

AFFIDAVIT OF APPELLANT

State of New York }
County of Dutchess } ss
Town of Milan }

I hereby depose and say that all of the above statements contained in the papers submitted herewith are true.

Appellant _____

Sworn to before me this:

_____ day of _____

Notary Public

**TOWN OF MILAN
PLANNING BOARD**
Dutchess County, New York

Wilcox Memorial Town Hall
20 Wilcox Circle
Milan, N.Y. 12571

Tel. (845) 758-5133
(845) 876-3463
Fax (845) 758-0445

PRIMARY PROJECT CONTACT DESIGNATION

To: Town of Milan Planning Board

Date: _____

Project Name: _____ (Subdivision/Site Plan/SUP)

Location: _____

Tax Grid: _____

The below listed individual is hereby designated as the Primary Project Contact (PPC) person for this project. The PPC responsibilities are as follows:

- Ensure that any and all information delivered to the PPC by the Milan Planning Office, Planning Board, Planning Board consultants, or any other official or employee of the Town of Milan is conveyed promptly to the appropriate person on the project team.
- Ensure that any project information intended for consideration in the planning process is delivered to the Milan Planning Office in sufficient copies for distribution unless alternative distribution arrangements have been made.

PPC Name: _____

Mailing Address: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

Preferred Media: Email Fax Mail (circle one)

Comments: _____

Applicant: _____
Name Signature Date

PPC: _____
Name Signature Date

Any changes to the above information must be submitted to the Milan Planning Office on a completed and signed PPC Designation form.