



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 56.-5-31, 57.-1-6, 57.-1-7.1, 67.-1-3, 67.-1-4,67.-1-7.2 Rural Agricultural District

Date: Tax Parcel #: Zoning District:

(Complete) Project

Address: Stevenson Road, 140 Dodge Road, Turkey Hill Road_____

Project Description: Construction of Eight 2MWac and two 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:

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

Notes:

Owner - Print name: Cornell University

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 _____