

REQUEST FOR A PLANNING BOARD WORK SESSION

REQUIREMENTS: 10 COPIES OF THIS FORM AND ANY OTHER INFORMATION PROVIDED

DATE: 3/31/16

NAME OF APPLICANT: Carol Kobetitsch

ADDRESS: 186 Cedar Cliff Rd, Monroe, NY 10950

PHONE NUMBER: 845-492-1630 EMAIL Carol.kobe@optonline.net

PROJECT LOCATION: 17 Bonnie Brook Rd, Chester
(off Laroe Rd, opposite Trout Brook)

SECTION 8 BLOCK 1 LOT 55.22

CONSULTANT NAME: _____

ADDRESS: _____

PHONE #: _____ EMAIL _____

DESCRIBE THE PROJECT: Would like to open a restaurant once zoning change has been approved. Worked with Don Serotta on ensuring proper language for change was included in Comprehensive Plan. Would like to work on planning pending zoning changes because of time frame.

SIGNED: Carol Kobetitsch DATED: 3/31/16

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.