

TOWN OF AUSTERLITZ PLANNING BOARD
APPLICATION FOR SUBDIVISION REVIEW
AUSTERLITZ TOWN LAW CHAPTER 167

Application Date: _____

Project No.

Property Owner: Name _____
Mailing Address _____
Email Address: _____
Phone Number: _____

Surveyor or Engineer: Name _____
Email Address _____
Phone Number _____
License Number _____

Other Representative (if any): Name _____
Email Address _____
Phone Number _____

Please provide owner's letter of authorization

Property Address: _____
Tax Map Number: _____
Current Land Use: _____
Number of Proposed Lots: _____
Use of Abutting Lands: _____

Nature and Details of any Subdivisions in Past 10 years: _____

Date(s) of Planning Board Approvals: _____

Easements or Restrictions: _____
Ag. District: Yes/No
(If yes to either, provide Ag Data Statement)

Reason(s) for Proposed Subdivision: _____

(Subdivision App. P. 2)

Signature

Date

App. Fees	Public Hearing	App. Complete	Final Approval
Prelim Mtg	SEQRA Desig	SEQRA Determination	

REV'D 9/6/22