

Town of Union

Project Narrative Form

Submit To:
 Town of Union Planning Department
 Town Hall
 3111 East Main Street
 Endwell, New York 13760
Contact Information:
 Telephone: 607.786.2926
 Fax: 607.748.0041
 E-Mail: m.lane@townofunion.com

Project Name: <input type="text"/>	<u>Property Location Information</u>
------------------------------------	---

<u>Broome County Tax Map Information</u>			Street Address: <input type="text"/>
Section: <input type="text"/>	Block: <input type="text"/>	Lot: <input type="text"/>	City/State/Zip Code: <input type="text"/>
Section: <input type="text"/>	Block: <input type="text"/>	Lot: <input type="text"/>	Nearest Intersection: <input type="text"/>

<u>Applicant Information</u>		<u>Property Owner Information</u>	
Applicant Name: <input type="text"/>	<input type="text"/>	Owner Name: <input type="text"/>	<input type="text"/>
Street Address: <input type="text"/>	<input type="text"/>	Street Address: <input type="text"/>	<input type="text"/>
City/State/Zip Code: <input type="text"/>	<input type="text"/>	City/State/Zip Code: <input type="text"/>	<input type="text"/>
Telephone: <input type="text"/>	<input type="text"/>	Telephone: <input type="text"/>	<input type="text"/>
Fax: <input type="text"/>	<input type="text"/>	Fax: <input type="text"/>	<input type="text"/>
E-Mail: <input type="text"/>	<input type="text"/>	E-Mail: <input type="text"/>	<input type="text"/>

<u>Professional Engineer/Architect Information</u>		<u>Attorney Information</u>	
Architect/Engineer Name: <input type="text"/>	<input type="text"/>	Attorney Name: <input type="text"/>	<input type="text"/>
Firm Name: <input type="text"/>	<input type="text"/>	Firm Name: <input type="text"/>	<input type="text"/>
Street Address: <input type="text"/>	<input type="text"/>	Street Address: <input type="text"/>	<input type="text"/>
City/State/Zip Code: <input type="text"/>	<input type="text"/>	City/State/Zip Code: <input type="text"/>	<input type="text"/>
Telephone: <input type="text"/>	<input type="text"/>	Telephone: <input type="text"/>	<input type="text"/>
Fax: <input type="text"/>	<input type="text"/>	Fax: <input type="text"/>	<input type="text"/>
E-Mail: <input type="text"/>	<input type="text"/>	E-Mail: <input type="text"/>	<input type="text"/>

Primary Contact Designation (This is the lead contact person for the project to whom all official Town of Union correspondence will be directed. Please check only one box.)

- Applicant
 Property Owner
 Architect/Engineer
 Attorney

Project Information

Project Description

Please provide a description of the project, and the proposed use and operation thereof, including an explanation of the design concept and how the project fits into the district or neighborhood.

[Empty text box for project description]

Property Information

Current Zoning: [] **Lot Dimensions:** [] **Acres:** []

Zoning of Abutting Properties: North: [] South: [] East: [] West: []

Current Land Use of Property: []

Proposal Information

Existing Building Area Coverage: Square Feet: [] Percent Lot : [] N/A

Proposed Building Area Coverage: Square Feet: [] Percent Lot : []

Height of Proposed Buildings: Feet: [] Stories : []

Utility/Service Provider Information

Sign Information

Fire District: []

Water District: []

Sewer District: []

School District: []

Electric/Gas: []

Are there any existing freestanding or wall signs?

Yes No # of wall: [] # of freestanding: []

Are freestanding or wall signs proposed?

Yes No # of wall: [] # of freestanding: []

Plans indicating location, size, color, and materials must be submitted.

State Environmental Quality Review Act (SEQRA) Information

Are there any wetlands located on the site? Yes No If Yes, check appropriate regulator U. S Army Corps. NYSDEC

Is the proposed action a Type I, Type II, or Unlisted Action under SEQRA? Type I Type II Unlisted Action

I hereby depose and certify that the above statements and information, and all statements and information contained in supporting documents and drawings attached hereto, are true and correct.

Applicant's Name: []

Applicant's Signature: _____

Date: []