



Incorporated Village Of Westhampton Beach

PLANNING BOARD

165 Mill Road

Westhampton Beach, New York 11978

(631) 288-2429 – Fax (631) 288-4332

DAVID REILLY

Chairman

Planning Board Request For Holdover Of Application

(All holdover requests must be submitted in accordance with the application deadline date)

Applicant Name: _____

Property Address: _____, Westhampton Beach, New York

SCTM #: _____ Applicant Telephone No.: (_____) _____

Request Submitted By: _____ Telephone No.: (_____) _____
(Applicant / Attorney / Agent FULL NAME)

(If the 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 : _____

Email Address: _____

Date Of Original Application: _____

Has Application Received A Holdover Before? ____ Yes ____ No If yes, date: _____

Applicant hereby requests a holdover for the above application for a period of _____ days. Applicant requests this holdover from _____, 20____ to _____, 20____ .

Reason for holdover request: _____

If request is made in order to obtain approval from the Suffolk County Board of Health Services, you must attach a copy of your receipt of filing with the Suffolk County Board of Health Services.

Failure to request a holdover of an application for more than two (2) consecutive Planning Board meetings will result in the application being removed from the Planning Board Agenda without prejudice, and will require a re-noticing fee in the amount of \$50.00, together with the required notification of neighbors.

Applicant / Attorney / Agent Signature

Date

| | |
|-----------------------------------|--|
| FOR OFFICIAL USE ONLY | |
| Holdover Granted ____ Yes ____ No | |
| Holdover Granted To: _____ | |
| Date Granted : _____ | |