



# SITE PLAN REVIEW APPLICATION PLANNING BOARD

FOR OFFICE USE ONLY

File No. \_\_\_\_\_

Date Received: \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

( ) Owner ( ) Agent *(All parties who are not the owner of record must have written authorization to represent the owner):*

**Owner Information:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Agent Information:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Surveyor or Engineer Information:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Location Address for Site Plan Review:** \_\_\_\_\_

\_\_\_\_\_ **Tax Map Number:** \_\_\_\_\_

**Proposed Work:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Full Names of all abutting owners and owners directly across adjoining streets:** *(including those of other townships)*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**The undersigned hereby requests a Site Plan Review by the Planning Board for the above-mentioned location.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Title

Please obtain a copy of the Zoning Regulations from the Town Clerk or on-line. This will give you all the information that you will need to prepare for a Site Plan Review. (Section 232-23). Meetings are the first Thursday of the month. Please have eight (8) copies of a preliminary sketch and any other pertinent information to this office, at least 10 days prior to your scheduled meeting. Bring or send to: Copake Planning Board, 230 Mountain View Road, Copake, New York 12516.