

TOWN OF ANCRAM
PLANNING BOARD

1416 County Route 7
Ancram, NY 12502
(518)-329-6512 ext.3
Fax (518)329-6537
planningboard@townofancram.org

SITE PLAN REVIEW

Name of Applicant: _____
() owner () agent (*all parties who are not the owner must have a written letter of authorization from the owner*).

Owner Information: Name: _____
Address: _____
State: _____ Zip: _____ Phone: _____

Agent Information: Name: _____
Address: _____
State: _____ Zip: _____ Phone: _____

Surveyor/Engineer Information: Name: _____
Address: _____
State: _____ Zip: _____ Phone: _____

Location for Site Plan Review: (Tax Map Number and Address)

Full Names of all abutting owners and owners directly across adjoining streets:
(*including those of other townships*)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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.

The undersigned requests a Site Plan Review by the Planning Board for the above-mentioned location.

Date

Signature/Title

**Please have a preliminary sketch to this office at least 10 days prior to your scheduled meeting.*