

TOWN OF OLIVE PLANNING BOARD
APPLICATION FOR SUBDIVISION

No. _____

P.O. BOX 180
WEST SHOKAN, NY 12481

Date _____

APPLICANT:

Name of Owner _____

Name of Representative _____

Address _____

Address _____

Phone _____

Phone _____

Name of Surveyor _____ Address: _____

Phone: _____

PROPERTY:

Subdivision Name _____

Property lies in RC10. RR3. RE1. BV1/2. BH1/2

Location (Road) _____

Any part in flood hazard area? No ___ Yes ___

Olive Tax Map # _____ Block _____ Lot _____

Total Area of Property in Acres _____ Total Lots _____

A list of names and addresses of abutting land owners is required with the maps.

- Sketch Plan 3 Maps Required
- Preliminary Plan 4 Maps Required
- Final Plan 7 Maps Required & Linen

OWNER(S) _____

Signature(s)

PLANNING BOARD USE ONLY

DATE APPROVED

DATE

Approved by

DATE

Sketch Plan _____

Public Hearing Notice
in Paper _____

County Health _____

Preliminary Plan _____

Public Hearing _____

NYC EPA _____

Final Plan _____

Other Approved _____

Town Highway Dept. _____

No. of Lots

Amount per Lot

_____ X Application Fee _____ = _____

_____ X Recreation Trust Fund _____ = _____

Date Fees Sent to Town Supervisor: _____

Application Fee

Trust Fund