TOWN OF MANCHESTER

1272 County Road #7 Clifton Springs, N.Y. 14432

Phone: (315)462-6224 or (585)289-3010

Fax: (315)462-6675 sdehond@manchesterny.org

TOWN CLERK – Devon Hayes Ext. 2		David '	RVISOR W. Phillips xt. 5	HIGHWAY SUPT. – Jason Lannon Ext. 6
SOLE ASSE Ext. 3	SSOR – Jennifer Fagner			ZONING – Steve DeHond/Marty Barnett Ext. 4
	PLANNING BOARD APPLICATION			
Ι	Date Application No			
	Request for:		[] Site	Plan Approval [] Other [] Major Subdivision Approval
A	Applicant:	[]	rr - · · ·	[] W
1	Name	1	Name	
A				
F				
(Owner (if different from above; If more than one, provide information for each)			
1	Name		_	Fee Amount \$
A	Address			Date Paid
I	Location of Site			
ī	Tax Map Number		Zoning District	t
S	State and Federal Permits needed			
7	Total site area		Construction ti	me
	Proposed use(s) of site			
	Current land use and condition of site			
	Character of surrounding lands			
Ε	Estimated Cost of pro	oposed improvement(s)	\$	
Ι	Describe proposed use, including primary and secondary uses, ground floor area, heig number of stories for each building			
_		caen building		
_				
b i	e prepared and stam	ped by a licensed engin	eer, architect or s rred in securing	Manchester all maps and plans must surveyor. A SEQR form must also be professional assistance in connection applicant.

Signature of Applicant