

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 57

BUILDING DEPARTMENT REFERRAL NUMBER _____

1. Name of Project Econolodge

2. Owner of Record Asif Javaid Phone 914-213-0309

Address: 310 Windsor Highway, New Windsor, NY 12553
(Street Name & Number) (Post Office) (State) (Zip)

3. Name of Applicant Asif Javaid Phone 914-213-0309

Address: 310 Windsor Highway, New Windsor, NY 12553
(Street Name & Number) (Post Office) (State) (Zip)

4. Person Preparing Plan Anthony J. Coppola, R.A. Phone 845-561-3559

Address: 375 Third Street, Newburgh, NY 12550
(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:

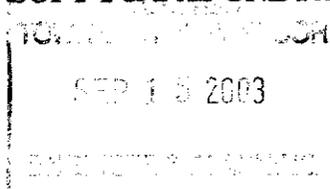
Anthony Coppola 845-561-3559
(Name) (Phone)

7. Project Location: On the west side of Route 32 _____ feet
(Direction) (Street) (No.)
north of Five Corners
(Direction) (Street)

8. Project Data: Acreage 1.368 Zone PI School Dist. _____

PAGE 1 OF 2

(PLEASE DO NOT COPY 1 & 2 AS ONE PAGE TWO-SIDED)



03-27

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 X

***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.) Expansion of hotel rooms

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

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

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:

28th DAY OF August 2003

PALMA F. COBEY
Notary Public, State Of New York
No. 01CO6081243
Qualified in Orange County
Commission Expires September 30, 2006
NOTARY PUBLIC



APPLICANT'S SIGNATURE

ASIF JAVAID

Please Print Applicant's Name as Signed

TOWN USE ONLY:

SEP 15 2003
ENGINEER & PLANNING

03-27

APPLICATION NUMBER