

TOWN OF AUSTERLITZ, NY PLANNING BOARD  
ADDENDUM FOR ALL APPLICATIONS

Applicant's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Application For: \_\_\_\_\_

Tax Map No.s of Adjacent Properties Owned by Applicant or Related Parties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was/Were the lot(s) in question the result of a subdivision within the past 10 years: Yes\_\_\_\_\_

No\_\_\_\_\_

Provide:      Application number of prior subdivision: \_\_\_\_\_

                 Name of prior applicant: \_\_\_\_\_

                 Date of prior application: \_\_\_\_\_

Was/Were the lot(s) in question the subject of other prior Planning Board activity within the past 10 years:

Provide:      Application number and year of prior subdivision: \_\_\_\_\_

                 Name of prior applicant: \_\_\_\_\_

                 Date of prior application: \_\_\_\_\_

By signing here, you certify the accuracy of your application: \_\_\_\_\_

\_\_\_\_\_

10/31/22