

APPLICATION for REVIEW of MINOR SUBDIVISION

for the

TOWN of IRA PLANNING BOARD
2487 West Main Street, Cato, NY 13033
Phone: 315-626-6790, Ext. 5

1. Subdivider (if owner, so state, if agent or other type of relationship, include details on separate sheet):

Name _____

Address _____

Phone No. _____

2. Licensed Land Surveyor or Engineer:

3. Location of Proposed Subdivision (tax map # and street address):

4. Easements or other restrictions on property (describe generally):

5. Names of abutting owners and owners directly across adjoining streets/roads (include those in other towns):

6. The undersigned hereby requests approval by the Town of Ira Planning Board of the above identified minor subdivision plat.

Signature _____

Title _____ Date _____