

Supervisor: (845) 688-7165 Police: (845) 688-9902 Town Clerk: (845) 688-5004 Justice Court: (845) 688-5005

Assessor: (845) 688-5003 ZBA/ZEO/Planning: (845) 688-5008

> Highway: (845) 688-9901 Fax: (845) 688-9863

www.shandaken.us

P.O. Box 134, 7209 Rte. 28, Shandaken, NY 12480

APPLICATION FOR SUBDIVISION

APPLICANT/DEVELOPER:	OWNER (If other than applicant):
NAME(S):	
MAILING ADDRESS:	
CITY/STATE/ZIP:	
TELEPHONE: ()	()
LOCATION OF PROPERTY: On theside(s) of	Rd/St.
[] being also known as or [] within 500' of State feet fromRd/St. in the Hamle	
In a Zoning District.	
SECTION: BLOCK LOT	
SURVEYOR OR ENGINEER:	OTHER REPRESENTATIVE:
NAME(S):	
MAILING ADDRESS:	
CITY/STATE/ZIP:	
TELEPHONE: ()	()
ABOUT THE SUBDIVISION	
TOTAL AREA OWNED AT SITE:ACRES, CURRE	ENITI V IN DADCEI S
TO BE SUBDIVIDED INTO A TOTAL OFPARCEI	
A OTHER A COTHER A CO	TOTAL
LOT#1, LOT#2, LOT#3LOT	
(If more than five (5) parcels, attach separate page, and request Lor	
EASEMENTS, COVENANTS OR OTHER RESTRICTIONS NO	W APPLYING TO THE PROPERTY:
PURPOSE OF SUBDIVISION/PROPOSED USE OF PROPERTY	7.
- · · · · · · · · · · · · · · · · · · ·	the corporation of the above described property request approval of a be submitted with required supporting data as provided in the subdivision upon the property for site inspection by members and authorized
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Date: Signature of Applican	Γ'