Application #:	
Date:	

## Town of Amsterdam Planning Board Application to the Planning Board

A completed Application must be filed at least fourteen (14) days prior to the meeting at which it is to be considered by the Planning Board, including all applicable attached information.

(if applicable) Address: 411 Union Street
True Tobbi. 411 Official Care
Schenectady, NY 12305
Phone: (518) 377-0315
Other:
Other: (if appropriate, please specify)
Address.
Phone: ( )
and NYS Route 30 (no number assigned)
.2 & 10.12
iate box(s)):
<b>、</b> "
(formal action required by Town Board)
iance, and Appendix B-Ag. Data Statement compliance. the applicable NYS Laws, a brief explanation is included ecifics on submission/application requirements, and refer to the applicable Town regulations (Zoning, & Markets, General Municipal, etc.).  22 Applicant's Representative  Date

	Application #:
	Date:
For Office Use Only	
	· ·
Application Fee; \$	
Engineering Fees: \$ Description	n:
Other Fees: \$ Description	
Total Amount Received: \$	
Check # (s)/Date:	
Received By:	
Total Amount Returned (engineering fees): \$	
The Discourse Decard held a Tablic Treaming in	(down of care
	(day)of(date),
(year) in consideration of this application	on,
Trop a second to extra of the description.	
The application is hereby:	
approved	
approved with modification	ons
☐ disapproved	
Madiffication and comments	
Modifications and comments:	
	•

Chairman, Town of Amsterdam Planning Board

Date