

Town of Allegany
Planning Board
52 West Main Street
Allegany, New York 14706

REQUEST FOR SITE PLAN REVIEW

To: **The Planning Board**
Date: **10-21-15**
Application #: _____

Hearing Date / Time: _____
Tax Map #: **94.003**
Zoning District: **CF-Community FACILITIES**

1. APPLICATION (To Be Completed By Applicant)

I, **TIM MANESS / DERCK & EDSON ASSOC. - CONSULTANT TO OWNER**
(owner /applicant /relationship to owner /phone #)

hereby apply to the Planning Board for the Town of Allegany, New York for SITE PLAN REVIEW and APPROVAL of the proposed development located at **3261 WEST STATE ROAD**

The proposed development consists of the following: **SAINT BONAVENTURE UNIV. - REPLACE EXIST. MINISTRIES CENTER BLDG. WITH NEW STRUCTURE. SITE WORK AND LANDSCAPING INCLUDED.**

I have read and am familiar with the *Town of Allegany Zoning Ordinance II* in regard to the procedures and requirements of Article IX (attached and given to applicant) for Site Plan Approvals.

T. M.
(signature of applicant)

10-21-15
(date)

2. SITE PLAN REVIEW / SPECIAL USE PERMIT / PUBLIC HEARING (To Be Completed By Code Enforcement Department)

Site Plan Attached yes _____, no _____. Public Hearing Required yes _____, no _____.
Does application require Special Use Permit yes _____, no _____.
Does application require County Planning Board approval yes _____, no _____.
If yes, decision by County Planning Board: _____

3. ACTION TAKEN BY PLANNING BOARD (# 3 & # 4 To Be Completed By Planning Board)

At the public hearing noted above, the Allegany Planning Board approved _____, denied _____ the request for a site plan approval. Conditions and/or Remarks of this approval if any are as follows:

4. S.E.Q.R. ACTION

Is Action Subject To S.E.Q.R.; yes _____, no _____. Type I _____. Type II _____. Unlisted _____.

Planning Board Signature / Title _____