# 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. 338 WITH ANY QUESTIONS.