



**APPLICATION TO THE TOWN PLANNING BOARD FOR
SUBDIVISION PLAT REVIEW AND APPROVAL**

Date of Application: _____, 20____

Name of Applicant: _____

Address of Applicant: _____

Applicant's Phone Number: (____) _____

Address of Project Site: _____

Description of Location of Project Site: _____

Tax Map Section/Block/Lot No.: _____

Total Site Area (square feet or acres): _____

Current Zoning Classification (as per Town code): _____

Proposed Zoning Classification (as per Town code): _____

Owner of Property (if not the applicant) (if more than one, provide information for each owner):

Address of Owner: _____

Owner's Phone Number: (____) _____

Name of Licensed Agent Preparing Plans: _____

Address of Agent Preparing Plans: _____

Agent's Phone Number: (____) _____

Current use of Site: _____

Total Area of Property to be Subdivided: _____ acres/ft²

Total Number of Existing Lots, if any: _____

Total Number of Lots Proposed: _____

Total Size of Each Lot Proposed: _____

Describe Existing Development on Proposed Subdivision Site: _____

Natural Features of Proposed Subdivision Site and Approximate Distance to Existing Boundaries (e.g. streams, wetlands or floodplains): _____

Restrictions or Easements Affecting the Lands to be Subdivided: _____

Describe Access the Proposed Lots via Public or Private Roads/ Highways/ Driveways:

Proposed Name of Subdivision: _____

Requested Exceptions, if Any:

The Planning board is hereby requested to authorize the following exceptions to, or waivers from, the Town's Land Subdivision Regulations in its consideration of this Subdivision Plat review and approval application (a specific list of any exceptions sought and a statement of reasons why each such exception should be authorized by the Planning Board must be attached in order for the exception to be considered by the Planning Board): _____

The undersigned hereby requests:

- Sketch plat endorsement
- Final plat approval

of the above-identified lot-line revision and/or combination of lands by the Planning Board in accordance with the Town's Land Subdivision regulations and Section 276 of the Town Law of the State of New York. The undersigned further acknowledges that the official date of this application is that of the next regularly scheduled meeting of the Planning Board, as established by the Planning Board's annual calendar, I provided this application form, the required Environmental Assessment Form and the required drawings have been submitted to the Planning Board Office at least ten (10) days prior to the said meeting, at which meeting the application may be presented to the Planning Board in person or by representative. Upon determination of the Planning Board, the applicable subdivision application fee shall be paid to the Town Clerk with receipt therefor provided by the Town Clerk to the Planning Board.

Application Submitted By: _____

Title: _____

Attachments:

- Site plans in accordance with requirements of Town of Clermont Law and Checklist
- SEQR Environmental Assessment form
- Receipt for subdivision application fee
- Agent Authorization form, if required
- Relevant section of tax map & list of contiguous owners with addresses from current tax roll
- Copy of the deed for the property to be subdivided
- Town of Clermont Agricultural Data Statement Review

CHECK LIST FOR SKETCH PLAN

To Applicant: Please be advised that in order to be complete, your sketch plan must include the following:

- 4 copies of Map
- Location of Subdivision including:
 - Portion of the lot to the entire tract
 - Distance to all street intersection(s)
 - Distance to all existing borders of property
- Physical Features within 200 feet of site including:
 - All existing structures
 - All natural features (streams, lakes, etc.)
 - Significant topographical features
- Adjoining property owners
- Tax map number of property to be subdivided
- Location of all existing services including:
 - Utilities
 - Streets, Highways, Driveways
- Proposed Site:
 - Pattern of lots
 - Lots size, width and depth
 - Street layout
 - Recreation areas
 - Systems of drainage
 - Sewerage
 - Water Supply

AGENT AUTHORIZATION FORM

Name of Applicant: _____

Date of Application: _____

Address of Project Site: _____

TO THE CLERMONT PLANNING BOARD:

Please take notice that I/we hereby appoint _____ as my/our authorized agent to appear on my/our behalf and/or represent me/us and make statements on my/our behalf at any and all Clermont Planning Board meetings and to be the sole contact for the Town of Clermont, its agents, employees and/or assigns in the matter of the application submitted by _____ and dated _____, 20____. By submitting this authorization, I/we acknowledge my/our express understanding that the Town of Clermont, its agents, employees and/or assigns will have the authority to render any and all decisions on the aforesaid pending application based wholly or in part on representations and/or statements of said agent.

Print Property Owner's Name

Property Owner's Signature

Second Property Owner's Signature (if applicable)

Date

Representative's Signature and Date

Representative's Address

Representative's Phone

LIST OF CONTIGUOUS OWNERS

Name of Applicant: _____

Date of Application: _____

Address of Project Site: _____

List the names and address of all property owners within five-hundred (500) feet of any boundary of the Project Site's property, including those across streets and bodies of water.

Addresses may be obtained from the current tax rolls which are available in the assessor's office:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____