2025

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____