

APPLICATION FOR SITE PLAN REVIEW
TO BE COMPLETED BY APPLICANT

DATE 8/28/2023PROJECT NAME T2 DepotAPPLICANT Travis Tingle PH 716-597-4509ADDRESS 4884 Route 219, Lot 172 Great Valley, NY 14741EMAIL ADDRESS T.Tingle@yahoo.comPROPERTY OWNER same as above

PH _____

ADDRESS _____

EMAIL ADDRESS _____

ENGINEER/ARCHITECT John SchelblePH 716-843-1551ADDRESS 10175 Springville-Boston Rd, Springville, NY 14141

EMAIL ADDRESS _____

SBL# _____

EXISTING ZONING HRC HamletPROJECT DESCRIPTION (Include all uses and any required construction) Place new (single use) shipping containers on site for self storageSIZE OF LOT (acres) .34 ACREAGE TO BE DEVELOPED _____

GROSS FLOOR AREA (sq.ft.) _____

EXISTING USE(S) ON PROPERTY nonePROPOSED USE(S) ON PROPERTY storage unit locationEXISTING STREET FRONTAGE(S) 165'EXISTING USE(S) ON ALL ABUTTING PROPERTY pasture & woodsPUBLIC SEWER YES _____ NO ☒ PUBLIC WATER YES _____ NO ☒

**APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETION OF ALL
 REQUIRMENTS LISTED HEREIN**

TO BE COMPLETED BY THE TOWN OF GREAT VALLEY

FILE# _____

DATED RECEIVED _____ BY _____

APPLICATION DEADLINE _____ PRE-SUBMITTAL APPOINTMENT _____

PLANNING BOARD MEETING DATE _____

PUBLIC HEARING DATE _____

CATTARUGUS COUNTY REFERRAL REQUIRED _____ YES _____ NO

SEQR DETERMINATION TYPE 1 UNLISTED _____ TYPE 2 _____ DATE OF DECISION _____

PLANNING BOARD APPROVAL DATE _____

SITE PLAN EXPIRATION DATE _____

APPROVALS REQUIRED:

☐ SITE PLAN☐ SPECIAL USE PERMIT☐ ZONING AMMENDMENT☐ SUBDIVISION

Site Plan Review