## TOWN OF AUSTERLITZ PLANNING BOARD APPLICATION FOR MINOR SUBDIVISION REVIEW (AUSTERLITZ TOWN LAW §167 et seq.)

Application Date:	Project No.			
Property Owner: Name	<u></u>			
Mailing Address				
Email Address				
Preferred Telephone Number				
Surveyor or Engineer: Name				
Mailing Address				
Email Address				
Preferred Telephone Number				
License Number				
Other Representative (if any): Name				
Email Address				
Preferred Telephone Number				
Please attach letter of authorization from owner for surveyor	r/engineer/representative			
Property Address:				
Tax Map Number:				
	<del></del>			
Current Land Use(s):				
Number of Proposed Lots:				
Use of All Abutting Lands:				
Nature, Date of Approval and Details of any Subdivision(s) in years:	past 10			
Easements or Restrictions (Other than utility):				
(Attach copies)				
Ag. District: Yes/No (If yes, provide Ag Data Statement)				

Reason(s) for Proposed Subdivision:								
Project Desc	ription:							
	ubmitted Fee:							
Attachments	s:							
	8 copies + PDF Pr	eliminary Plat	Survey and Plans					
	Addendum to All Applications							
Copy of Percolation Tests for Lots Less than 5 Acres								
	Open Space Mana	agement Plan	(optional)					
	Deeds to all Invol	ved Parcels						
	Full EAF with Part	1 completed						
	Road Ownership/I	Maintenance .	Agreements (if ap	plicable)	1			
	Completed Agricu	ltural Data Sta	atement (if in Agri	cultural	Distric	t)		
Applicant Signature		Date :	Date :					
Applicant Signature  Date:								
App. Fees	Preliminary	Meeting	Public Hearing		Арр.	Complete		
SEORA Desig	nation	SEORA Dete	ermin.	Final A	oprova	ı		