

Town of Van Buren Town Building 7575 Van Buren Rd. Baldwinsville, NY 13027 Phone 315-635-3009 Fax 315-635-8247 Park Fees:

Major: \$400 per lot Minor: \$150 per lot

SUBDIVISION APPLICATION PLANNING BOARD

Project Title:				
Project Location:				
Parcel Tax Map Number(s):				
I. Applicant Information				
Landowner:				
	Phone:			
Applicant:				
Address:	Phone:			
Developer:				
Address:	Phone:			
Attorney:				
Address:	Phone:			
Surveyor:				
Address:	Phone:			
Does the applicant own the property subject to the written permission of the property owner to allow	his application Yes No If no, please provide w the application to proceed.			

II. Project Information						
Description of project (state purpose and give project description):						
Total area of project site:						
		4-49	Vac	No If was		
Has the proposed property been previous	usiy subdivi	ded?	1 es	No ii yes	, when?	
**********	******	*****	******	******	******	*******
Planning Board Action:						
Date Application Filed:	20	Date of	SEQR Dete	rmination:	20	
Date of Public Hearing:						
OR Approved with the following condi						
						-
						-
Drawings forming a part of this applies	tion oras					
Drawings forming a part of this applica	mon are.	#	Date			
A copies of sketch plan B copies of preliminary plan C copies of street profiles	DWG	#	Date			
C copies of street profiles	DWG	#	Date			
D copies of topography survey	DWG	#	Date Date			

SUBDIVISION APPLICATION CONTINUED: Town of Van Buren, 7575 Van Buren Rd., Baldwinsville, NY 13027

Applicant respectfully states:			
Applicant is the (owner), (pur	chaser under cont	cract), of the subject property, which	ch is located at
		(addres	ss or description of the
property) on	(date), or if no	ot owner, the address of owner of a	record
	The proj	perty is currently zoned	The current use
of the subject property is			
In the event that all required d	ocuments are not	furnished to the Planning Board,	at the time of submission of
this application, the applicant	hereby agrees tha	at he waives any and all rights, whi	ich might otherwise accrue to
him/her by virtue of the Van I	Buren Town Law	of the State of New York. The app	olicant further consents to
appropriate action by the Plan	ning Board, either	r revoking any approval granted h	ereafter, or obtaining any
conditions or restrictions cont	ained herein or in	nposed hereafter by the Town of V	an Buren Planning Board.
By signing this application, ap	oplicant certifies t	hat all documentation and stateme	nts made herein are accurate
And true to the best of applica	nt's personal kno	owledge.	
Applicant Signature			
Printed Name			
Corporation Name (if any)			
Date	20		
Mailing Address		City, State, Zip	
STATE OF NEW YORK COUNTY OF ONONDAGA TOWN OF VAN BUREN	<pre>} } }</pre>	Applicant Signature	
Sworn before me this	day of	, 20 Notary Public	Signature