

TOWN OF WAPPINGER PLANNING BOARD

Application No. _____

Date Received: _____

Fee Received: _____

Escrow Received: _____

APPLICATION FOR SITE PLAN APPROVAL

TITLE OF PROJECT: _____

Location of Property: _____

NAME & ADDRESS OF APPLICANT (Corporation or Individual):

Street Town State Zip

Contact Person Phone Number Email

NAME & ADDRESS OF OWNER (Corporation or Individual):

Street Town State Zip

Contact Person Phone Number Email

Grid No. _____

Please specify use or uses of building and amount of floor area devoted to each:

Existing Use: _____

Proposed Use: _____

Existing Sq. Footage: _____ Use: _____

Proposed Sq. footage: _____ Use: _____

Location of Property: _____

Zoning District: _____

Acreage: _____

Anticipated No. of Employees: _____

Existing No. of Parking Spaces: _____

Proposed No. of Parking Spaces: _____

Type Name (Corporation, LLC, Individual, etc.)

Date

Owner or representative's signature

Owner's Telephone No.

Type Name and Title ***

Owner's Address

*****If this is a Corporation or LLC please provide documentation of authority to sign.**

Note: *The applicant is responsible for the cost involved in publishing the required legal notice in the local newspaper;

* If Special Use Permit for the above use has been applied for, please check ☐.

• **Application Fees are non-refundable.**