

REQUEST FOR A PLANNING BOARD WORK SESSION

**REQUIREMENTS: 1 ORIGINAL COPY OF THIS FORM AND ALL
OTHER INFORMATION OF SUPPORT**

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.