

REQUEST FOR A PLANNING BOARD WORK SESSION

REQUIREMENTS: 1 ORIGINAL COPY OF THIS FORM AND ALL OTHER INFORMATION OF SUPPORT

DATE: 4/29/19
NAME OF APPLICANT: Hold My Knots Catering
ADDRESS: 129 Larose RD
Chester 01918
PHONE NUMBER: 201 703 7186 EMAIL marcooct24@gmail.com
PROJECT LOCATION: 1915 Kingshigh way
Chester NY
* SECTION 4 BLOCK 1 LOT 5

CONSULTANT NAME: _____
ADDRESS: _____

PHONE #: _____ EMAIL _____

DESCRIBE THE PROJECT: Place A Food Truck
At location.

SIGNED: JLMA DATED: 4/29/19

PLEASE ATTACH ANY PLANS, PICTURES AND DIAGRAMS WITH
DIMENSIONS ETC. THAT ARE APPLICABLE TO YOUR CASE.

SEE FEES

* THIS NON REFUNDABLE FEE WILL BE APPLIED TOWARD YOUR
APPLICATION FEE IF MOVING FORWARD.

PLEASE CALL 845-469-7000, EXT. 308 WITH ANY QUESTIONS.

Wooded Area

House

Driveway

Grass Area

Tables



Food Truck

Railroad ties

175 x 50

Gravel

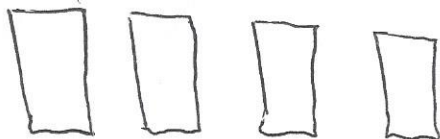
Parking

Wooded Area

stream

Wooded Area

Trailer Boxes



Wooded Area

Entrance



stream

Wooded

leone lane