

**TOWN OF MACEDON**

32 Main Street  
Macedon, NY 14502  
Phone: (315) 986-5932  
Fax: (315) 986-4172  
[www.macedontown.net](http://www.macedontown.net)

**PLANNING BOARD**

**APPLICATION**

**Date:** \_\_\_\_\_ **Application No.:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Property Location:** \_\_\_\_\_ **Tax Map No.:** \_\_\_\_\_

**Proposal:** \_\_\_\_\_

<b>Request for:</b>	Site Plan Approval:		Subdivision Plan:	
	Residential	( )	Major	( )
	Commercial	( )	Minor	( )
	Other: Describe	_____	Realty	( )

**Name of Project:** \_\_\_\_\_ **No. of Lots:** \_\_\_\_\_

**Design Engineer:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Agents (if any):** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**If development is to be phased, please describe:** \_\_\_\_\_

**Zoning District:** \_\_\_\_\_ **Ag District:** \_\_\_\_\_ **Utilities:** Water ( ) Gas ( ) Electric ( )

**Setbacks:** Front \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_ Rear \_\_\_\_\_

**Total Parcel Acreage:** \_\_\_\_\_ **Lot Acreage(s):** \_\_\_\_\_

This application is to be completed by applicant or agent after careful review of the requirements, standards and procedures contained in the Land Use and Public Works Requirements and the Town of Macedon Zoning Ordinance. The application shall be prepared in accordance with Article V of said regulations and requirements and should be filed with the Building and Zoning Inspector.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_