

TOWN PLANNING BOARD

TOWN OF FRANKLIN, NEW YORK

FORM 1. APPLICATION FOR SKETCH PLAT REVIEW

(To be filed in duplicate)

Date_____

1. Name of Subdivision _____

2. Name of Owner/Applicant _____

Address _____

(Street No. and Name) (P.O.) (State)(Zip Code)

3. Name of Applicant (if different from owner _____

Address _____

(Street No. and Name) (P.O.) (State)(Zip Code)

4. Engineer _____

Address _____

(Street No. and Name) (P.O.) (State)(Zip Code)

5. Land Surveyor _____

Address _____

(Street No. and Name) (P.O.) (State) (Zip Code)

6. Attorney _____

Address _____

(Street No. and Name) (P.O.) (State) (Zip Code)

7. Subdivision Location: on the _____ side of _____, _____ feet
(direction) (road) (distance)

_____ of the intersection with _____
(direction) (road)

8. Special Districts: School _____ Fire _____ Postal _____ Agricultural _____ Zoning _____

9. Total Acreage _____ Number of Lots _____

10. Tax Map Designation Sheet _____ Block _____ Lot _____

11. Is any open space being offered as part of this subdivision application? _____
if so, what amount? _____

12. Is any variance or waiver from Subdivision regulations requested? _____

13. Proposed classification of Subdivision _____

14. Attach three (3) copies of Sketch Plat.

15. List all contiguous holdings in the same ownership

_____ Tax map Sheet _____ Block _____ Lot(s) _____

16. Does the proposed subdivision comply with the Zoning Requirements? _____

17. If not, what variance from the Zoning Ordinance is needed? _____

SIGNATURE OF APPLICANT _____ DATE _____

The Town of Franklin Planning Board meets the first Thursday of every month at 7:30 PM at the Franklin Town Hall.