

**TOWN OF TAGHKANIC
PLANNING BOARD**

APPLICATION FOR SUBDIVISION OR LOT LINE REVISION

(FOR PLANNING BOARD OR TOWN CLERK USE ONLY)

APPLICATION RECEIVED ON DATE: _____ TIME: _____)

IMPORTANT INFORMATION FOR APPLICANTS/OWNERS

The Applicant(s) must submit nine(9) complete original executed copies of this Application, including all required attachments and exhibits, at least ten(10) days before the Planning Board next scheduled meeting(first Tuesday of every Month) at which the application is to be considered. It is the Applicant's and Owner's responsibility to assure that the Application is accurate and complete; all requested information must be provided.

Applicants are responsible for acquainting themselves with the applicable requirements of the Town's Zoning Ordinance, Subdivision regulations and Local Laws relating to land use that affect their Applications. Copies may be obtained from the Town Clerk. Applicants should be sure also to review the Application Checklist as an aid to completing their Applications.

If your Application will require consideration of matters not reflected on this Application form or there is insufficient space on this Application form, please provide that information on additional sheets, clearly identifying the application to which they relate.

Please send to: Planning Board Chair, Town of Taghkanic
c/o Cheryl Rogers Town Clerk
483 County Route 15
Elizaville, N Y 12523
518-851-7161

Application

I/We am/are applying for approval of a:

- Major subdivision Minor Subdivision Lot Line Revision

[Please check applicable box(s).]

Owner Information Please provide the following information with regard to *each* owner of the property:

1. Name as shown on current deed(s) identified below:

Owners address: _____

_____ ZIP _____

Owner's telephone and Fax numbers and Email address:

Telephone: (____) _____

Cell Phone: (____) _____

Fax: (____) _____

Email: _____

(Please indicate your preferred method of contact by numbering the boxes from 1 to 4[1 being most preferred, 4 being least]

Owner Information:

2. Name as shown on current deed(s) identified below:

Owners address: _____

_____ ZIP _____

Owner's telephone and Fax numbers and Email address:

Telephone: (____) _____

Cell Phone: (____) _____

Fax: (____) _____

Email: _____

(If there are more than two owners of the affected property, provide the foregoing information with regard to each additional owner on a separate sheet, clearly identifying the Application to which it relates.)

Surveyor/Engineer Information: Please provide the following information with regard to each surveyor or professional engineer whose services are retained in connection with this Application:

Name:

Surveyor Engineer Other (check applicable box)

Full business name:

Address:

_____ Zip _____

Surveyor's/Engineer's Telephone and Fax numbers and E-mail address. Please indicate the preferred method of contact by numbering the boxes from 1 to 4 (1 being most preferred, 4 being least):

Telephone: (____) _____

Cellular Telephone: (____) _____

FAX: (____) _____

E-mail: _____

NYS Professional License #: _____

Name:

Surveyor Engineer Other (check applicable box)

Full business name:

Address:

_____ Zip _____

Surveyor's/Engineer's Telephone and Fax numbers and E-mail address. Please indicate the preferred method of contact by numbering the boxes from 1 to 4 (1 being most preferred, 4 being least):

Telephone: (____) _____

Cellular Telephone: (____) _____

FAX: (____) _____

E-mail: _____

NYS Professional License #: _____

If more than two surveyors or engineers have been retained, provide the foregoing information with regard to each additional surveyor or engineer on a separate sheet, clearly identifying the Application to which it relates.

Property Information Please provide the following information with respect to the property that is the subject of this Application:

Property Address: _____

Deed Number(s): _____

Tax Map Number(s): _____

Zoning District: _____

If this property was subject to or is a result of any previous subdivision or lot line adjustments within the last 10 years specify:

The name, date and description of each subdivision or lot line adjustment:

The name and date of any previously filed subdivision map of this property:

Describe all easements, deed restrictions or any other restrictions on this property:

Briefly describe the proposed subdivision or lot line adjustment:

Agricultural Data Statement under Town Law § 283-a:

1. Is the proposed project located within an agricultural district or within 500 feet of a farming operation that is within an agricultural district? NO YES
2. If the answer is yes, (i) set forth below the name and address of each owner of land (including applicant is applicable) within the agricultural district that contains farm operations and that is within 500 feet of the boundary of the property upon which the project is proposed and (ii) attach a tax map showing the site of the proposed project relative to the location of those farm operations.

Name: _____

Name: _____

Address: _____

Address: _____

Is this parcel actively farmed? NO YES

Is this parcel actively farmed? NO YES

Name: _____

Name: _____

Address: _____

Address: _____

Is this parcel actively farmed? NO YES

Is this parcel actively farmed? NO YES

Attach additional sheets if needed.

Applicant Information:

If Applicant is not the owner(s) of the affected property the following information must be provided with respect to the agent representative appearing before the Planning Board as Applicant on behalf of the owner(s) and the signatures must be notarized:

