

TOWN OF BETHLEHEM

Albany County - New York

PARKS & RECREATION DEPARTMENT

ELM AVENUE PARK

261 ELM AVENUE

DELMAR, NEW YORK 12054

(518) 439-4955 Option 7

Fax: (518) 439-2144

Email: 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):

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? _____

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: _____