

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

Richard Thomas
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

Is subject property within 500 feet of any State or County roads? Yes No

Is subject property within 500 feet of any County facilities? Yes No

Project Description:

(Describe the project in detail indicating all areas of work, type(s) of improvement and materials to be used as a part of the proposed improvements. Use additional sheets if necessary.)

With the completion of this application, I hereby state that the information provided and all accompanying documentation is accurate to the best of my knowledge, and that the attached plans contain all information required by the appropriate checklist.

Signature of Owner

Date

Signature of Applicant
(If different from owner)

Date