

REQUEST FOR A PLANNING BOARD WORK SESSION

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

DATE: 11/24/2020

NAME OF APPLICANT: MAJRCOS LLC

ADDRESS: P.O. Box 489

Chester NY 10918

PHONE NUMBER: 469-6482 EMAIL: jdillin@frontier.net

PROJECT LOCATION: South side n.y.s. Highway

Route 94

SECTION 6 BLOCK 1 LOT 34.1

CONSULTANT NAME: James A. Dillin

ADDRESS: 38 Scotchtown Avenue

Goshen ny 10924

PHONE #: (845) 294-9086 EMAIL: jadpls@frontier.com

DESCRIBE THE PROJECT: Existing bus parking for
Quality Bus Company. Applicant is
proposing a lighting plan shown on site plan.
Attached a Luminaire Schedule by RAB
Lighting.

SIGNED: [Signature] DATED: 11/24/2020

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.