

**TOWN OF ANCRAM**  
*Planning Board*

1416 County Route 7  
Ancram, NY 12502

Telephone (518) 329-6512 ext 3  
Fax (518) 329-6535

[planningboard@townofancram.org](mailto:planningboard@townofancram.org)

**SUBDIVISION APPLICATION**

Date: \_\_\_\_\_

Application No. \_\_\_\_\_

Applicant(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Parcel Tax Map Number(s): \_\_\_\_\_

Action Requested: Subdivision \_\_\_\_\_ Boundary Line Adjustment \_\_\_\_\_

If subdivision, total number or acres to be divided: \_\_\_\_\_

Number of parcels which will result and the size of each  
parcel: \_\_\_\_\_

If boundary line adjustment, description of  
adjustment: \_\_\_\_\_

Names of abutting property owners:

North: \_\_\_\_\_

South: \_\_\_\_\_

East: \_\_\_\_\_

West: \_\_\_\_\_

Has the land on this deed been divided previously? \_\_\_\_\_

If so, date and description: \_\_\_\_\_

Will a new roadway be constructed? \_\_\_\_\_

Describe the land being divided (contours, water, slope, present, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Easement(s), right-of-way or other deed restriction(s) on the property? If yes, please provide a copies to the planning board:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested exceptions (variances, waivers, etc)

\_\_\_\_\_

Has the owner previously divided land in the Town of Ancram? \_\_\_\_\_

If so, when and where? \_\_\_\_\_

The undersigned hereby acknowledges she/he is the owner of the property herein described and, as such, requests approval by the Planning Board of the action described in this application.

**The Planning Board members may need to conduct a site visit(s) as part of the review process of this application. Please indicate yes \_\_\_ no \_\_\_ if you would like to be present during their visit. If you plan to be present, a separate meeting will be scheduled at the next regular Planning Board meeting to accommodate your needs. Upon signing this form, you are giving Planning Board members permission to access your property for the purpose of review of your application.**

Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

To be completed by the Planning Board:

Classification: Major\_\_\_\_\_Minor\_\_\_\_\_Minor, but considered major\_\_\_\_\_

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