

REQUEST FOR A PLANNING BOARD WORK SESSION

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

DATE: 6-15-2015

NAME OF APPLICANT: LEKE VATAJ

ADDRESS: 6 WASH PLACE
ARMONK, NY 10504

PHONE NUMBER: 914-980-0664 EMAIL LEKEVATAJ@Ad.com

PROJECT LOCATION: 79 SOUTHSIDE DRIVE
MONROE, NY 10950

SECTION 10 BLOCK 9 LOT 3.1

CONSULTANT NAME: _____

ADDRESS: _____

PHONE #: _____ EMAIL _____

DESCRIBE THE PROJECT: TO GET APPROVAL FOR
2 FAMILY

SIGNED: [Signature] DATED: 6-15-2015

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.