

**Town of Claverack
P.O. Box V
Mellenville, NY 12544
Planning Board**

APPLICATION FOR SITE PLAN REVIEW

(Please refer to "Application Submittal Checklist" for instructions on filling out this form)

For Official Use Only:

Case No.: _____

Date Rec'd: _____

Date Hearing: _____

Date Action: _____

Action: _____

1. Statement of Ownership and Interest:

The applicant(s) _____

(is/are) the owner(s) of the property situated at the following address:

The parcel is also known as Tax Map #: _____

Applicant acquired the above named property on (insert date): _____

2. Project description on the above named property. Include attempts to mitigate impact on the neighborhood:

3. Request:

The applicant requests a site plan review for the above property and project under the provisions of section(s) _____ of the town Zoning Law as shown on the attached plans drawn to scale.

Date: _____

Applicant Signature

Mailing address (if available)

Email address (if available)

Phone number (if available)