

Town of Mamaroneck  
Building Department  
740 West Boston Post Road, Room 208  
Mamaroneck, New York 10543  
(914) 381-7830

**Application for Appearance Before the Planning Board**

**THIS APPLICATION IS TO BE SUBMITTED WITH ALL THE APPLICABLE MATERIALS REFERENCED ON THE APPLICABLE CHECKLIST(S) AND WITH ALL OTHER MATERIALS, IF ANY, REQUIRED BY ALL APPLICABLE STATUTES. FOURTEEN (14) SETS OF COMPLETE AND ACCURATE PLANS AND MATERIALS, AS REQUIRED BY THE APPLICABLE STATUTES, MUST ACCOMPANY THIS APPLICATION. A MINIMUM OF FIVE (5) OF THE ACCOMPANIED PLANS AND MATERIALS MUST CONTAIN FULL SCALE DRAWINGS; OTHERS CAN BE REDUCED SCALE COPIES.**

<u>FOR OFFICE USE ONLY:</u>	
Type of Application:	_____
Case No.:	_____ Fees Paid: _____
Date(s) of Staff Meeting(s) and/or Pre-submission Conference(s):	_____
Date(s) of Hearing(s):	_____
Action Taken:	_____ Date of Action: _____

The undersigned hereby applies for a \_\_\_\_\_  
for the use (or continued use) of property ("Property") in the Unincorporated Section of the Town of Mamaroneck, as shown on the attached documents:

**Property Information:**

Street Address: \_\_\_\_\_  
Zoning Designation: \_\_\_\_\_ Tax Block: \_\_\_\_\_ Lot: \_\_\_\_\_  
Present use of Property: \_\_\_\_\_  
Proposed use of Property: \_\_\_\_\_

**Property Owner Information:**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Applicant Information (If not the Property Owner):**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If the Applicant is not the owner attach Property Owner's signed authorization for this Application.

**Applicant's Representative and Consultant Information (complete as applicable):**

**Architect:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Engineer:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Surveyor:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Attorney:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Reasons for Application:**

This Application is submitted for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of each Town official, employee or member of the Planning or Zoning Board with a financial interest in the Property and/or this Application, if any:

\_\_\_\_\_





1. For all applications for commercially used property and applications to develop uninhabited residential property, the Property Owner hereby grants the members of the Planning Board and the employees of and consultants to the Town of Mamaroneck permission to enter upon and inspect the Property during daylight hours.

2. If the subject of this application is residential property, is the subject property ( ) inhabited or ( ) uninhabited? [CHECK ONE]

3. For residential, inhabited property, any inspection(s) involving access to the property shall be at times acceptable to the property owner or the duly authorized agent. To arrange for such inspection, contact \_\_\_\_\_ at \_\_\_\_\_.

Signature of Property Owner

\_\_\_\_\_

**PLEASE BE ADVISED THAT ALL APPLICANTS WHO HAVE AN ITEM ON THE PLANNING BOARD'S AGENDA MUST PERSONALLY APPEAR OR HAVE A PROPERLY AUTHORIZED REPRESENTATIVE APPEAR ON THEIR BEHALF AT THE PLANNING BOARD MEETING WHEN THEIR APPLICATION IS BEING CONSIDERED. FAILURE TO APPEAR FOR THREE OR MORE CONSECUTIVE PLANNING BOARD MEETINGS MAY RESULT IN THE APPLICATION BEING STRICKEN FROM THE AGENDA, WHERE THE APPLICANT WILL HAVE TO SUBMIT A COMPLETE NEW APPLICATION INCLUDING ALL REQUIRED DOCUMENTS AND A NEW APPLICATION FEE.**