

TOWN OF NEW WINDSOR

555 UNION AVENUE
NEW WINDSOR, NEW YORK 12553
Telephone: (914) 563-4615
Fax: (914) 563-4693

PLANNING BOARD APPLICATION

TYPE OF APPLICATION (check appropriate item):

Subdivision _____ Lot Line Change _____ Site Plan Special Permit _____

Tax Map Designation: Sec. 35 Block 1 Lot 112

BUILDING DEPARTMENT REFERRAL NUMBER PA2001 - 0968

1. Name of Project RIDGE RISE

2. Owner of Record COX HOLDING, LLC Phone _____

Address: 7 APTA WAY MONROE NY 10950
(Street Name & Number) (Post Office) (State) (Zip)

3. Name of Applicant TERRA INTERNATIONAL HOLDING CO. Phone 845-783-4833

Address: 2 LAKE ST. 3RD FLOOR MONROE, NY 10950
(Street Name & Number) (Post Office) (State) (Zip)

4. Person Preparing Plan LAWRENCE TORRO, PE
AFR ENGINEERING GROUP Phone 845-782-8681

Address: 110 STAGE ROAD MONROE NY 10950
(Street Name & Number) (Post Office) (State) (Zip)

5. Attorney _____ Phone _____

Address _____
(Street Name & Number) (Post Office) (State) (Zip)

6. Person to be notified to appear at Planning Board meeting:

LAWRENCE TORRO, PE 845-782-8681
(Name) (Phone)

7. Project Location: On the WESTERLY side of NYS ROUTE 32 3200 feet
(Direction) (Street) (No.)
NORTH of FORGE HILL ROAD
(Direction) (Street)

8. Project Data: Acreage 30.65 Zone R-5 School Dist. _____

9. Is this property within an Agricultural District containing a farm operation or within 500 feet of a farm operation located in an Agricultural District? Yes _____ No

*This information can be verified in the Assessor's Office.

*If you answer yes to question 9, please complete the attached Agricultural Data Statement.

10. Description of Project: (Use, Size, Number of Lots, etc.) 126 ~~704~~ RESIDENTIAL UNITS

11. Has the Zoning Board of Appeals Granted any Variances for this property? yes _____ no

12. Has a Special Permit previously been granted for this property? yes _____ no

ACKNOWLEDGMENT:

IF THIS ACKNOWLEDGMENT IS COMPLETED BY ANYONE OTHER THAN THE PROPERTY OWNER, A SEPARATE NOTARIZED STATEMENT OR PROXY STATEMENT FROM THE OWNER MUST BE SUBMITTED, AT THE TIME OF APPLICATION, AUTHORIZING THIS APPLICATION.

STATE OF NEW YORK)

SS.:

COUNTY OF ORANGE)

THE UNDERSIGNED APPLICANT, BEING DULY SWORN, DEPOSES AND STATES THAT THE INFORMATION, STATEMENTS AND REPRESENTATIONS CONTAINED IN THIS APPLICATION AND SUPPORTING DOCUMENTS AND DRAWINGS ARE TRUE AND ACCURATE TO THE BEST OF HIS/HER KNOWLEDGE AND/OR BELIEF. THE APPLICANT FURTHER ACKNOWLEDGES RESPONSIBILITY TO THE TOWN FOR ALL FEES AND COSTS ASSOCIATED WITH THE REVIEW OF THIS APPLICATION.

SWORN BEFORE ME THIS:

15 DAY OF SEPTEMBER ~~19~~ 2004

Chris Kirwan Agent Town
APPLICANT'S SIGNATURE

Robert J. Marshall
NOTARY PUBLIC

ROBERT J. MARSHALL
Notary Public, State of New York
No. 4870519
Commission Expires 12/31/07

CHRIS KIRWAN
Please Print Applicant's Name as Signed

TOWN USE ONLY:

DATE APPLICATION RECEIVED

04-27
APPLICATION NUMBER