APPLICATION FOR SITE PLAN REVIEW

CITY OF GLOVERSVILLE, NY PLANNING BOARD

Date	of	Applicati	ion:
Name	of	Proposed	Development:

DESCRIPTION OF PROPOSED USE:

Name of Proposed Development:		
Applicant Name: Address:	Plans Prepared By Name: Address:	:
Telephone:	Telephone:	
Owner (if different) Name: Address:		
Telephone:		
OWNERSHIP INTENTIONS, (i.e., purcha	ase options)	
LOCATION AND CURRENT LAND USE OF Stundeveloped, etc.)	ITE (agriculture,	commercial,
TAX MAP DESCRIPTION: Section	Block	Lot
TOTAL SITE AREA (square feet or act	res:	
ANTICIPATED CONSTRUCTION TIME:		
WILL DEVELOPMENT BE STAGED?		
CURRENT ZONING CLASSIFICATION:		