

TOWN OF YORKTOWN PLANNING BOARD

Albert A. Capellini Community and Cultural Center, 1974 Commerce Street, Yorktown Heights, New York 10598, Phone (914) 962-6565, Fax (914) 962-3986

PRE-PRELIMINARY APPLICATION

Date _____

1. Tax Map Designation: Section _____ Block _____ Lot _____

2. Zone: _____ Acreage: _____

3. Type of Development: Site Plan _____ Subdivision _____

4. If subdividing, how many total lots are proposed? _____

5. A brief description of the proposed development:

6. Applicant:

Name _____

Firm _____

Address _____

Phone _____

Fax _____

Email _____

7. Owner of Record:

Name _____

Address _____

Phone _____

Fax _____

Email _____

8. Designated contact person for this application:

Name _____

Fax # _____

Email _____

Applicant

SIGNATURE

PRINT NAME

DATE

Owner of Record

SIGNATURE

PRINT NAME

DATE

Note: By signing this document the owner of the subject property grants permission for Town Officials to enter the property for the purpose of reviewing this application.