

# TOWN OF HOOSICK

P.O. BOX 17  
HOOSICK FALLS, NY 12090  
(518) 686-4571 \* FAX (518) 686-5304

## SITE PLAN REVIEW APPLICATION

| NAME            | ADDRESS |
|-----------------|---------|
| APPLICANT _____ | _____   |
| OWNER _____     | _____   |
| BUYER _____     | _____   |
| DEVELOPER _____ | _____   |
| ATTORNEY _____  | _____   |
| ENGINEER _____  | _____   |
| SURVEYOR _____  | _____   |

CONTACT PERSON'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

LOCATION: TAX MAP ID NUMBER \_\_\_\_\_  
DESCRIPTIVE LOCATION \_\_\_\_\_  
\_\_\_\_\_

BRIEF DESCRIPTION OF INTENDED USE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICATION FEE (\$50.00) PAID DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

SUBMITTED \_\_\_\_\_

APPROVED \_\_\_\_\_ MAPS ATTACHED \_\_\_\_\_

BUILDING INSPECTOR APPROVAL \_\_\_\_\_

FINAL APPROVAL \_\_\_\_\_

REASON FOR REJECTION OR DISAPPROVAL \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED BY: \_\_\_\_\_ DATE \_\_\_\_\_