

# VILLAGE OF COXSACKIE PLANNING BOARD APPLICATION

119 Mansion Street, Coxsackie, NY 12051

Phone: (518) 731-2718

Note: Application and required supplemental materials should be submitted to the Planning Board Chairperson at least 10 days before the next regularly scheduled meeting, normally held on the 3<sup>rd</sup> Thursday of the month.

1. **Project Name or Title:** \_\_\_\_\_

2. **Project Applicant:** (If applicant is not the Owner of subject property, check box and submit an Owner's Authorization Form, found on page 2 of this form.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

3. **Professional Advisor (Architect, Contractor, Licensed Engineer, Surveyor):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

4. **Type of Application:** (check all that apply in the appropriate boxes)

(1) Lot Line Adjustment (considered a minor subdivision)

(2) Minor Subdivision

(3) Major Subdivision

(4) Site Plan Review

(5) Special Use Permit

(6) Signage Permit

**Information needed in addition to this form per type(s) checked above:**

(1) Minor Subdivision procedures, which include lot line adjustments, can be obtained by contacting the Village Planning Board or by going online to Village Code Chapter 132, Sections 2-5.

(2) Major Subdivision standards can be obtained by contacting the Village Planning Board or by going online to Village Code Chapter 132, Sections 2 and 6-18.

(3) Site Plan Application checklist attached.

(4) Special Use Permit procedures attached.

(5) Go online to Village Code Chapter 155, Sections 52-59 for Sign Regulations.

5. **Site Location:**

Address: \_\_\_\_\_ Tax ID#: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Total Acres: \_\_\_\_\_

6. **Brief Project Description:**

\_\_\_\_\_  
\_\_\_\_\_

7. **Signature of Applicant:** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VILLAGE OF COXSACKIE OWNER'S APPLICATION FORM**

119 Mansion Street, Coxsackie, NY 12051

Phone: (518) 731-2718

**1. Project Name or Title as listed on page 1:**

\_\_\_\_\_

**2. Owner's Details if not Applicant:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tax Map ID Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**3. As the owner of the subject property listed and described on page 1 of this application, I hereby authorize the Project Applicant to act on my behalf in attending meetings and conducting the procedures related to the Project.**

Signature of Owner

\_\_\_\_\_ Date: \_\_\_\_\_

Print Signature above: \_\_\_\_\_