

TOWN OF NEW WINDSOR

555 UNION AVENUE
NEW WINDSOR, NEW YORK 12553
Telephone: (845) 563-4615
Fax: (845) 563-4689

PLANNING BOARD APPLICATION

TYPE OF APPLICATION (check appropriate item):

Subdivision _____ Lot Line Change _____ Site Plan Special Permit _____

Tax Map Designation: Sec. 10 Block 2 Lot 6+7

BUILDING DEPARTMENT PERMIT NUMBER:

PA 2007-5
MUST FILL IN THIS NUMBER

- Name of Project Ruthie Soul Food Restaurant
- Owner of Record CASEY MANS Phone 845-534-2363 H
845-862-6003 OFF.
OFFICE Address: P.O. Box 247 VAILS GATE NY 12584
(Street Name & Number) (Post Office) (State) (Zip)
HOME 60 TAMARA LANE CORNWALL NY 12518
(Street Name & Number) (Post Office) (State) (Zip)
- Name of Applicant Floyd Johnson Phone 845-541-7457
Address: P.O. Box 662 Newburgh N.Y. 12550
(Street Name & Number) (Post Office) (State) (Zip)
- Person Preparing Plan FINE + ASSOCIATES Phone 845 294-1830
Address: 3 Hatfield Lane Goshen NY 10924
(Street Name & Number) (Post Office) (State) (Zip)
- Attorney NONE Phone _____
Address _____
(Street Name & Number) (Post Office) (State) (Zip)
- Person to be notified to appear at Planning Board meeting: David 845-294-1830
Floyd Johnson 845-541-7457 845-294-1832
(Name) (Phone) (fax)
- Project Location: On the west side of Rt 32
(Direction) (Street)
- Project Data: Acreage 1.84 Zone C School Dist. Newburgh

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. Detailed description of Project: (Use, Size, Number of Lots, etc.) convert 4 warehouse into a restaurant and combine to lots

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

IF THIS APPLICATION IS SIGNED 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:

7TH DAY OF August 2007

ROBERT W. GRANT
Notary Public State of New York
No. 01GR4669114
Qualified in Orange County
My Commission Expires
FEB 28, 2011

Robert W Grant

NOTARY PUBLIC

Casey Marks
(OWNER'S SIGNATURE)

Floyd Johnson
(AGENT'S SIGNATURE)

Floyd Johnson
Please Print Agent's Name as Signed

TOWN USE ONLY:

RECEIVED AUG 22 2007

DATE APPLICATION RECEIVED

07-26

APPLICATION NUMBER