TOWN OF AUSTERLITZ PLANNING BOARD APPLICATION FOR SITE PLAN REVIEW/SPECIAL USE PERMIT

Application Date:	Project No.
Approval for (check all that apply)	
Site Plan Site Plan Amendment	_ Special Use Permit
Property Owner: Name	
Mailing Address	
Email Address:	
Phone Number:	
Surveyor or Engineer: Name	
Email Address Phone Number	
License Number	
Poprocontativo (if any): Name	
Representative (if any): Name	
Email Address Phone Number	
Please provide owner's letter of authorization	
Property Address:	
Tax Map Number:	
Parcel Acreage:	
Current Use of Land:	
Character/Use of Abutting Lands:	
Easements or Restrictions:	
Ag. District: Yes/No	
Proposed Use of Site: Utilities Multif	
	ect Other
Use Category (See Town Law §195-13)	

(Site Plan/Special Use Permit App. P. 2)

Detailed Description of proposed use, including primary and secondary uses (use additional sheet if necessary):

Description of all buildings to be used/constructed (including height, square feet, no. of stories):

Is the property within 500 feet of

A municipal boundary_____ A county or state park/recreation area (existing or proposed)_____ A county or state road or right of way (existing or proposed)_____ A county or state-owned building or institution_____ A stream or drainage channel owned by the county or for which channel lines have been established_____ An active farm operation within an Agricultural District_____

(If any of the above is true the plan must also be reviewed by the County Planning Board)

Please Review Articles VIII and IX of the Town Law for application requirements and Board procedures.

Signature

Date

App. Fees	Public Hearing	App. Complete	Final Approval
Prelim Mtg			
0	SEQRA Desig	SEQRA Determination	