

TOWN OF PARIS APPLICATION FOR REVIEW BY PLANNING BOARD

APPLICANT _____ PHONE _____

MAILING ADDRESS _____

NAME OF APPLICANT (IF DIFFERENT) _____

MALING ADDRESS _____

SIGNATURE _____ DATE _____

NAME OF ENGINEER _____ PHONE _____

MALING ADDRESS: _____

PROJECT INFORMATION:

Project Name _____

Current Property Zoning _____

Project location (closest intersection) _____

Brief Description of Project _____

Property Tax No(s). _____ Has the Zoning Board of Appeals granted any variances exemption, or special permit concerning this property? YES NO

REASON FOR PLANNING BOARD REVIEW:
(Check box and enter date for current application)

- Zoning Map amendment
- Zoning text amendment
- Planned development zoning
- Subdivison Sketch
- Preliminary
- Final _____
- Site Plan Review of Planned Development Implementation Concept _____
- Preliminary _____
- Final _____
- Other _____

LIST OF ATTACHMENTS: (TITLE AND DATE)

1. Application fee
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Town of Paris

Status of planning board action

(Side 2 to be completed by the Town)

TYPE OF REVIEW:

DATE OF PLANNING BOARD ACTION:

	Discussed, No decision	Disapproval	Conditional	Approval
<input type="checkbox"/> Zoning Map Amendment (45 days)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Zoning Text Amendment (45 days)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Planned Development Zoning (45 days)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Planned Development				
<input type="checkbox"/> Concept	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Final (70 days/60 days)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Site Plan Review				
<input type="checkbox"/> Concept	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Preliminary (45 days)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Final (45 days)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Subdivision Sketch Plan	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Minor Subdivision Final Plan (45 days)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Major Subdivision				
<input type="checkbox"/> Preliminary (45 days)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Final (45 days)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

239 REVIEW STATUS:

County 239 review required? Yes No
 Date Sent _____
 Date of 239 Review _____

HEARING STATUS:

Hearing Required Yes No
 Hearing Held by (agency) _____
 Purpose of Hearing _____
 Date of hearing _____

SEQR STATUS:

Lead agency for SEQR _____
 Date of Neg. Dec. _____
 Date of Cond. Neg. Dec. _____
 Date of DEIS Acceptance _____
 Date of FEIS Findings _____

APPLICATION STATUS:

	Amount	Rec'd by	Date
Appl. Complete	_____	_____	_____
Concept	_____	_____	_____
Preliminary	_____	_____	_____
Final	_____	_____	_____
Exempt <input type="checkbox"/>			

Signature

Date