

Application Number: \_\_\_\_\_  
(Staff Use Only)



**City Planning Board**  
Department of Planning & Community Development  
City Hall - Roosevelt Square  
Mount Vernon, New York 10550-2060  
(914) 699-7230 • FAX (914) 699-1435

Clinton I. Young, Jr.  
Mayor

William Holmes  
Chair

## Planning Board Application

(Please type or print clearly)

### **Application Type:**

(Check all that apply)

Site Plan       Special Permit       Subdivision       Amendment

(If amendment, provide previous application number): \_\_\_\_\_

### **Property Identification:**

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

Map page: \_\_\_\_\_ Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_

Zoning District: \_\_\_\_\_ Existing Site area: \_\_\_\_\_

### **Owner Information:**

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

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

Telephone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Applicant Information:**

**(Provide if someone other than the property owner is the applicant)**

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

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

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Legal Representative:**

**(Provide if someone other than the property owner is the applicant)**

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

Company: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Lead Design Professional Information:**

**(Indicate the primary design professional associated with this application)**

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

Title: \_\_\_\_\_

(Check all that apply)

Architect       Engineer       Contractor       Other (Specify): \_\_\_\_\_

Company: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Proposed Site:**  
**(Property where improvements are proposed)**

Existing Use(s): \_\_\_\_\_

Proposed Use(s): \_\_\_\_\_

Size of principal building: \_\_\_\_\_

Size of accessory building: \_\_\_\_\_

Number of storefront spaces: \_\_\_\_\_

Number of dwelling units on site: \_\_\_\_\_

Is off-street parking provided?  Yes  No If yes, indicate number of spaces on the lot prior to project approval and after project will be completed: \_\_\_\_\_

Is the applicant requesting off-street parking be provided in a Municipal Parking Lot?  Yes  No

If yes, indicate number of spaces: \_\_\_\_\_; Total number off-site: \_\_\_\_\_

**Does the application consist of construction or the expansion of primary or accessory/appurtenant, non-residential structure(s) or facility(ies) involving less than 4,000 square feet of gross floor area?**

Yes  No

**Criteria for Application Referral:**

Is subject property within 500 feet of any other municipality?  Yes  No

Is subject property within 500 feet of any park or parkway lands?  Yes  No

