



Town of New Paltz Planning Board

ESCROW AUTHORIZATION FORM

PB#: 23-010

Name of Project: 409 MAIN STREET SITE PLAN CHANGE/SIGN APPLICATION

Applicant: GTY Leasing/CPD Group

Applicant's Address: 409 Main Street

Applicant's Telephone Number: 845-475-2914 **E-Mail:** tkievit@cpdgroup.com

Initial Authorization: _____

Town Supervisor Authorization:

_____ *U. J. Bell* _____

Date 1/26/23

Escrow Initial Deposit \$2,000.00

Replenishment \$500.00

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Planning Board Acceptance _____ *C. Kelly* _____

Date 1/23/23

Modifications: Escrow Initial Deposit _____ **Replenishment** _____

Final Town Board Sign-off: _____ **Date:** _____

*This form requires 3 signatures for audit purposes.
(* This form is used for bookkeeping purposes only. It is not part of the public record of the Planning Board Application file.)*



Town of New Paltz Planning Board

- SITE PLAN CHANGES
- SIGN APPLICATION

PROJECT SUMMARY FORM (TO ESTABLISH ESCROW ACCOUNT)

PB# 23-010

Date Received: 1/6/23

Fee Paid: \$500 + 150 = \$650

Escrow Initial Deposit: \$2,000

Replenishment: \$500

Office use only - do not write above this line

Name of Project 409 Main St SITE PLAN CHANGE / SIGN APP

Property Address 409 Main St New Paltz NY 12561

Tax Map SBL# 86.12-5-5

Applicant Tom Kievit Construction Manager CPD Group

Applicant's Address 536 Main St New Paltz NY 12561

Applicant's Telephone Number (845) 475-2914 E-Mail tkievit@cpdgroup.com

TIN # For establishment of Escrow: 27-3096706

Signature of Applicant (or authorized agent) [Signature]

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