

REQUEST FOR A PLANNING BOARD WORK SESSION

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

DATE: 9/19/22
NAME OF APPLICANT: Peppino LACOSTA
ADDRESS: 1339 College Point Blvd
College Point NY 11356
PHONE NUMBER: 718 926 1379 EMAIL Krvlacosta@gmail.com
PROJECT LOCATION: 840 LAROE RD

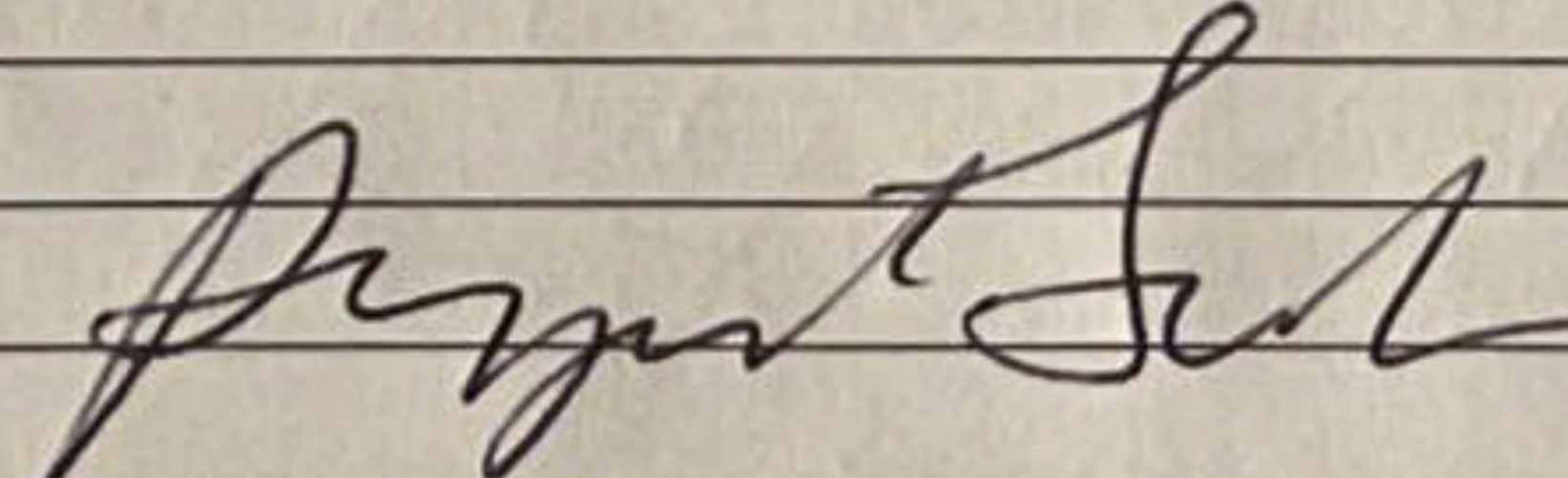
SECTION 8 BLOCK 1 LOT 52.2

CONSULTANT NAME: _____

ADDRESS: _____

PHONE #: _____ EMAIL _____

DESCRIBE THE PROJECT: Temporary trailer for tool storage
and bathroom while property is being cleaned up.

SIGNED:  DATED: 9/19/22

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.

OWNER AUTHORIZATION

State of New York

County of Orange

I PEPPANO LACOSTA
Owner

residing at 1339 College Point Blvd. College Pt. NY 11356
Owner Address

being the owner of the premises 840 LAROE RD
Property Location

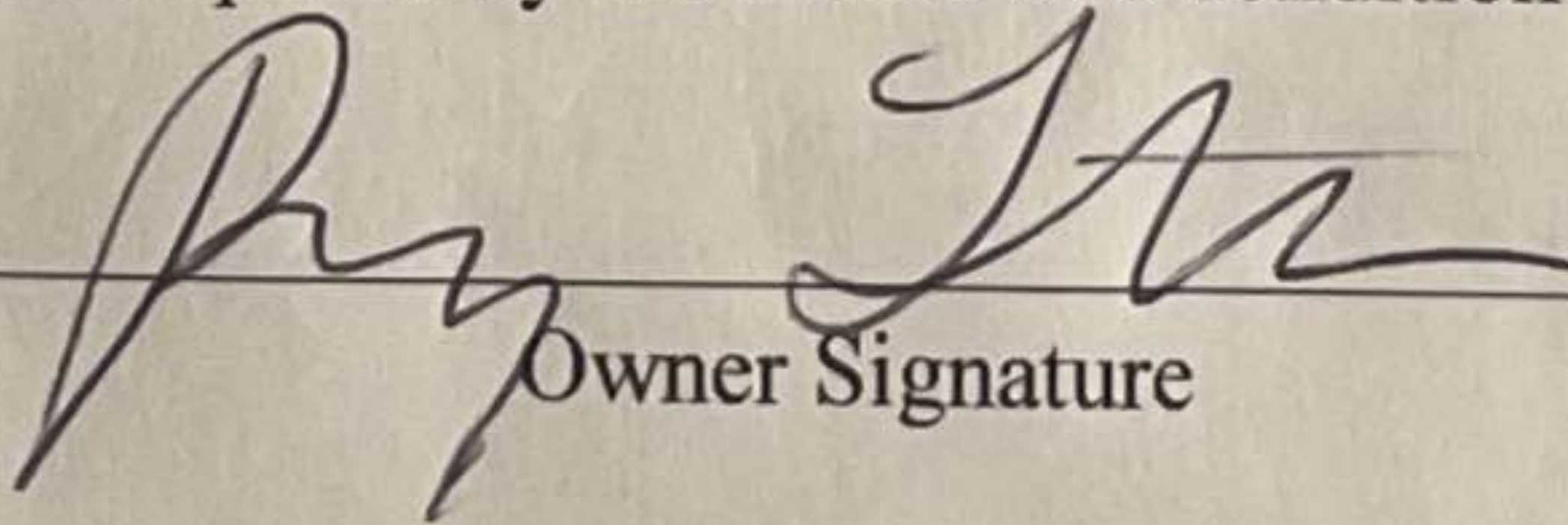
Also known as Orange County Tax Map # 8-1-52.2
Tax Map#

Hereby authorize _____
Agent

Whose mailing address is _____
Agent Address

To appear on my behalf before the Planning Board of the Town of Chester, and to file any documents required with reference to my application for:

I hereby allow my agent, whose name appears above, to act on my behalf and I further agree to abide by any requirements imposed by the Board as a condition of their approval.


Owner Signature

Sworn to before me this September
Day of 19, 2012