



APPLICATION FOR SITE PLAN REVIEW

Application # _____ **Fee** _____ **Deposit** _____ **Date Received** _____

(Answer all applicable questions. Questions not applicable insert N/A)

Name of Proposed Development _____

Owner: If more than one owner, provide information for each.

Name _____

Address _____

City _____ State _____ Zip _____ Tele# _____

Name _____

Address _____

City _____ State _____ Zip _____ Tele# _____

Plans Prepared By:

Name _____

Address _____

City _____ State _____ Zip _____ Tele# _____

Applicant:

Name _____

Address _____

City _____ State _____ Zip _____ Tele# _____

Ownership Intentions: i.e. purchase options

Location of site: _____

Tax Map Description: SECTION _____ BLOCK _____ LOT _____

Current Zoning Classification: _____

State, County or Federal Permits Needed if any (list type and appropriate description)

Proposed Use(s) of Site:

Total Site Area (square feet or acres) _____

Anticipated Construction time: _____

Will Development be Staged? _____

Has this application been before this or any other Board of the Village of Port Washington North previously? YES NO

If YES attach a copy of the decision

Name of Board _____ Date _____

SIGNATURE OF OWNER/APPLICANT

DATE