

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: _____

To be completed by the Planning Board:

Classification is Determined to be:

- Major
- Minor_
- Minor, but considered major for the following reasons:

Submit to
Planning Board Clerk

1416 County Route 7
Ancram, NY 12502
Telephone (518) 329-6512 ext. 205
planningboard@ancramny.org