



INC. VILLAGE OF HEMPSTEAD

Downtown Advisory Board

50 Clinton Street, Suite 504, Hempstead, NY 11550
Tel: (516) 485-5737 Ext. 221

Joseph Simone Jr. – Superintendent Building Department

Kennetha Pettus – Chairperson of the Planning Board

Frank Germinaro – Director of Public Works

Danielle Oglesby – Commissioner of the CDA

PRE-APPLICATION SITE PLAN REVIEW FORM FOR DOWNTOWN OVERLAY ZONE (DOZ) DEVELOPMENT

This form is available in a fillable format at:

<http://www.villageofhempsteadcda.org/downtown-overlay-zone---doz.html>

1. APPLICANT INFORMATION

Name of Applicant: _____
Address of Applicant: _____
Telephone No.: _____
Fax No.: _____
Email: _____

2. ENGINEER INFORMATION

Applicant Engineer: _____
Contact Name: _____
Engineer Address: _____
Telephone No.: _____

3. ARCHITECT INFORMATION

Applicant Architect: _____
Contact Name: _____
Architect Address: _____
Telephone No.: _____

4. PROPOSED DEVELOPMENT

Development Description: _____

Property Address(s): _____
Proposed Usage: _____
Proposed Building(s): _____
Proposed Development Height: _____
Proposed Development Width: _____
Proposed Building Size: _____
Proposed Site Area (min. 7,500SF): _____
Proposed Site Frontage (min. 75FT): _____
Proposed Parking: _____ Onsite or Offsite?
Offsite Parking Location: _____

5. EXISTING PROPERTY INFORMATION (Please Complete For Each Property To Be Developed)

A. Name of Owner: _____
Owner's Address: _____ Telephone No.: _____
Property Address: _____ Existing Zoning _____ Existing Usage _____
Tax Map ID Sec _____ Blk _____ Lot(s) _____ Site Area (SF) _____ Site Frontage (FT) _____
Existing Building(s): _____ Existing Building Height: _____ Existing Building Width: _____
Existing Parking: _____ Corner Property: (Circle) Yes or No DOZ Opt-in Zone (1, 2, 3, or 4): _____

B. Name of Owner: _____
Owner's Address: _____ Telephone No.: _____
Property Address: _____ Existing Zoning _____ Existing Usage _____
Tax Map ID Sec _____ Blk _____ Lot(s) _____ Site Area (SF) _____ Site Frontage (FT) _____
Existing Building(s): _____ Existing Building Height: _____ Existing Building Width: _____
Existing Parking: _____ Corner Property: (Circle) Yes or No DOZ Opt-in Zone (1, 2, 3, or 4): _____

C. Name of Owner: _____
Owner's Address: _____ Telephone No.: _____
Property Address: _____ Existing Zoning _____ Existing Usage _____
Tax Map ID Sec _____ Blk _____ Lot(s) _____ Site Area (SF) _____ Site Frontage (FT) _____
Existing Building(s): _____ Existing Building Height: _____ Existing Building Width: _____
Existing Parking: _____ Corner Property: (Circle) Yes or No DOZ Opt-in Zone (1, 2, 3, or 4): _____

Applicant Signature: _____ Date: ___/___/___
** Pre-Submission Conference # 1 is mandatory for all applicants who have chosen to continue with this process. The Pre-Submission Conference # 1 is by appointment only and should be scheduled at least two weeks in advance of conference date.**

FOR OFFICIAL USE ONLY

Ref. No. _____ Date Received: ___/___/___ Pre-submission Conf. No. 1 Date: ___/___/___
Fees Paid: Pre-Conf #1: _____ Amount: _____ Pre-Conf #2: _____ Amount: _____
Planning Board Submission: _____ Amount: _____

Application Reviewed by: _____ Date: ___/___/___