Application for Site Plan Review				
		Town of Butternuts P.O. Box 318 Gilbertsville, NY 13776		
		Att. Planning Board	Deter	
Name of Property Owner:			Date:	
Address:			Phone:	
Location of property		Tax map number		
Check Appropriate Use(s):	Dwelling	Accessory Structure	Other	
Explanation of Proposed Land L	Jse with dimensions:			
Has Any Work Commenced?	Yes	No		
Attach all items on the check lis payable to The Town of Butterr		e is \$20.00; \$50.00 if work is started;	\$500.00 for a repeat offence. All checks made	
The Property owner or a duly a	uthorized representative	e must attend the Site Plan Review mee	ting.	
l authorize		to represent me at the Site	Plan Review meeting.	
By signing this Application, I cer	rtify that I am the owner	r of record of the above parcel. As the ov	wner, I swear the above information is true to the	
best of my knowledge.				

Approved   Town of Butternuts Planning Board   Chairman:   Secretary:   Date:   Application Number:	Signed: Notary Public: Notary STAMP
Received by: Town Clerk Planning Board Secretary ******Must be received 10 days prior to the sche ******This Application expires one year from the	eduled Site Plan Review Meeting date.