

**Town of Austerlitz Planning Board Application for Subdivision
Review**

Application Date: ___/___/_____

Applicant: (Property Owner)

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Representative: (If Any)

Name: _____

Phone Number: _____

Surveyor or Engineer:

Name: _____

Phone Number: _____

License Number: _____

Tax Map Number: _____

Property Location: (Brief Description of Location)

Names of Abutting Property Owners:

Easements or Restriction:

The undersigned hereby requests approval by the Planning Board of the above identified subdivision Plat.

Signature: _____

Title: _____

Date: _____

FOR OFFICE USE ONLY

Project ID _____

SUBMISSION DATES and APPROVALS

Applic, Fees &
Preliminary

Public
Hearing

SEQRA
Determination

Final
Approval