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| **INC. VILLAGE OF HEMPSTEAD****Downtown Advisory Board**50 Clinton Street, Suite 504, Hempstead, NY 11550The Incorporated Village of HempsteadTel: (516) 485-5737 Ext. 221 | **Joseph Simone Jr.** – Superintendent Building Department**Kennetha Pettus** – Chairperson of the Planning Board**Frank Germinaro** – Director of Public Works**Charlene Thompson** – 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)**

1. **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):**

1. **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):**

1. **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: \_\_\_\_/\_\_\_\_/\_\_\_\_**