

# TOWN OF BETHLEHEM

*Albany County - New York*

## PARKS & RECREATION DEPARTMENT

ELM AVENUE PARK

261 ELM AVENUE

DELMAR, NEW YORK 12054

(518) 439-4955 x 2131

Fax: (518) 439-2144

Email: [jgallo@townofbethlehem.org](mailto:jgallo@townofbethlehem.org)



*David VanLuven*  
*Town Supervisor*

*Jason Gallo*  
*Administrator*

## Park Facility Enhancement Request Application

In an effort to coordinate a significant park facility enhancement project request, an application process is now required. The Parks and Recreation Department will administer all application requests, determine the proper course of action, and, if needed, reach out to other Town Departments for assistance in evaluating the request. Allow 2-4 weeks for a full review.

### Examples of a Park Facility Enhancement Request:

- Building Dugouts
- Court Maintenance
- Drainage Work
- Electrical Work
- Erecting Permanent Structures
- Rebuilding a Pitcher's Mound or Home Plate
- Replacing Turface Material
- Trail Maintenance

*\*No work is to be performed until written project approval is received by a Town representative\**

If you are unsure the work you want to pursue warrants an application, please contact the Parks and Recreation Administrator, Jason Gallo, 518-439-4955 x1604.

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### Facility Enhancement Request Application

Name of Organization: \_\_\_\_\_

Location of Facility: \_\_\_\_\_

Field/Court #: \_\_\_\_\_

#### Name, Email address and Telephone # of Project Coordinator:

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

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

Telephone #: \_\_\_\_\_

#### Detailed Description of Proposed Project (Attach Sketch if Applicable):

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How will this project be funded? \_\_\_\_\_

Who will perform the work for this project? \_\_\_\_\_

When will this project begin? \_\_\_\_\_

When will this project be completed? \_\_\_\_\_

What, if any, assistance from the Town do you need? \_\_\_\_\_

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**Name, Email Address, Mailing Address and Telephone # of Design Professional and/or**

**Contractor Performing Work (if applicable):**

**Design Professional**

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

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

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

Telephone #: \_\_\_\_\_

**Contractor**

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

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

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

Telephone #: \_\_\_\_\_

**Name and Address of Responsible Person/Organization for Billing Purposes (if applicable):**

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

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

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

**The signature below by the organization representative or agent of the organization shall mean the applicant will comply with the requirements of the Town and any/all ordinances and regulations with regards to this project.**

Signature: \_\_\_\_\_

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