TOWN OF WEST TURIN

APPLICATION FOR SUBDIVISION APPROVAL

1. Application No._____ Received by_____ Date_____
2. Subdivision Type: ☐ Simple ☐ Minor ☐ Major
3. Subdivision Name (if any)_____
4. Applicant: Plans Prepared by:

   Name_____ Name_____

   Address_____ Address_____

   _____ _____

   Telephone_____ Telephone_____
5. Location of Subdivision_____
6. Current Zoning Classification_____
7. State and Federal Permits Needed_____
8. Easements or other Restrictions on Property (Generally describe, and attach copy of legal documentation):

   _____

   _____
9. Total Acreage of site_____
10. Number of Building Lots_____
11. Anticipated Construction Time (if applicable)_____
12. Will the development be staged?_____
13. Building types, and approximate size and cost of buildings (if applicable):

    _____

    _____

    _____

14. On-site water supply or sewage facilities assurance (complete only if such facilities are proposed):

    I hereby certify that the proposed on-site water supply and sewage facilities have been designated to meet the specifications and standards recommended by the NYS Department of Health.

    _____ _____

    (Signature of preparer of plans) (Date)

15. Attach three (3) copies of a preliminary plat map, drawn to scale, at a scale of 1 inch to 100 feet unless otherwise specified by the Planning Board, showing all information required by Section 410 and 430 of the Subdivision Control Law of the Town of West Turin.

16. Three copies of all plans, designs or drawings.

17. Attach copy of tax map(s) which shows the subdivision site.

18. Attach draft Environmental Impact Statement, if required.

19. The undersigned hereby requests approval by the Planning Board of the above identified subdivision plat.

Signature_____

Date_____

Planning Board review date _____

☐ Approved ☐ Not Approved