



**Planning Department**

Director of Planning  
Code Enforcement Officer  
Code Enforcement Officer  
Zoning Officer  
Stormwater Officer  
Administrative Coordinator

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**General Permit Application – Sheet 1 General Information**

**DO NOT FILL IN SHADED SECTIONS**

2/22/2017      38.-1-31 \_\_\_\_\_      Rural Agricultural District, Conservation District\_  
Date:                      Tax Parcel #:                      Zoning District:  
(Complete ) Project  
Address: \_\_2150 Dryden Road \_\_\_\_\_

Project Description: \_Construction of Five 2MWac and one 1MWac solar photovoltaic plants to be connected to the NYSEG distribution grid. Plants are being installed as Community Solar power projects \_\_\_\_\_

Principal Use: Residential \_\_\_\_\_ Commercial: \_\_\_\_\_ X \_\_\_\_\_ Other: \_\_\_\_\_

Permit(s) Required: \_X Building    \_\_ Zoning    X Special Use    \_X Site Plan Review    \_X Subdivision    \_\_ Pool  
                                  \_\_ Heating    \_\_ Demolition    \_\_ Pre-built Shed

**To be completed by Planning Department personnel:**

**Worksheets / sections required:**

- |                                                                   |                                                                 |
|-------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Site Plan Sketch                         | <input type="checkbox"/> Driveway or Roadcut Compliance         |
| <input type="checkbox"/> Site Plan Review                         | <input type="checkbox"/> Notices and Disclaimer Acknowledgement |
| <input type="checkbox"/> Special Use Permit                       | <input type="checkbox"/> Agricultural Data Statement            |
| <input type="checkbox"/> Notice of Ground Disturbance             | <input type="checkbox"/> County Review                          |
| <input type="checkbox"/> Zoning Permit                            | <input type="checkbox"/> Minor Subdivision                      |
| <input type="checkbox"/> Varna Compliance Worksheet               | <input type="checkbox"/> Major Subdivision                      |
| <input type="checkbox"/> Residential Design Guidelines Compliance | <input type="checkbox"/> Demolition                             |
| <input type="checkbox"/> Commercial Design Guidelines Compliance  | <input type="checkbox"/> Lot line Adjustment                    |
| <input type="checkbox"/> Sign Compliance Worksheet                |                                                                 |

**Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Owner - Print name:** Scott Pinney

**Owner Signature required & dated:** \_\_\_\_\_

Address: 22 Oak Wood Drive City: Ithaca State: NY Zip Code: 14850

E-mail: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**Agent / Applicant - Print :** Daniel Walker , PE

Address: 105 N. Tioga Street City: Ithaca State: NY Zip Code: 14850

E-mail: dwalker@labellapc.com Telephone No: 607.227.1640

**General Contractor:** \_\_\_\_\_ License # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone No: \_\_\_\_\_

**Mason Contractor:** \_\_\_\_\_ License # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone No: \_\_\_\_\_

**Electrical Contractor:** \_\_\_\_\_ License # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone No: \_\_\_\_\_

**HVAC Contractor:** \_\_\_\_\_ License # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone No: \_\_\_\_\_

**Plumbing Contractor:** \_\_\_\_\_ License # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone No: \_\_\_\_\_

**Surveyor:** \_\_\_\_\_ License # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone No: \_\_\_\_\_

**Note: The Town of Dryden will keep your contact information private.**

**\*\*CUT: \_\_\_\_\_\*\***

**Application from \_\_\_\_\_ for \_\_\_\_\_**

**Project Site \_\_\_\_\_ received on \_\_\_\_\_**

**Payment received \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card (circle one) \_\_\_\_\_**

**Signature of receiver \_\_\_\_\_ Date \_\_\_\_\_**