CONFIRMATION OF LOCAL LAND USE APPROVAL

Planning and Zoning Form



Applicant Information							
Con	npany Name:						
Con	tact Name:				Title:		
Email Address:				Teleph	none Number:		
Project Information							
Project Name:							
Project Address:							
Solar Project Size (AC/DC):							
Energy Storage Size AC: (if applicable)							
Municipality Information							
Municipality Information							
-	nicipality Name:				Title:		
Contact Name:						none Number	
Email Address:					reiepr	none Number:	
Required Solar Land Use Approvals							
Land Use Approval and Date Approved (check all that apply):							
□ Special Use Permit						Date Approved:	
	Site Plan Review					Date Approved:	
□ SEQR Negative Declaration (on (if municipality is	(if municipality is lead agency)		Date Approved:	
☐ Other (list type):					Date Approved:		
□ No Land Use or Zoning Approval is required for this project							
Required Energy Storage Land Use Approval(s) (if applicable)							
List type of approval required:						Date Approved:	
NYSERDA respectfully requests that the municipality sign a copy of this form acknowledging and confirming the above is accurate and correct, and that this project has received all required local land use approvals for the solar PV project. If Energy Storage is part of the project, the Contractor is responsible for providing to NYSERDA, a copy of the meeting minutes confirming the Energy Storage system was presented to or approved by the municipality. NYSERDA may contact the municipality to confirm approvals if needed. ACKNOWLEDGED & CONFIRMED BY MUNICIPALITY							
Signature				Date			
Print Name				Title			