



CITY OF JAMESTOWN APPLICATION FOR SITE REVIEW

Submission Date: _____

Location of Project:

Street Address: _____

County Parcel Identification: Section _____ Block _____ Lot _____ (*location map attached*)

Project Information:

Property Owner Name, Telephone, Mailing Address: _____

Circle: title attached legal interest in property indicated (specify) _____

Applicant Name, Telephone, Mailing Address (if different from owner info): _____

Project Engineer/Architect Name, Telephone, and Mailing Address (*license to practice in New York State attached*):

Description of Proposed Project:

Total Land Area Involved: _____ Zoning Classification: _____

Applicant Signature: _____

Received by DOD _____
(name & date)

Pre-application meeting _____
(date)

final submission (if applicable) _____
(date)

Planning Commission meeting _____
(date)

Approval

Approved

Approved contingent upon _____

Other _____

Planning Commission Chair (print)

Planning Commission Chair (sign)

Date