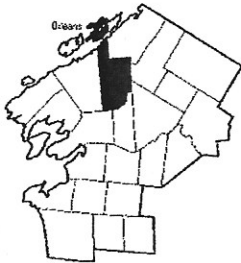


**Co Chairman**  
Jacquelyn Clark  
Terry Brown

**Zoning Officer**  
Brad P. Millet  
Phone 315-658-2057



**Town of Orleans**

**Planning Board**  
PO Box 103  
20558 Sunrise Avenue  
LaFargeville, NY 13656  
Phone 315-658-9950  
Fax: 315-658-2513  
[www.townoforleans.com](http://www.townoforleans.com)

**Board Members**  
Terry Brown  
Christopher LaBow  
Jacquelyn Clark  
Mathew W. Duffany  
Brian Eckert

**APPLICATION FOR A SITE PLAN REVIEW**

**Applicant's Name:** \_\_\_\_\_

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

**Phone Number (s):** \_\_\_\_\_

**Describe Location and Boundaries:**  
\_\_\_\_\_  
\_\_\_\_\_

**Tax Map Parcel #:** \_\_\_\_\_

**State Use Requested:**  
\_\_\_\_\_  
\_\_\_\_\_

**\*Note:** All applications must be accompanied by two (2) plot plans showing lot dimensions, structural dimensions, yard dimensions, and any other information required under Article VII of the Ordinance. Two (2) photos are also required showing the area involved. A (\$75) Application fee is required when this application is submitted.

**\*\*PLEASE DRAW TO SCALE AND INCLUDE NORTH ARROW\*\***

I certify that the above information has been provided and the above statements are true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Owner                                  Purchaser Under Contract                                  Contractor

**FOR TOWN USE ONLY**

**Zoning District:** \_\_\_\_\_ **Hearing Results:** Granted \_\_\_ Denied \_\_\_  
**239m Review Needed?** Yes \_\_\_ No \_\_\_ **(a) Meets General Criteria?** Yes \_\_\_ No \_\_\_  
**Favorable?** Yes \_\_\_ No \_\_\_ **(b) Meets Specific Requirements?** Yes \_\_\_ No \_\_\_ N/A \_\_\_  
**Hearing Date:** \_\_\_\_\_ **(c) Additional Conditions Required?** Yes \_\_\_ No \_\_\_ N/A \_\_\_  
**Date Notice Published:** \_\_\_\_\_

**Chairman's Signature:** \_\_\_\_\_

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