Town Of New Scotland
Master Development Plan

App. no: ____-_____

Preliminary: **Date:** ___/___/_____ **Final:** **Date:** ___/___/_____

(check appropriate box)

Name of Proposed Development: _____

Applicant:

Name: _____

Addr: _____

_____

Phone: (___)____-_____ Fax: (___)____-_____

Plans Prepared by:

Name: _____

Addr: _____

_____

Phone: (___)____-_____ Fax: (___)____-_____

Owner (if different):

Name: _____

Addr: _____

_____

Phone: (___)____-_____ Fax: (___)____-_____

Owner Signature: _____

Owner Signature: _____

Owner Signature: _____

(If more than one owner, provide information for each)

Ownership intentions, i.e., purchase options: _____

_____

_____

Location of site: _____

_____

New Scotland tax map Id #: _____--_____--_____

Current zoning classification: _____

Total site area (square feet or acres): _____

Current land use of site (agricultural, commercial, undeveloped, etc.): _____

_____

Current condition of site (buildings, brush, wetlands, etc.): _____

_____

Character of surrounding lands (suburban, agricultural, wetlands, commercial, etc,): _____

_____

Proposed use(s) of site: _____

_____

_____

State and Federal permits needed (list type and appropriate department): _____

_____

_____

_____

Anticipated number of residents, shoppers, employees, etc. (as applicapable): _____

_____

_____

Site Development contd:

Describe Proposed Use, including primary and secondary uses; ground floor area; height; and number of stories for each building:

- for residential buildings include number of dwelling units by size (efficiency, one-bedroom, two-bedroom, three-or more bedrooms) and number of parking spaces to be provided.
- for non-residential buildings, include total floor area; number of automobiles and truck parking spaces.
- other proposed structures.

(Use separate sheets if needed)