



Town of New Paltz Planning Board

Site Plan Application – CONCEPTUAL REVIEW ONLY

Date Received: _____ PBC# _____ Fee Paid: _____

Eligible Meeting Date: _____ Scheduled Meeting Date : _____

Office use only – do not write above this line

Name of Project _____

Purpose of Project _____

Property Location _____

Tax Map SBL# _____ Current Zoning _____ Total Site Area (acres) _____

Applicant _____

Applicant's Address _____

Applicant's Telephone Number _____ E-Mail _____

Owner's Name (if different) _____

Owner's Address _____

Agent (if any) _____

Professional Consultant(s) _____

Consultant(s) Address and Phone Number _____

Estimated cost of Project _____

Signature of Applicant (or authorized agent) _____