Site Plan Number_	
	(To be assigned)
Date	

SITE PLAN REVIEW APPLICATION

TOWN OF NICHOLS PLANNING BOARD

I (WE)NAME OF APPLICANT		OF	
NAME OF APPLICANT		STREET AND N	IUMBER
TOWN OR VILLAGE	STATE	ZIP CODE	PHONE NUMBER
EMAIL ADDRESS		_ TAX MAP NUMBE	R
LOCATION OF PROPERTY:			
		NTT 4 DDD 0 / 4 / 50	_
HEREBY REQUEST THE PLANNING	BOARD FOR S	SITE APPROVAL FO	<u>K:</u>
PURSUANT TO "SITE PLAN REVIEW	VΙΔW" OF THE	TOWN OF NICHOLS	S NY
		TOWN OF MONOE	O 141.
PREVIOUS SITE PLAN APPROVAL_	CASE NUMBE	ER D	ATE
ADJACENT PROPERTY OWNERS:			
SIGNATURE(S) OF APPLICANT(S)			
DATED:			