

REQUEST FOR A PLANNING BOARD WORK SESSION

REQUIREMENTS: 10 COPIES OF THIS FORM AND ANY OTHER INFORMATION PROVIDED

DATE: _____

NAME OF APPLICANT: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL _____

PROJECT LOCATION: _____

SECTION _____ BLOCK _____ LOT _____

CONSULTANT NAME: _____

ADDRESS: _____

PHONE #: _____ EMAIL _____

DESCRIBE THE PROJECT: _____

SIGNED: _____ DATED: _____

PLEASE ATTACH ANY PLANS, PICTURES AND DIAGRAMS WITH DIMENSIONS ETC. THAT ARE APPLICABLE TO YOUR CASE.

SEE FEES

* THIS NON REFUNDABLE FEE WILL BE APPLIED TOWARD YOUR APPLICATION FEE IF MOVING FORWARD.

PLEASE CALL 845-469-7000, EXT. 308 WITH ANY QUESTIONS.