

CITY OF KINGSTON
PRE-APPLICATION DETERMINATION

Office of Planning, City Hall,
420 Broadway, Kingston NY 12401
(845)334-3955 planning@kingston-ny.gov



*This form is to assist in determining what reviews & applications may be required. Additional information may be requested to assist in making the determination. Please note that this is a **PRELIMINARY DETERMINATION** and that subsequent review may change the submissions and the fees associated with reviews.*

*****COMPLIANCE WITH ALL NYS BUILDING CODES IS REQUIRED REGARDLESS OF PROJECT REVIEW*****

GENERAL INFORMATION:

Project Location (street address): _____
Property Tax Map ID # (SBL): _____
Transect Zone and Overlays (refer to section 405.3 Regulating Maps) _____

Applicant Info:

Name: _____
Mailing Address: _____
Phone #: _____ E-mail: _____

Owner Info (If different from applicant):

Name & Address: _____
Mailing address: _____
E-mail: _____

Signature: _____ Date: _____

PROJECT DETAILS (please check the appropriate boxes and describe below)

- | | |
|---|--|
| Does the project include a change of use? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is the property vacant? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the project include reuse of an existing structure? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is any new construction or additions proposed? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are any other exterior site improvements proposed? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the proposal include residential units? If so, how many? _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is the property in a Historic District or on the Local, State or National Register? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is the property located in the Heritage Area? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Anticipated waivers (405.26(F)(1) Waiver)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Describe the proposed project including all uses of the property, square footage of the lot and any structures, any proposed interior and exterior changes, site work (drainage, parking, lighting, signage, access, etc):

STAFF USE – anticipated reviews

Received Date: _____

- | | | | |
|-------------------------|---------------------------------|--|--|
| Preliminary SEQR | Type I <input type="checkbox"/> | Type II <input type="checkbox"/> | Unlisted Action <input type="checkbox"/> |
| Planning Review | | | |
| - Major Review | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| - Minor Review | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Waivers | | | |
| - Major Waivers | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| - Minor Waivers | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| HLPC Review | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| HAC | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Signage | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Other considerations:

Over 3 units - open space 5 or more units - rec fee 6 or more units affordable housing

NOTES:

Reviewed by: _____ Date: _____