

Town of Amboy
Planning Board
APPLICATION FOR SITE PLAN REVIEW

Dated _____, 20____

NAME OF PROPOSED DEVELOPMENT: _____

SITE LOCATION: _____ TAX ID: _____

ZONE: _____

APPLICANT: _____ ADDRESS: _____

PHONE: _____ EMAIL: _____

OWNER (IF DIFFERENT): _____ ADDRESS: _____

PHONE: _____ EMAIL: _____

PLANS PREPARED BY: _____

CURRENT USE OF PROPERTY: _____

PROPOSED USE OF PROPERTY: _____

TOTAL AREA OF DEVELOPMENT (Sq. Ft. OR ACRES) : _____

GROSS FLOOR AREA: _____

ANTICIPATED CONSTRUCTION TIME: _____

PERMITS NEEDED (LIST ALL COUNTY, STATE AND/OR FEDERAL PERMITS REQUIRED):

LIST THE INDIVIDUALS, FIRMS OR CORPORATIONS OWNING PROPERTY ADJACENT TO SITE:
(INCLUDE OWNERS ON BOTH SIDES, REAR AND ACROSS THE STREET OF PROPOSED SITE)

ATTACH A MAP DRAWN TO SCALE SHOWING:

- Project Name, scale, north arrow, and date of preparation.
- Property Boundaries.
- Adjoining properties with the names and address of owners.
- Existing roads, road boundaries, utilities, driveways and structures.
- Land contours, contour intervals (maximum 5 foot), datum used.
- Water courses, wetlands (state & federal), flood zones.
- Proposed layout of project to Town of Amboy Zoning Law specifications.

(Proposed buildings, parking, buffering, hours of operation, lighting, ect...)

Please attach any other applicable information (SEQRA (short or long form), Architectural Plans, Storm Water Requirements, ect...).

(Signature of Owner)

(Signature of Applicant)

(Signature of Town of Amboy Zoning Officer)

(Date Received)

DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY

Date Received: / / Received by: _____

Application accepted: _____

SEQRA accepted: _____

Public Hearing Date: _____

Planning Board: Approved Denied Date: _____

(Signature of Planning Board Chairman)