

VILLAGE OF CAMBRIDGE  
56 NORTH PARK STREET  
CAMBRIDGE, NY 12816  
Phone: 518-677-2622  
Fax: 518-677-3916

PB App # \_\_\_\_\_  
Date RCVD: \_\_\_\_\_

### Application to Planning Board

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Applicant Name: \_\_\_\_\_ Applicant Phone Number: \_\_\_\_\_

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

Applicant e-mail address: \_\_\_\_\_

Property Owner Name, Address and Phone Number, if different than applicant:

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

Project Address and Tax Map#:

\_\_\_\_\_

Project Zoning District: \_\_\_MU \_\_\_GC \_\_\_RT \_\_\_VR \_\_\_RR \_\_\_I \_\_\_ERO

This Application is for:

Site Plan Review: \_\_\_\_\_

Minor Subdivision: \_\_\_\_\_

Major Subdivision: \_\_\_\_\_

Special Use Permit Site Plan (as required by zoning law): \_\_\_\_\_

Project Type: \_\_\_ Business \_\_\_ Residential \_\_\_ Community  
\_\_\_ Land Conservation \_\_\_ Other (describe: \_\_\_\_\_)

Project Description (use separate sheet if needed):

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

Describe the current use:

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

Describe the proposed use:

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

Plot Plan Attached?	Yes or No	By Licensed Surveyor?	Yes or No
Sketch Plan Checklist complete?	Yes or No		
Architectural Plan Attached?	Yes or No		
Engineering Plan Attached?	Yes or No		

List the neighboring property owners:

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**APPLICANT'S SIGNATURE**

The applicant affirms that he/she is the owner or authorized agent for which the foregoing work is proposed to be done, and that he (she) is duly authorized to perform such work, and that all workers employed on this project are covered by contract or compensation insurance, and that all work will be performed in accordance with all existing State Laws and Local Ordinances.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**DETERMINATION OF PLANNING BOARD PER  
ZONING LAW SECTION 9.04 D for Site Plan or  
ZONING LAW SECTION 10.01 E for Special Use Permit**

The Planning Board, after taking into consideration the standards as addressed in Zoning Law Section 9.04 D and 10.01.E, finds that:

\_\_\_\_\_ the applicant has NOT shown positive findings and therefore the the application is DENIED.  
(Reasoning is attached)

\_\_\_\_\_ the applicant has shown positive findings and therefore the application is APPROVED as submitted.

\_\_\_\_\_ the applicant has shown some positive findings and therefore the application is APPROVED WITH MODIFICATIONS  
(Modifications are attached)

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**DECISION**

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

SIGNATURE: \_\_\_\_\_ (chair) Date: \_\_\_\_\_ (Chair)

**RECORD OF VOTE:**

Chair: _____	Aye _____	Nay _____
Member: _____	Aye _____	Nay _____
Member: _____	Aye _____	Nay _____
Member: _____	Aye _____	Nay _____
Member: _____	Aye _____	Nay _____