

TOWN OF STERLING Planning Board

1290 State Route 104A
Sterling, New York 13156
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APPLICATION FOR REVIEW OF SUBDIVISION

Please complete form, sign and return with a completed Environmental Assessment Form

Please note: This process may take a minimum of 3 months to complete

Name of Applicant:

Check one: owner ___ tenant ___ agent ___ contractor ___ or other (specify) _____

Applicant Address:

Telephone Number: _____ Date of Application: _____

Property Owner: _____

Address: _____

Location of Proposed Subdivision: _____

Final number of parcels: _____

Tax Map Number: _____

Easements or other restrictions on property (describe briefly): _____

Licensed Land Surveyor:

Name: _____

Address: _____

Phone: _____

The undersigned hereby requests approval by the Town of Sterling Planning Board of the above identified subdivision plat. _____ Date: _____

Signature _____ Date: _____

Applicant Signature (if not Property Owner) _____

Contractual Building & Fire Inspector Comments:

*** OFFICIAL USE ONLY ***

Subdivision Application Fee \$ _____ Date Paid: _____

Date of Public Hearing _____ Date Subdivision Granted _____

Date Subdivision Denied: _____ Reason for Denial _____

Planning Board Chairperson Signature _____

