

**VILLAGE OF WOODBURY PLANNING BOARD
PUBLIC HEARING
Application for Amended Subdivision Approval**

APPLICANT _____

APPLICANT ADDRESS _____

PHONE: _____ FAX _____ EMAIL _____

PROPERTY OWNER: _____

ADDRESS: _____

ENGINEER OR SURVEYOR _____

PHONE: _____ FAX _____ EMAIL _____

LOCATION OF PROPERTY _____

TAX MAP DESIGNATION: Section _____ Block _____ Lot _____

NO. OF ACRES IN PARCEL: _____ NO. OF LOTS IN SUBDIVISION _____

ACRES REMAINING IN TRACT IF ONLY PORTION BEING DEVELOPED: _____

NAME OF SUBDIVISION: _____

LIST any building now on the subdivision: _____

DATE, book and page # of all deeds by which title to subdivision acquired by present owner:

INDICATE whether in sewer district or individual septic systems

INDICATE whether in water district or private wells

NAMES of electric, telephone, gas and other utility companies:

IF the tract is to be developed in sections, indicate approximate number of acres in each section:

1. Fifteen **(15) sets** of collated **plans** must be submitted as well as a **digital copy/PDF** via Email/CD
2. If owner of subdivision is corporation, give names and addresses of principal officer and names and addresses of all stockholders owning 10% or more of voting stock
3. Include attached list of Names and addresses of all adjoining property owners
4. Public Hearings will not be scheduled until such time as the Planning Board deems appropriate
5. **PRIOR TO AN APPEARANCE BEFORE THE PLANNING BOARD YOU WILL BE REQUIRED TO POST ESCROW IN THE AMOUNT DETERMINED BY THE PLANNING BOARD FOR CONSULTING FEES. IF ESCROW AMOUNT AT ANY TIME REDUCES TO LOWER THAN 20%, ADDITIONAL FEES MUST BE POSTED TO CONTINUE BOARD APPEARANCES.**
6. The meetings are the 1st & 3rd Wednesdays of every month. Please call this office to confirm your appearance on the agenda the Friday-Monday prior to these meeting days (845)928-6911 Ext 5

PRINT APPLICANT NAME _____

APPLICANT SIGNATURE _____ *Date:* _____

PRINT PROPERTY OWNER NAME _____

PROPERTY OWNER SIGNATURE _____ *Date:* _____

VILLAGE OF WOODBURY PLANNING BOARD
AMOUNT OF ESCROWS

SUBDIVISIONS

RESIDENTIAL	\$3,000.00 per lot
COMMERCIAL	\$5,000.00 per lot

LOT LINE CHANGE

RESIDENTIAL	\$2,500.00
COMMERCIAL	\$5,000.00

SITE PLAN APPROVAL

New Structure or Use

\$5,000.00 per structure/use and .50 per acre

Existing Structure or Use

\$3,500.00 per structure/use and .25 per square feet of structure

INFORMAL WORK SESSION Fee of \$500.00

ARCHITECTURAL REVIEW BOARD

Residential	\$1,500.00 per lot
Commercial	\$3,500.00 per lot

VILLAGE OF WOODBURY PLANNING BOARD
Please complete the following portions of form below

Client Name, Address

Backup Withholding Certification Section to include the TIN and Signature



Client Account Signature Card

Type of Account: Client Escrow Account

NON-INTEREST BEARING

INTEREST BEARING (The interest posted is subject to change at any time in the Bank's sole discretion.)

Account Number: _____

Account Title (Client Name): _____

Client Address: _____

City: _____ State: _____ Zip: _____

Initial Deposit: \$ _____ Cash _____ Check _____, Other FRSD

BACKUP WITHHOLDING CERTIFICATION

TIN: _____

Under penalties of perjury, I certify that

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding,
3. I am a U.S. person (including a U.S. resident alien).

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Signature: _____

Facsimile Signature(s) Allowed: Yes _____ No

I certify that I am an authorized officer/partner/member of the Escrow Agent Company referenced below and agree to and acknowledge receipt of the Escrow Account Agreement Terms and Conditions, Statement Savings Account Disclosure and the Funds Availability Disclosure of Provident Bank.

Escrow Agent Signature: _____

Master Escrow Account #: _____

Master Escrow Account Title: _____

Escrow Agent Phone #: 845 928 7558

Corporate Services Use Only:

Date Opened: _____ Opened by: _____ Verified Date: _____ Verified by: _____

Return to: Provident Municipal Bank, Corporate Services, Montebello, NY 10901