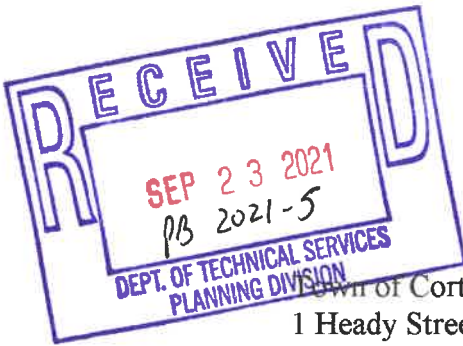


**PERCY & BARBARA MONTES**

7 Kingston Avenue  
Cortlandt Manor, NY 10567

Copies ..... 8 ..... Planning Board  
..... Town Board  
..... Zoning Board  
September 22, 2021 ..... 1 ..... Legal Dept.  
..... 1 ..... DOTS Director  
..... C.A.C.  
..... A.R.C.  
..... Applicant  
.....  
.....  
Sent 9/23/21



Town of Cortlandt Planning Board  
1 Heady Street  
Cortlandt Manor, NY 10567

Dear Planning Board Members,

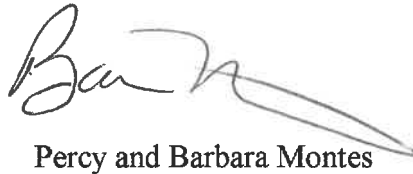
We are writing to request a renewal of our special permitt for a day care center at 18 Radio Terrace.

We were approved by resolution 28-16 for a 5 year term. As per condition #1 of said resolution, said permitt will expire on April 3, 2022. I hereby request a renewal of the special permitt for an additional 5 years.

You have our site plan; there have been no changes to this plan.

Thank you for attention to this matter.

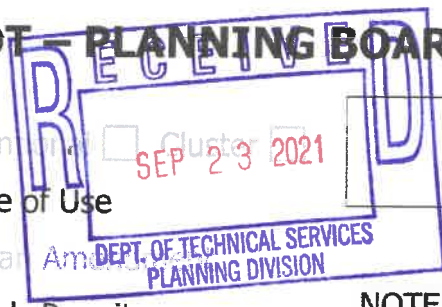
Sincerely,

  
Percy and Barbara Montes

# TOWN OF CORTLANDT - PLANNING BOARD APPLICATION

**CHECK TYPE OF APPROVAL(S) REQUESTED**

- Preliminary Subdivision
- Lot Line Adjustment
- Site Development Plan
- Special Permit
- Steep Slopes Permit
- Cell Tower
- Conventional
- Change of Use
- Site Plan
- Wetlands Permit
- Tree Removal Permit
- Accessory Apartment



For Official Use Only  
 PB Case No. 2021-5  
 Date Received: 9/23/21  
 Fee Paid: \_\_\_\_\_

NOTE: Please see INSTRUCTIONS AND CHECKLIST.

**NAME OF PROJECT:** Day Care Center SP renewal

**SBL:** 23.5-4-1

**ADDRESS OF PROJECT:** 18 Radio Terrace

**OR SITE LOCATION: ON THE**

**SIDE OF** \_\_\_\_\_ **STREET** \_\_\_\_\_

**ZONING DISTRICT:** \_\_\_\_\_

**OWNER:**

**NAME:** Percy & Barbara Montes

**MAILING ADDRESS:** 7 Kingston Avenue, Cortlandt Manor

**EMAIL:** Primopercy@aol.com **TELEPHONE #:** 914-564-4447

**APPLICANT: (\*IF NOT OWNER, AN OWNER CONSENT FORM MUST BE ATTACHED)**

**NAME:** Percy & Barbara Montes

**MAILING ADDRESS:** 7 Kingston Avenue, Cortlandt Manor

**EMAIL:** primopercy@aol.com **TELEPHONE #:** 914-564-4447

**ENGINEER/ARCHITECT**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **TELEPHONE #:** \_\_\_\_\_

**ATTORNEY OR OTHER CONTACT FOR THIS APPLICATION**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **TELEPHONE #:** \_\_\_\_\_

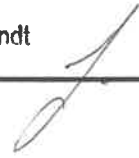
**SCOPE/DESCRIPTION OF PROJECT**

Renewal of special permit, see prior resolution

**(ATTACH ADDITIONAL DOCUMENT IF NECESSARY)**

**CONFIRMATION OF ALL TAXES PAID:**

RECEIVER OF TAXES



**AUG 16 2021**  
DATE

STATE OF NEW YORK  
COUNTY OF WESTCHETER  
TOWN OF CORTLANDT

I Barbara Montes hereby depose and say that the above statements and the statements contained in the papers submitted in association with this application are true.

SIGNATURE OF OWNER, APPLICANT, REPRESENTATIVE 

If signing on behalf of an entity\*: \_\_\_\_\_

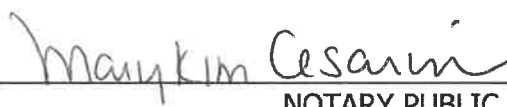
\_\_\_\_\_  
NAME TITLE

PLEASE PRINT  
NAME: Barbara Montes DATE: 8/16/2021

NOTARY PUBLIC  
STATE OF NEW YORK  
COUNTY OF WESTCHETER  
TOWN OF CORTLANDT

On this, the 16 day of August, 2021, before me a notary public, the undersigned personally appeared Barbara Montes, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained. In witness hereof, I hereunto set my hand and official seal. \_\_\_\_\_  
Notary Public.

**MARYKIM CESARINI**  
NOTARY PUBLIC  
STATE OF NEW YORK  
WESTCHESTER # 01CE4999696  
TERM EXPIRES 7-27-2022

  
NOTARY PUBLIC

\*If you are not the owner you need to fill out a separate "Owner Authorization" form.