

TOWN OF NEW HARTFORD

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)

<input type="checkbox"/>	Name of Property Owner _____	Day Time Phone No. _____
	Email address: _____	Cell Phone No. _____
	Mailing Address _____	
	Signature _____	Date _____
 <input type="checkbox"/>	 Name of Applicant (if different) _____	 Day Time Phone No. _____
	Email address: _____	Cell Phone No. _____
	Mailing Address _____	
	Signature _____	Date _____
 <input type="checkbox"/>	 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	(If yes please attach description and date of action)

REASON FOR PLANNING BOARD REVIEW:

(check box and enter date for current application)

<input type="checkbox"/>	Zoning Map Amendment _____		
<input type="checkbox"/>	Zoning Text Amendment _____		
<input type="checkbox"/>	Planned Development Zoning _____		
<input type="checkbox"/>	Subdivision	<input type="checkbox"/>	Sketch _____
		<input type="checkbox"/>	Preliminary _____
		<input type="checkbox"/>	Final _____
<input type="checkbox"/>	Site Plan Review or Planned Development Implementation		
	<input type="checkbox"/>	Concept _____	
	<input type="checkbox"/>	Preliminary _____	
	<input type="checkbox"/>	Final _____	
<input type="checkbox"/>	Other _____		

LIST OF ATTACHMENTS: (Title and Date)

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