TOWN OF WAPPINGER

PLANNING BOARD

Conceptual Review Only

No Escrow Fees Taken

PROJECT NAME:	Unique Peacock Art Studio	
MEETING DATE:	January 18, 2023	
ACCOUNT NUMBER:	23-3465	
DATE PREPARED:	January 12, 2023	
X_SITE PLAN	SPECIAL USE PERMITSUBDIVISION	
RECOMMENDATIONS.	EEN REFERRED TO YOU FOR YOUR COMMENTS AND PLEASE SUBMIT ANY COMMENTS TO THE TOWN OF G BOARD, 20 MIDDLEBUSH ROAD, WAPPINGERS FALLS EEN (15) DAYS.	
1 ENGI 1 PLAN 1 ATTO HIGH FIRE RECH TOW DUTO NEW DUTO NYS TOW TOW TOW VILL BUIL	N FILE N OF WAPPINGER PLANNING BOARD INEER TO THE TOWN NER TO THE TOWN ORNEY TO THE TOWN WAY SUPERINTENDENT PREVENTION BUREAU REATION N OF WAPPINGER TOWN BOARD CHESS COUNTY DEPT. OF PLANNING YORK STATE DEPT. OF TRANSPORTATION CHESS COUNTY DEPT. OF HEALTH CHESS COUNTY SOIL & WATER DEPT OF D.E.C N OF FISHKILL PLANNING BOARD N OF EAST FISHKILL PLANNING BOARD N OF LAGRANGE PLANNING BOARD LAGE OF WAPPINGER PLANNING BOARD LDING INSPECTOR	

****** PLEASE NOTE ANY VIOLATIONS UPON YOUR REVIEW********



Planning Department
Town of Wappinger
TOWN OF WAPPINGER PLANNING BOARD

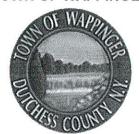
Application No. Date Received: $\frac{23-3465}{1-9-23}$ Fee Received: $\frac{23-3465}{1-9-23}$

APPLICATION FOR A CONCEPTUAL

AFFLICATION FOR A CONCEPTUAL		
TITLE OF PROJECT: Unique Peacock Art Studio		
NAME & ADDRESS OF APPLICANT (Corporation or Individual): Academ Street Beacon New York 12508 Street Town State Zip Dariel Felix 7/8-873-7305 Contact Person Phone Number Fax Number		
NAME & ADDRESS OF OWNER (Corporation or Individual): Le Academy Steet Beacon N 12508 Street Town State Zip Contact Person Phone Number Fax Number		
Grid No. 6157-01-031600		
Please specify use or uses of building and amount of floor area devoted to each:		
Existing Use: Garage		
Proposed Use: Art Studio		
Location of Property: 2340 Route 9D Wappinger Falls 12590		
Zoning District: Acreage: O. 10		
Anticipated No. of Employees:		
Existing No. of Parking Spaces: Proposed No. of Parking Spaces:		
Type Name (Corporation, LLC, Individual, etc.) 1-10-23 [January 1-10-23]		
Owner or representative's signature		
Owner's Telephone No. Type Name and Title *** [(e Albert St Beach Ny 12508		
Owner's Address		

 ${\bf ***}{\bf If}$ this is a Corporation or LLC please provide documentation of authority to sign.

TOWN OF WAPPINGER



PLANNING BOARD & ZONING BOARD OF APPEALS

20 MIDDLEBUSH ROAD WAPPINGERS FALLS, NY 12590 PH: 845-297-6256 Fax: 845-297-0579

Owner Consent Form

Project No: $23-3465$ Grid No.: $4157-01-031600$	Date: 1-9-23 Zoning District: HM
Location of Project:	
2340 Rowle 9D Wap	oinger falls N.Y 12590
	ix 718-873-7305
Print name a	and phone number
Description of Project: Art Studio	
	, owner of the above land/site/building pinger to approve or deny the above application in rdinances.
1-6-23	figure for
Date	Owner's Signature
718 873- 7305	Darrel Felix
Owner's Telephone Number	Print Name and Title ***

*** If this is a Corporation or LLC, please provide documentation of authority to sign.

If this is a subdivision application, please provide a copy of the deed.