

**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 \_\_\_\_\_

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