

TOWN OF WHITESTOWN

APPLICATION FOR REVIEW BY PLANNING BOARD

(Applicant to complete Side 1)

Application No.
(assigned by Town)

PB- _____

APPLICANT INFORMATION:

(Check box to indicate who receives correspondence from the Planning Board.)

- ☐ Name of Property Owner _____ Day Time Phone No. _____
Mailing Address _____
Signature _____ Date _____
- ☐ Name of Applicant (if different) _____ Day Time Phone No. _____
Mailing Address _____
Signature _____ Date _____
- ☐ Name of Engineer _____ Phone No. _____
Mailing Address _____

PROJECT INFORMATION:

Project Name _____
Current Property Zoning _____
Project Location (closest intersection) _____
Brief Description of Project _____

Property Tax Map No(s). _____

Has the Zoning Board of Appeals granted any variance, exemption, or special permit concerning this property? ☐ Yes ☐ No
(If yes, please attach description and date of action.)

REASON FOR PLANNING BOARD REVIEW:

(Check box and enter date for current application.)

- ☐ Zoning Map Amendment _____
☐ Zoning Text Amendment _____
☐ Planned Development Zoning _____
☐ Subdivision ☐ Sketch _____
☐ Preliminary _____
☐ Final _____
☐ Site Plan Review or Planned Development Implementation ☐ Concept _____
☐ Preliminary _____
☐ Final _____
☐ Other _____

LIST OF ATTACHMENTS: (Title and Date)

1. Application Fee
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

TOWN OF WHITESTOWN

STATUS OF PLANNING BOARD ACTION

(Side 2 to be completed by the Town.)

TYPE OF REVIEW:

DATE OF PLANNING BOARD ACTION:

	Discussed, <u>No Decision</u>	<u>Disapproval</u>	<u>Conditional</u>	<u>Approval</u>
<input type="checkbox"/> Zoning Map Amendment (45 days)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Zoning Text Amendment (45 days)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Planned Development Zoning (45 days)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Planned Development				
<input type="checkbox"/> Concept	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Final (70 days/60 days)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Site Plan Review				
<input type="checkbox"/> Concept	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Preliminary (45 days)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Final (45 days)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Subdivision Sketch Plan	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Minor Subdivision Final Plan (45 days)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Major Subdivision				
<input type="checkbox"/> Preliminary (45 days)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Final (45 days)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

239 REVIEW STATUS:

County 239 Review Required? ☐ Yes ☐ No
 Date Sent _____
 Date of 239 Review _____

HEARING STATUS:

Hearing Required ☐ Yes ☐ No
 Hearing Held by (Agency) _____
 Purpose of Hearing _____
 Date of Hearing _____

SEQR STATUS:

Lead Agency for SEQR _____
 Date of Neg. Dec. _____
 Date of Conditional Neg. Dec. _____
 Date of DEIS Acceptance _____
 Date of FEIS Findings _____

APPLICATION STATUS:

	Amount	Rec'd By	Date
Appl. Complete	_____	_____	_____
Concept	_____	_____	_____
Preliminary	_____	_____	_____
Final	_____	_____	_____
Exempt <input type="checkbox"/>			