

REQUEST FOR A PLANNING BOARD WORK SESSION

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

DATE: 3/11/2021

NAME OF APPLICANT: iCan Storage - Judy Klein

ADDRESS: 14 Zeck Ct. Suffern NY 10901

PHONE NUMBER: 845-596-3546 EMAIL: judy@icanstorage.com

PROJECT LOCATION: Kings Hwy, Chester NY 10918

SECTION 6 BLOCK 1 LOT 68.2

CONSULTANT NAME: _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

DESCRIBE THE PROJECT: We propose to build a storage facility using our iCans (portable storage containers). We anticipate doing this in two phases over 5 years: phase 1, complete site work and "build" using iCans, and phase 2, putting up a building that could house them.

SIGNED: Judy Klein DATED: 3/11/2021

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.

pack it
save it
store it
move it

iCAN

INSTANT CONTAINERS AS NEEDED

888-543-iCAN

iCANSTORAGE.COM

JUDY KLEIN

135 N ROUTE 9W
CONGERS, NY 10920

888-543-4226 X103
877-543-5734 FAX

JUDY@ICANSTORAGE.COM

INSTANT CONTAINERS AS NEEDED

845-237-2543



Example of our iCans (spread out)



Storage facility "built"
using portable storage containers

