

LAND USE REVIEW

COMMERCIAL
 RESIDENTIAL

DATE: _____

NAME OF APPLICANT/OWNER: _____

PROJECT ADDRESS: _____ LOT AREA: _____

SECTION: _____ BLOCK: _____ LOT(S): _____ ZONE: _____

Chapter 330:

REFERRAL REQUIRED *

MINOR SUBDIVISION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
EXTERIOR DESIGN REVIEW	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PLANNING BOARD REVIEW	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Chapter 340:

ZONING PRELIMINARY REVIEW _____ FINAL REVIEW _____

USES	<input type="checkbox"/> YES	<input type="checkbox"/> NO
LOT SIZE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
BUILDING AREA	<input type="checkbox"/> YES	<input type="checkbox"/> NO
BUILDING HEIGHT.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
FRONT YARD	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SIDE YARD	<input type="checkbox"/> YES	<input type="checkbox"/> NO
REAR YARD	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CORNER PLOTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PARKING	<input type="checkbox"/> YES	<input type="checkbox"/> NO
OTHER	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Application reviewed by:
Inspector _____
Insp. No. _____ Date _____

REFERRED TO:
 Planning Board
 Village Board
 Zoning Board

Superintendent of Buildings