



TOWN OF CLAVERACK  
Building Department  
91 Church Street, PO Box V  
Mellenville, NY 12544  
PHONE 518- 672-4471 / FAX 518-672-4821

PLANNING BOARD / ZONING BOARD ESCROW  
ACCOUNT FORM

**\*PLEASE PRINT ALL INFORMATION\***

Date: \_\_\_\_\_

**(A) Applicant Name & Contact Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Application Name / Title**

Company / Project Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Corporation / Company Name (Name that will appear on the bank account)**

Company / Corporation Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Escrow Account Title\*\***

Company / Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**\*\*Any change to this data must be updated within thirty (30) days in writing to the Town.**

**(B) THIS AGREEMENT made this \_\_\_\_\_ day of \_\_\_\_\_, (Name)**

**Is hereinafter referred to as the “Applicant”, the Planning Board or Zoning Board of Appeals, of the Town of Claverack is hereinafter referred to as “Board”, and the Town of Claverack, in the County of Columbia is hereinafter referred to as the “Town”.**

**(C) WHEREAS, the Town requires the Applicant to establish an escrow whereby work / review required to be performed by professional consultants employed by the Board will be paid for by the Applicant as required by the Town;**

**NOW THEREFORE,**

**(D) The Applicant shall provide funds in the amount determined by the Code Enforcement Officer for the establishment of an escrow account. The check in the determined amount will be provided (to the Code Enforcement Officer) at the time of the application submission.**

**(E) An escrow account shall be established in the name as provided in the “Escrow Account Title” section above.**

**(F) A monthly statement of the escrow account balance shall be provided to the entity named in the “Escrow Account Title” data.**

**(G) Disbursements shall be made from this account to compensate the professional consultants employed by the Board in the normal course the Board’s review.**

**(H) The account balance shall be replenished when the existing balance reaches 50% of the originally determined amount.**

**(I) The Applicant shall receive all remaining escrow account funds when the Board has concluded all actions with respect to the Applicant. This may be 30 to 60 days after the conclusion of Board business pending receipt of all outstanding consultant invoices.**

**I hereby agree to the above listed requirements for the establishment of an escrow account.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**