

SUBDIVISION APPLICATION

TOWN OF LEBANON, NY

Applicant _____	Co-Applicant _____
Street Address _____	Street Address _____
Town _____	Town _____
State _____ Zip _____	State _____ Zip _____
Phone _____	Phone _____
E-mail _____	E-mail _____
Tax Map No: : _____ - _____ - _____	
<i>(Section) (Block) (Lot)</i>	

Project Description: *(Attach a Sketch Map or Scaled Drawing if Required)*

What is Proposed: _____

Location: _____

(Give Street Address, Distance and direction from nearest road intersection or prominent landmark)

Is this parcel currently agriculturally exempt for tax purposes? _____

Information on proposed new parcels:

Size in Acres: _____ Road for main access: _____ Frontage in feet: _____
Structures to Be Built & Size (if any): _____

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Date(s) of Previous Application(s) for Subdivision: _____

Signature of Applicant: _____ Date: _____

Applicant must complete and attach either a *Short Environmental Assessment Form* or an *Environmental Assessment Form (as appropriate)* with Part I completed.

For a Major Subdivision the Long Environmental Assessment Form must be used.

Subdivision Application Fee is \$50 for the 1st and 2nd lot, each additional lot is \$25.

Major Subdivision (5 lots) Application fee is \$150, each additional lot is \$25. These fees are payable to the Lebanon Town Clerk.

PLANNING BOARD REVIEW AND ACTION

Initial Review

Meeting Date: _____

Type of Subdivision:

a. Two Lot: _____

b. Minor: _____

c. Major: _____

d. Merge: _____

Type of sewage/ water installation proposed: _____

Date Material Received : 2 copies of property survey: _____ 1 Mylar: _____

Preliminary Plat: _____ Final Plat: _____

Is Application Complete: Yes ____ No:

Missing Documentation or Information/Supplemental Information Needed:

Is County Planning Department Review Required: Yes: _____ No: _____

If "Yes" Why: _____

Is Public Hearing Required: Yes ____ No _____

Subsequent Meeting Date(s) Scheduled:

Date: _____ Time: _____

Date: _____ Time: _____

Madison County Review (Not Applicable: Y N)

Date Referred to County: _____

Date of County Recommendation: _____

County Recommendation: _____

Returned for Local Determination _____ (Initial)

Recommending Approval: _____ (Initial)

Recommending Approval with Conditions as follow: _____ (Initial)

Recommending Disapproval: _____ (Initial)

Public Hearing Scheduled for: Date: _____ Time: _____

Date Public Notice Published: _____

Final Determination: (Initialed by Planning Board Chair or Presiding Member)

Approved _____ Conditions of Approval: _____

Denied: _____ Reason(s) for Denial: _____

Date Applicant Notified: _____ Notified By: _____

Planning Board Chair Signature: _____

Date: _____

Application Number _____

(To be Assigned by Town Official)