TOWN OF ORCHARD PARK
PLANNING DEPARTMENT
4295 SOUTH BUFFALO STREET
ORCHARD PARK, NEW YORK 14127
(716) 662-6432

PROJECT INITIAL APPLICATION

TO BE COMPLETED BY APPLICANT:

APPLICANT NAME: _____

PROPERTY LOCATION: _____

PROPERTY SBL #: _____

PROJECT CONTACT INFORMATION:

NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

NOTE TO APPLICANT: A schedule of non-refundable fees assessed by the Planning Department is on file in that Department. An invoice will be sent to the Project Contact when appropriate fees are assessed at various stages of the project, and as applicable. Other departments and/or entities may assess their own fees for work performed or services rendered on the project.

TO BE COMPLETED BY PLANNING DEPARTMENT:

PB FILE # ASSIGNED: _____