



Town of Hurley
PO Box 569
Hurley, N Y 12443
planning@townofhurley.org
(845)331-7474 Ext.335

Planning Board Application

Date: ___ / ___ / ___

Type of Request: Check one of the following to indicate the nature of your request.

- | | |
|---|---|
| <input type="checkbox"/> Sub-Division of Property | <input type="checkbox"/> Visual Assessment Review |
| <input type="checkbox"/> Site Plan Review | <input type="checkbox"/> Discussion |
| <input type="checkbox"/> Special Use Permit | <input type="checkbox"/> Resub-division of property |
| <input type="checkbox"/> Other | |

APPLICANT NAME: _____

LEGAL ADDRESS: _____

PHONE NUMBER: Home _____ Work _____

Description of Property

Property Size in Acres (1 acre= 43,560 sq ft.): _____

Present Zoning (Zoning Map): _____

Section Block & Lot No. (Tax Map): _____

Location of Property (Be Specific): _____

Present use of property: _____

Presently owned by: _____

Existing Building & Signs	Building Dimensions			Dimensions to Boundaries			
	length	width	height	Front	Rear	R side	L side
Building Description							

When was the property first used for its present purpose? _____

Was it being used for this purpose as of December 23, 1968 _____

Proposed use (describe fully): _____

Proposed Building & Signs	Building Dimensions			Dimensions to Boundaries			
	length	width	height	Front	Rear	R side	L side
Building Description							

Has Ulster County Board of Health Approved? _____

Provide signed copy of permit.

I certify that all information contained in this application (including the map) is accurate, complete, and I hereby authorize the cognizant Zoning Agency to inspect the site and/ or solicit additional information which it deems necessary to render a disposition to my request.

Signed: _____ Signed: _____

Applicant

Property Owner

Date: _____ Date: _____

Final Disposition

() Approved

() Disapproved

Date: _____

Conditions of approval: _____

Date conditions have been met: _____

Date applicant officially notified: _____

By: _____