

Chairman Joseph Sibiga
phone contact (845) 985-2411 Fax (845) 985-0188
internet access
internet contact TownHall@Denning.us

Town of Denning 1567 Denning Road PO Box 277 Claryville, NY 12725

Planning	Board	General	Application
Land Use	1		

Date: / /			
Type of Request Check one of the		icate the nature	e of your request.
	n of Property justment		division of Property n Review
Applicant(s) Nar	ne:		
Mailing Address	:		
Property Location	n:		
Phone: Home:		Cell: _	
	Lot No. (Tax Mar		
. ,	•	, , , -	
_	•		
Present Use of P	Property:		
Presently Owned	d By:		
Description of: Existing Building	•	Dimensions Width / Height	

Proposed Building	Building Dimensions Length / Width / Height					
Has Ulster County Boa Provide signed copy o		• •	septic plan?			
I certify that all information contained in this application (including the map) is accurate, complete, and I hereby authorize the cognizant Zoning Agency to inspect the site and / or solicit additional information which it deems necessary to render a disposition to my request.						
Applicant	ed: Signed: cant Property Owner Date:					
() Approved	F	Final Disposition				
Date conditions have been met:						
Date applicant official	y notifie	d:				
By:						
Planning Board Chairn	nan: ate:					