



TOWN OF WHITESTOWN

8593 Clark Mills Rd • Whitesboro, N.Y. 13492-1310

www.whitestownny.gov

APPLICATION FOR REVIEW BY PLANNING BOARD

APPLICANT INFORMATION: (check box to indicate who receives correspondence from the planning board.)

- Property Owner: _____ Day Time Phone: _____
Mailing Address: _____
Signature: _____ Date: _____
- Applicant (If Different): _____ Day Time Phone: _____
Mailing Address: _____
Signature: _____ Date: _____
- Engineer: _____ Day Time Phone: _____
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 a 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 & Date)

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

TOWN OF WHITESTOWN

STATUS OF PLANNING BOARD ACTION (Completed by the Town)

TYPE OF REVIEW	<u>Discussed, 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
Complete	_____	_____	_____
Concept	_____	_____	_____
Preliminary	_____	_____	_____
Final	_____	_____	_____
Exempt	<input type="checkbox"/>		