



**Incorporated Village Of Westhampton Beach**

PLANNING BOARD

165 Mill Road

Westhampton Beach, New York 11978

(631) 288-2429 – Fax (631) 288-4332

**Victor Levy**  
Chairman

**Request To Holdover Public Hearing**

(All requests must be submitted 30 days prior to the date of the public hearing)

Applicant Name: \_\_\_\_\_

Property Address: \_\_\_\_\_, Westhampton Beach, New York

SCTM #: \_\_\_\_\_

Applicant Telephone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Request submitted by: \_\_\_\_\_  
(Agent / Attorney / Applicant) FULL NAME

**(If application is made by anyone other than the property owner or if the person requesting extension was not the authorized agent on the initial application an owners authorization must be attached)**

Agent / Attorney Address: \_\_\_\_\_

Agent / Attorney Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of First Public Hearing: \_\_\_\_\_, 20\_\_\_\_

Applicant is hereby requesting a \_\_\_\_\_ day (**maximum 3 months**) holdover of the above application, for the following reason:

Reason for request: (*attach a rider if necessary*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If application requires approval from the Suffolk County Board of Health Services and that is the reason for the holdover request, you must annex a copy of any filings with the Suffolk County Board of Health.

\*If an applicant fails to request another holdover **prior to the expiration** of initial request, the application will be removed from the agenda without prejudice and applicant will be required to pay a re-noticing fee in the amount of \$50.00.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b><u>FOR OFFICIAL USE ONLY</u></b>		
Holdover Granted:	___ Yes	___ No
Granted from:	_____, 20____	
Granted to:	_____, 20____	
Date Granted:	_____, 20____	