



Town of New Paltz Planning Board

******PAID CONCEPTUAL REVIEW APPLICATION******

Date Received _____ Fee Paid: _____ File No. PBC _____

Date Fee Paid: _____ Application for: Site Plan Subdivision Other _____

Consultants requested to be present: Engineering Legal Other _____

Meeting will be scheduled by Planning Board Chairman once all fees have been paid.

Meeting Date and time: _____

*****OFFICE USE ONLY - DO NOT WRITE ABOVE THIS LINE*****

Owner/Applicant Information

Owner of Record Name and Address _____

Applicant's Name and Address _____

Applicant's Telephone Number _____ E-Mail _____

Professional Consultant's Name and Address _____

Consultant's Telephone Number _____ E-Mail _____

Property Information

Property Location _____

Tax Map SBL# _____ Current Zoning _____

Total Site Area _____ acres Property Frontage Length _____ feet

Describe current land use (i.e., vacant, woodland, farmland, developed, etc.) _____

Any easements or restrictions on the land? (If so, describe) _____

Is the property located within 500 feet of an Agricultural District? Yes No

NOTE: Applicant must provide four (4) copies of a sketch plan, a tax map showing neighboring properties of proposed project and if at all possible a GIS or aerial photo of site and surrounding area.

Proposal Information

Brief Description of proposal and what the applicant is seeking to accomplish. _____

Additional narratives and descriptive information may be provided. Four (4) copies should be submitted.

I hereby certify the above information to be true and correct according to my knowledge and belief.

By: _____
Applicant's Signature

Date: _____