

**TOWN OF FREMONT
PLANNING BOARD**
P.O. Box 69
Fremont Center, NY 12736
Tel: 845-887-6655 Fax: 845-350-4035

Planning Board Application Form / Pre-Application Form

1. PROPERTY INFORMATION

Tax Map #s (Section, Block, Lot): _____ Zoning District: _____

Acres/Sq. Ft.: _____ Lot Frontage: _____ Lot Depth: _____ Lot Rear: _____

Property Location (street address): _____

Current Use: _____

2. PROPERTY OWNER

Name(s): _____ Email: _____

Mailing Address: _____

Phone: _____ Fax: _____

Note: If owner is a corporation/non-individual, attach a list of all directors, officers and major shareholders.

3. REPRESENTATIVE (if different from owner, please provide supporting authority)

Name(s): _____ Email: _____

Phone: _____ Fax: _____

4. APPLICATION INFORMATION

SELECTION ONE:	Application	Pre-Application	
APPLICATION TYPE:	Lot Improvement	Site Plan Review	Special Use Permit
	Minor Subdivision	Major Subdivision	Other

Please give a brief description of the project and any special conditions:

5. STATEMENT: The information on this form and all accompanying materials are complete and factually correct to the best of my knowledge.

OWNER/APPLICANT (please print)

OWNER/APPLICANT (signature)

DO NOT WRITE IN THIS SPACE, OFFICE USE ONLY

Date Received: _____ Preliminary Application Only: _____ Fee (\$): _____ Received: _____

Planning Board Decision: _____ Decision Date: _____

Notes: