



Town of Horseheads Application for Planning Board Review

Project location: _____

Tax Map ID#: _____

Application for: Site Plan Review Subdivision Special Permit Other

Applicant: _____

Address: _____

_____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____ Send Agenda by Email: yes

Owner: (if different) _____

Address: _____

_____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____ Send Agenda by Email: Yes

Plans Prepared by: _____

Address: _____

_____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____ Send Agenda by Email: yes

Project Description: _____

General Location: _____

Current Zoning: _____

Present Use of Property: _____

Will Property disturb one acre or more? Yes If so, How Much? _____

Description of Stormwater Management: _____

Water: Public Private Sewage: Public Private

Total site area: _____

Anticipated construction time: _____ Staged: Yes No

Estimated Cost of Project: _____

The information provided is true and correct to the best of my knowledge. I understand that the completion of this application neither implies nor guarantees approval of this project.

Applicant Signature: _____ Date: _____

Owner Signature: _____ Date: _____

*All Applications for Planning Board must be received **10 days** before scheduled meeting.*

Address: 150 Wygant Rd. Horseheads, NY 14845 Phone: 607-739-7605 Fax: 607-739-0469

Office Use:

Date received: _____ By: _____

Plan File #: _____ Assign plan file #

Referrals to: Chemung County

Village of _____

Town of _____

Other _____

Fee: _____ Paid : Yes