

TOWN OF ANCRAM
PLANNING BOARD

1416 County Route 7
Ancram, NY 12502
Telephone (518) 329-6512 ext. 3
Fax (518) 329-6535
planningboard@townofancram.org

PERMIT APPLICATION

DATE _____ APPLICATION NO. _____

APPLICANT/PROPERTY OWNER _____

ADDRESS _____

TELEPHONE _____

EMAIL _____

REPRESENTED BY (If applicable) _____

(all parties who are not the owner must have a written letter of authorization from the owner)

ADDRESS _____

TELEPHONE _____ EMAIL _____

LOCATION OF PROPERTY _____

ZONE _____

TAX MAP PARCEL NO. _____

DATE PROPERTY WAS PURCHASED _____

ACTION REQUESTED: _____ Gravel Mine Permit _____

_____ Special Use Permit for _____

_____ Special Use Permit Renewal for _____

_____ Sign Permit

WHY?

NAMES AND ADDRESSES OF ABUTTING PROPERTY OWNERS AND PROPERTY OWNERS WITHIN 500' (INCLUDE ATTACHMENT IF NECESSARY):

NORTH _____

SOUTH _____

EAST _____

WEST _____

Are there any existing deed restrictions, easements, or right-of-way(s) on the property? _____ if yes, please provide a copy to the planning board.

The Planning Board members may need to conduct a site visit(s) as part of the review process of this application. Please indicate yes ___ no ___ if you would like to be present during their visit. If you plan to be present, a separate meeting will be scheduled at the next regular Planning Board meeting to accommodate your needs. Upon signing this form, you are giving Planning Board members permission to access your property for the purpose of review of your application.

Applicant's Signature

Date

Owner's Signature

Date